



HealthBridge

Connected healthcare

Policy Document

Effective from June 2020



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Introduction

This Policy Document sets out the details of your HealthBridge policy; including all policy rules and guidance notes. Please refer to your Registration Certificate for confirmation of your cover, for the details of the persons covered under the policy and any restrictions that may apply.

It is important that you read this Policy Document carefully and in conjunction with the Benefit Schedule (Schedule D) found within this Policy Document.

If you would like this Policy Document or any of our literature in a large print, audio or Braille format please contact our Membership Services Team.

Advice Lines

For general enquiries call our Membership Services Team on **020 8410 0400*** Lines are open Monday to Friday (excluding public holidays) from 9am to 5pm.

To obtain **pre-authorisation for treatment**, or request a **claim** form call our **Claims** Helpline on **020 8410 0440***

Lines are open Monday to Friday (excluding public holidays) from 8am to 6pm.

We also offer GP24 which is available 24 hours a day, 7 days a week, 365 days a year meaning unlimited advice, reassurance, diagnosis or second opinion available to you when you need it, from wherever you are in the world. If clinically appropriate, the GP can also issue private prescriptions where the medication will be delivered to your home or place of work. Your dependants, such as your partner and children, are also able to utilise this service.

With GP24 you have access to:

- 24/7 access to a GP
- Private Prescriptions (medication is not covered and costs will apply)
- Health information at your fingertips
- Worldwide access
- Face-to-Face Video Consultations
- Message a doctor service
- 'Monitor your health' services near you

For 24 hour advice on health issues call GP24 on 020 8410 0415

Your responsibilities

As a **member** of CS Healthcare **you** accept the following responsibilities:

Application for insurance

If **you** give false or misleading information in relation to **your** health insurance cover; and this information would have affected the decision to insure you, CS Healthcare reserve the right to terminate **your** cover and withhold payment of any benefit. If **we** have already paid benefit CS Healthcare can recover these sums from **you** directly.

Keeping the Society informed

You must keep the **Society** informed about any changes to the original information that **you** provided to us. This includes but is not restricted to: change of address, change of name or circumstances.

Premium payments

The **Society** will determine the amount of the premium payable at the start of each **policy** year and will advise you within a reasonable timeframe in advance of **your policy renewal date**.

We can increase or reduce the premiums you pay at any time if there is an increase or decrease in the rate of Insurance Premium Tax

* Calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

or any other government or statutory change, existing or introduced. If **we** do so **we** will only increase the premiums **you** have to pay to cover the cost to **us** of the changes in the taxes or charges. **We** will write to **you** at least 21 days before increasing **your** premiums.

Your premium is calculated using a number of factors including postcode. If **you** move home during a **policy** year then **you** should tell **us** immediately and be aware that this may affect the premium **you** pay. **You** must make sure that premium payments for **your policy** are paid on time and at the agreed amount for all those insured under **your policy**. A premium is deemed due on **your policy** effective date and for monthly payers on the same day of the month thereafter. If a premium is not paid within 60 consecutive days of this date, the **Society** will automatically cancel the **policy** and all **claims** entitlements will cease. The **Society** also reserves the right to cancel the **policy** if the premiums are not paid on time for a total of 3 months during any 12 month period.

You should be aware that if there are any premium arrears on a **policy**, benefit will not be payable for any **treatment** received during the arrears period until the arrears have been settled in full. **Policy** changes or amendments are not permitted while a **policy** is in arrears.

If the **Society** cancels **your policy** because it has fallen into arrears by more than 60 days or premiums have not been paid on time for a total of 3 months in any 12 month period, **you** will not be eligible to re-join under the original **policy** terms. However, **you** may apply to re-join the **Society** but **your moratorium period will start again**. The **Society** reserves the right to decline future applications for membership.

IMPORTANT NOTES:

At the point of every **claim** under a Moratorium policy, and before any **treatment** can be authorised, **you** will be required to send **us** a copy of **your General Practitioner (GP)** referral letter so that **we** can confirm if the condition is new or pre-existing. This procedure is continuous through the life of the policy. **Your GP** may charge **you** for this service, **you** will be responsible for meeting this cost.

* Calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

General Terms and Conditions

This **policy** is only available to **you** if **you** are a permanent resident in the **United Kingdom** and have been for at least the last 2 years at the point of joining, and **you** are registered with an NHS **GP** and have been for at least the last 2 years, who is not a direct family member. Please be aware **we** will check the **GP** register at time of joining, if **we** are unable to find **your GP** on the register **you** will be unable to join the **Society** or **we** may cancel **your policy**.

When dealing with the **Society** **you** act on **your** own behalf and on behalf of **your dependants** included on **your policy**. Email and post will be used for all correspondence in respect of **you** and **your dependants** covered under the **policy** unless otherwise agreed by the **Society**. **You** must therefore advise **us** immediately of any change of email or postal address.

The **Society** is guided by its mutual status – as a friendly **society** **we** aim to provide a professional and personal service to **our members**. The **Society** may amend **policy** terms and conditions, including, but not limited to, changing the **benefits** the **policy** provides for the following reasons:

- to enable the **Society** to meet its general legal and regulatory responsibilities;
- to allow the **Society** to respond to changes in the general law or regulation or to decisions of the Financial Ombudsman Service;
- to reflect legitimate cost increases or reductions associated with providing cover.

The **Society** will give **members** one month's notice of any such change by email to them at their last known email address according to the **Society's** records.

The **Society** reserves the right to:

- cancel this **policy** if a premium is not paid within 60 consecutive days of the due date,

if the premiums are not paid on time for a total of 3 months during any 12 month period, or for non-payment of any other sum payable by the **member** under the term of this **policy**;

- cancel this **policy** or terminate or change a **members** cover if the **member** has:
 - misled the **Society** by misstatement or concealment;
 - assisted or concealed any attempt by any third party to defraud the **Society**;
 - otherwise failed to observe the terms and conditions of this **policy** or the Memorandum of Association and Rules.

The **membership** agreement is governed by and is subject to the law of England and Wales.

Invalid Benefit Payments

If **you** break any of the terms of **membership** or make, or attempt to make, any dishonest or reckless application or **claim** to the **Society** shall be entitled to:

- refuse to pay any benefit
- cancel the **membership** immediately.

If the **Society** makes any payments to **you**, or on **your** behalf as a result of fraud, recklessness or negligence the following actions may take place:

- **your** membership will be cancelled immediately
- the **Society** may demand that any **benefits** paid to **you** are reimbursed to the **Society**
- the **Society** may take legal action against **you** for the return of such monies paid out to **you** in benefit. It may require **you** to reimburse the **Society** for any investigation costs incurred.

Policy Overview

Your HealthBridge **policy** is designed to complement and support NHS **treatment** and can be accessed whenever **you** may need it.

Your policy provides up to a maximum of

£15,000 worth of **benefits** per person per **policy** year that can be used towards eligible investigations, **treatment** and recovery support.

£15,000 Annual Benefit Limit

Your **policy** has a total **benefit limit** of £15,000 per person per **policy** year. This means **we** will pay out a maximum of £15,000 per insured per **policy** year on **claims**. This amount can not be carried over into future **policy** years. If **you** reach the **benefit limit** **you** can either transfer to the NHS to continue **your treatment** or choose to fund the remainder of the **treatment** yourself. **Our Claims** Advisers can advise you when commencing **treatment** as to the expected costs and the anticipated amount of benefit remaining.

You can choose to preserve **your benefit limit** during a **policy** year by using **our** NHS Support Allowance. If **you** have **treatment** which spans two **policy** years the **benefit limit** will reset. Certain **benefits** of the **policy** also have financial limits within the overall £15,000 **benefit limit**. See schedule D for the full limits.

Hospital Availability

Your HealthBridge **policy** entitles you to care at selected private hospitals or medical service providers in the UK. The HealthBridge hospital list includes many well-known hospital groups like Spire Healthcare, Nuffield Health and BMI hospitals, available throughout the country, including some in London.

Search our website to find the hospitals nearest to you.

Following is a policy overview and what each section means for you:

Investigation and Detection Section:

The Investigation and Detection **benefits** of this **policy** cover **you** for up to £1000 per person per **policy** year, within the £15,000 **benefit limit**, for consultations on referral from

your GP. **You** are also covered up to the **policy benefit limit** (£15,000 per person per **policy** year) for diagnostic investigations, specialised scans e.g. MRI, CT and PET and tests, including ECG, EEG, ultrasound scans and X-rays.

Treatment and Surgery Section:

You are covered within the policy benefit limit for in-patient, day-patient and out-patient treatment and surgery for pre-authorised treatment that takes place in any hospital on the HealthBridge hospital list. HealthBridge excludes **treatment** and surgery for diagnosed heart and **cancer** conditions, as well as any conditions under **our** **exclusions**.

Recovery and Support Section:

The Recovery and Support **benefits** of this **policy** include financial limits for; **out-patient** therapy, psychiatric consultations, appliances and aids and nursing at home, as well as a new baby bonus payment. **You** can **claim** for heart and **cancer** support as long as it is not a pre-existing condition as defined under the **policy** Moratorium Underwriting terms.

Moratorium Underwriting:

This **policy** is only available with Moratorium Underwriting. CS Healthcare will not cover any condition or symptom for which you, or any eligible **dependants**, have received advice, medication, tests or **treatment**, or were aware of, or might reasonably have been aware of during the five years immediately before the commencement of cover. However, provided **you**, or any eligible **dependants**, do not have symptoms, or receive **treatment**, medication, tests or advice (from a **GP** or a **Specialist**) for that condition for a continuous period of two years at any time after the **policy** starts, then the condition will become eligible for **benefit**, subject to the **policy** rules. This two year period is known as the Moratorium.

you will be required to send **us** a copy of the **GP** referral letter so that CS Healthcare can assess if the condition is new or pre-existing. On occasion CS Healthcare may need further information from **your GP** or **Consultant** to confirm if a **claim** is eligible.

The co-payment applies only to eligible **claims** made under the Investigations and Detection, and **Treatment** and Surgery sections of the **policy**. The co-payment applies per person per **policy** year and is not applied per condition.

Compulsory co-payment

Your **policy** has a **compulsory co-payment** of 15% capped at £250. This is the maximum amount which **you** have to pay in co-payment towards eligible diagnostic investigations and **treatment** per person each **policy** year. Therefore each time an invoice for eligible pre-authorised **treatment** is received, it must be sent to CS Healthcare, so it can be assessed and offset against the co-payment.

Example co-payments for a single claim under a HealthBridge policy:

Example 1	£500	£425 (85%)	£75 (15%)
Example 2	£1000	£850 (85%)	£150 (15%)
Example 3	£2000	£1750 (£250 cap reached therefore CS Healthcare pays the remainder of the claim)	£250 (member contribution capped at £250)

Example co-payments for multiple claims under a HealthBridge policy during the same policy year:

Consultation	£360	£306	£54 (co-payment)	£14,694
Diagnostic test	£120	£102	£18 (co-payment)	£14,592
Consultation	£180	£153	£27 (co-payment)	£14,439
Treatment and surgery	£12,000	£11,849	£151 (co-payment, the £250 cap has been reached)	£2590
Follow-up physiotherapy	£250	£250	£0	£2340
Treatment and surgery	£2500	£2340	£160 (shortfall)	£0

IMPORTANT NOTE:

The co-payment starts again at the beginning of each new **policy** year, (at your **renewal date**) even if treatment is ongoing and spans more than one **policy** year. Therefore, where **treatment** starts in one **policy** year and continues to the next, the co-payment will apply again.

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

Investigations and Detection

Consultations	Covered up to £1000 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	On referral from your GP .
Diagnostic investigations, scans and tests	Covered within the overall policy benefit limit of £15,000 per person per policy year	Includes blood tests, ECG, EEG, ultrasound scan, MRI, CT and PET scans, X-rays and related tests.

Treatment and Surgery

Covered for hospital care for in-patient, day-patient treatment and out-patient surgery for pre-authorised treatment that takes place in any hospital on the HealthBridge hospital list. Treatment and Surgery excludes cover for General Exclusions and diagnosed Heart & Cancer conditions.

Pre-operative tests	Covered within the overall policy benefit limit of £15,000 per person per policy 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.
Surgeon and Anaesthetists fees	Covered within the overall policy benefit limit of £15,000 per person per policy year	Surgeon and Anaesthetist fees will be paid according to the rates of the CS Healthcare fee schedule.
Surgery and operating theatre fees	Covered within the overall policy benefit limit of £15,000 per person per policy year	Where surgery is required (including endoscopic procedures) cover will apply according to the expected length of stay (for surgical procedure) either as a day-patient or in-patient, including, prosthesis , implanted prosthetics and all hospital surgical consumables. Pre-authorised out-patient surgical procedures which are not performed as part of a Consultation in a consulting or treatment 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)

Treatment and Surgery (continued)		
Hospital accommodation, nursing and intensive care costs	Covered within the overall policy benefit limit of £15,000 per person per policy year	A maximum of 28 days per admission inclusive of 3 days maximum for Critical care 2 (High Dependency Unit) & Critical care 3 (Intensive Care Unit). Stays must be clinically necessary.
Medical admissions and related services	Covered within the overall policy benefit limit of £15,000 per person per policy year	Where a stay as either a day-patient or in-patient is required for either diagnostic reasons or to treat and stabilise an acute condition by medical and by non-surgical means.
Specialist/Consultant fees (for medical admissions)	Covered within the overall policy benefit limit of £15,000 per person per policy year	All Specialist/Consultant fees will be paid for medical, consultant , physician supervisions according to the rates of the CS Healthcare fee schedule.
Post-operative consultations, investigations, physiotherapy, tests and dressings	Covered within the overall policy benefit limit of £15,000 per person per policy year	As a part of necessary aftercare 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 policy year. Up to £2400 per claim depending on complexity of treatment . Within overall policy benefit limit of £15,000 per person per policy year	For members choosing to have NHS treatment see NHS Support Allowance for full details.
Recovery and Support		
Claims for Heart & Cancer 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 policy year, within the overall policy benefit limit of £15,000 per person per policy year	For physiotherapy, osteopathy and chiropractic treatment . Available with a referral from a GP or Consultant .
Psychiatric consultations and counselling	Up to £500 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	Available with a referral from a GP or Consultant .

Appliances and Aids following an in-patient admission	Up to £150 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	Available with a referral from a Consultant or Therapist.
New child bonus	£100 per child, within the overall policy benefit limit of £15,000 per person per policy 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 policy . Only payable once per child. Only applies to adoptive children unrelated to the policy holder or their partner before adoption.
Nursing at home care	Up to £500 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	Available for nursing at home performed by a registered nurse immediately following a hospital admission either as a NHS or private patient under the specific direction of a Specialist/Consultant .
Member Benefits		
GP24	24 hours a day 365 days a year	Health advice line (see page 4).
Underwriting & Co-payment Detail		
Moratorium	5 & 2 Moratorium. Automatically excludes the cost of treating any pre-existing conditions for which you (or any dependant) have received treatment and or medication, asked advice on, or had symptoms of during the 5 years immediately before your cover commenced. If you do not have symptoms, treatment , medication or advice for those pre-existing conditions , and any directly related conditions , for 2 continuous years after your policy starts, then we will reinstate cover for those conditions.	
Co-payment	Your policy includes a 15% co-payment per person per policy year up to a cap of £250 for claims made under Investigations and Detection, and Treatment and Surgery. This means you share responsibility for a claim with us, with you paying 15% and CS Healthcare paying the remaining 85%. Once you have reached the cap amount of £250 CS Healthcare will pay 100% of all valid claims up to the overall policy benefit limit . 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.

NHS Support Allowance

The **Society**, at its discretion, may offer an alternative cash **benefit** for those insured's opting to have NHS care in lieu of private **treatment**.

Your **policy** covers **you** for private **treatment** (subject to the terms and conditions of **your** policy). However, if **you** choose to receive your **treatment** on the NHS in lieu of private **treatment**, CS Healthcare may offer to convert a proportion of **your** benefit into a cash lump sum for **you** to use as **you** wish. This amount would depend on the medical complexity of the procedure.

Once **your** condition has been diagnosed by **your Specialist/Consultant** and **you** have discussed the **treatment** options available

to you, please contact **our Claims** Helpline before any **treatment** takes place. If **you** opt for NHS **treatment**, **we** may offer to draw up an agreement which confirms the amount of NHS Support Allowance that would be available to **you**.

You can request a factsheet explaining the details of the NHS Support Allowance which sets out **your** entitlement by calling the **Claims** Helpline on **020 8410 0440***. Please note that not all cases are suitable for the NHS Support Allowance and **we** would only pay **benefits** in lieu of the **benefits** **you** would otherwise have been entitled to receive for eligible private **treatment**. If **you** choose to accept the NHS Support Allowance then the co-payment will not apply.

The amount paid for surgical admissions is set out in the table below:

Minor	Skin biopsy, gastroscopy, cystoscopy	£350
Intermediate	Cataract, colonoscopy, hernia repair	£600
Major	Arthroscopy, appendicectomy, trabeculectomy	£1100
Major Plus	Hip replacement, knee replacement, spinal decompression	£1700
Complex Major	Vitreectomy, lumbar fusion	£2400

* Calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

You may **claim** the NHS Support Allowance on a maximum of two occasions per person per **policy** year. The remaining HealthBridge **benefits** during that **policy** year may only be used towards private **treatment** for eligible conditions. If **you** do not have sufficient **benefit** remaining to cover the costs of required private **treatment** then **you** will need to choose to either pay the shortfall, or use the NHS.

If there is insufficient **benefit** available to pay for private **treatment** then the NHS Support Allowance will be reduced in line with the percentage of the private **treatment** that could have been funded.

If **you** are admitted for multiple procedures the NHS Support Allowance payment will be based upon the most complex procedure only.

NHS Support Allowance must be pre-authorised by CS Healthcare before any **treatment** takes place. CS Healthcare will produce a contract to confirm any offer which **members** must sign and return. NHS Support Allowance is not payable for **Emergency treatment** (see definition on page 05) the allowance is not applicable to A&E visits and can not be **claimed** following **Emergency treatment**.

Members are responsible for ensuring that CS Healthcare has all the necessary documentation to process the **claim**, including the initial copy of the referral from the **GP** and the relevant medical (or CCSD) codes. **Members** will be responsible for any costs charged by the **GP** for this.

Following discharge by the hospital, CS Healthcare will require original documentation to process any payments. Payments will only be made following the completion of all **treatment** relating to this **claim**. If there is a discrepancy between the original proposed **treatment** and the type of **treatment** received, the NHS Support Allowance payment will be based upon the procedure that has taken place.

NHS Support Allowance payments will only be made if there has been no transfer between NHS and private **treatment** for this **claim**.

IMPORTANT NOTE:

Once a **member** has accepted the NHS Support Allowance then all further **treatment** for this **claim** must occur through the NHS and CS Healthcare will not accept any further **claims** relating to this admission i.e. aftercare, complications that may arise or for further **treatment** that is deemed to be necessary.

How to claim for Healthcare

Members must follow the procedure described below when making any **claim**.

• **Pre-authorisation** must be obtained from CS Healthcare before proceeding with any aspect of **treatment**. CS Healthcare reserves

the right to refuse payment of benefit where **Pre-authorisation** has not been obtained in advance.

• All **Pre-Authorised** treatment must take place at a hospital on the HealthBridge hospital list.

1 Visit **your GP**. If **your GP** refers **you** for tests or **treatment** and **you** wish to use **your HealthBridge policy**, ask **your GP** for a referral letter.



2 Call the **Claims Helpline** on **020 8410 0440***. Please ensure **you** have the following details:

- **your** registration number
- date symptoms started / details of related medical history
- date **you** first visited **your GP** regarding this condition
- details of the consultation, tests and/or treatment you are having, including treatment dates and providers.



3 Your **GP** referral letter must be sent to CS Healthcare so that **we** can assess whether **your claim** is valid.



4 CS Healthcare will assess the eligibility of **your claim** on receipt of the referral letter. On occasion CS Healthcare may need further information from **your GP** or **consultant** to confirm if **your claim** is eligible.



5 Once CS Healthcare has confirmed **your claim** is eligible **we** will write to **you** to confirm any initial **Pre-Authorisation** **we** are able to provide at this stage. **We** will also send **you** a **Claim Form** for completion by **your Specialist/Consultant**.



6 We will contact you to advise of any initial Pre-Authorisation we can provide. In order that we can confirm pre-authorisation you will need to have the details of any consultation, tests or treatment that is proposed and including the dates they will take place and the medical provider you will be using.



7 When invoices for treatment are received they will be settled directly with your provider.



8 If **you** require further **treatment**, **you must** contact CS Healthcare to obtain further **Pre-Authorisation** before proceeding.

* Calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

When **you** contact the **Claims** Helpline to make a **claim** on **your policy** we will ask **you** to provide the following information:

- **your** registration number
- what condition the claimant is suffering from
- has the claimant **claimed** for this condition previously
- **your claim** number (if **you** have claimed for this condition previously)
- when the symptoms first began
- the date on which the **GP** was first seen for this condition
- has the **GP** made a referral for further investigations or for **treatment**.
- the name of the **consultant** to which a referral has been made.

We will then talk **you** through the cover available under **your** policy, and will guide you on what **you** need to do next.

What happens if you have more than one insurance policy and/or a cash plan?

You must tell the Society if you think any of the cost of your claims can be claimed from any other insurance policy that you hold.

If the other policy is an indemnity policy:

- If we settle your claim first, we will contact the other insurer for their share of the claim.
- If the other insurer settles the claim first, we will settle our share of the claim directly with the other insurer.

We shall not be liable to pay or contribute more than our proportionate share between the insuring parties for any benefits covered under several plans.

If the other policy is a cash plan:

- We will pay the benefits available to you available under your policy
- You may also be able to claim any expenses due from your cash plan.

What happens if you are also claiming against a third party?

If **you** are **claiming** against a third party, for compensation as a result of a Road Traffic Accident or other **claim**, and have **claimed** medical expenses from us:

- **you** must tell us
- **we** will write to **your** Solicitor giving details of the medical expenses for which **you** have **claimed**, asking them to include the cost of these expenses in **your claim** with the third party, if appropriate
- if **your** case is successful and compensation is paid (whether in full or part settlement) **you** will need to pay **our** outlay to us. In the event of part-settlement **you** will need to pay **us** the percentage of medical expenses costs recovered
- **you** (or **your** Solicitor) must keep **us** informed about the progress and outcome of any **claim**.

Settlement of invoices

CS Healthcare will settle its share of **treatment** costs on **your** behalf. **We** will inform **you** in writing of the payment made and any outstanding amounts for **you** to pay. Any balance due will normally be in respect of **your** co-payment, or shortfall on an invoice.

Invoices will only be settled with the provider on acceptance of a valid **claim** and receipt of a fully completed **Claim** Form.

Most hospitals will submit invoices directly.

How we deal with Chronic and Acute conditions

What is a long-term chronic condition?

The HealthBridge scheme is designed to provide cover for the **treatment** of **acute** conditions. By this **we** mean those conditions, diseases or illnesses that respond to short term **treatment** with the aim of returning **you** to the state of health **you** were in before suffering the disease, illness or injury.

HealthBridge does not cover **treatment** of a **chronic** or long-term condition (please refer to **Chronic medical Conditions (Long-term)/Chronic** conditions on page 31). **Your policy** defines a **chronic medical condition** as: a disease, illness or injury which has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires **your** rehabilitation or for **you** to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

What does this mean in practice?

We provide cover up to the **policy benefit limit**, for the initial consultation and investigations when **you** make a **claim** for a new condition. Firstly **we** need to establish that the **claim** is eligible under **your policy** terms, i.e. that it is not excluded as a General or Specific Treatment Exclusions (as per pages 22-27) or by a pre-existing medical condition under the moratorium.

Once **we** have established that the **claim** can be covered **our** aim is to provide cover to diagnose, treat and **stabilise** the condition

in the short term. Cover for a condition will not continue indefinitely and payment for **treatment** will stop at a given point.

If **your treatment** exceeds the amount of **benefit** available under the **policy** you will have to change **your** care to the NHS or **you** may choose to continue to fund **your treatment** yourself.

What if the condition gets worse?

If **your chronic** long term condition gets suddenly or unexpectedly worse, this may be treated as an **Acute Flare Up**. **We** would ask for the details of the current situation and if it were confirmed that **your** current needs were **acute** and different from **your** usual symptoms and **treatment** needs, and is not for the purpose to review **your** state of health or medications **we** would authorise a short course of **treatment** to bring **your** condition back under control.

In some instances long term control or relief of symptoms cannot be achieved and cover will be withdrawn. **We** will seek to advise **you** at the time of authorisation or on receipt of **your treatment** plan what cover will be available to you, in order that arrangements for future NHS or self-funded care can be made.

If **your Acute Flare Up** required **Emergency treatment** you would not be covered (See 'Emergency treatment' definition on page 05).

Here are some examples of long term chronic conditions and how we will manage them:

Example 1 - Angina and Heart Disease

Alan has been with CS Healthcare for many years. He develops chest pains and is referred by his **GP** to a **specialist**. He has a number of investigations and is diagnosed as suffering from a heart condition called angina. Alan is placed on medication to control his symptoms.

Will Alan be covered?

Under the HealthBridge **policy** Alan will be covered, subject to **policy benefit limits**, for the initial consultation as well as for any investigations of symptoms of chest pain. Once a diagnosis of Angina has been confirmed no further cover would be available under the HealthBridge **policy**. Alan would need to transfer back to the NHS.

Two years later, Alan's chest pain recurs more severely and his specialist recommends that he have a heart by-pass operation.

Will Alan be covered?

Alan's HealthBridge **policy** does not provide any cover for **treatment** and surgery of heart conditions beyond the point of the initial diagnosis. Alan would need to refer back to the NHS, or self-fund private care for any further care he requires, including surgery. Recovery and Support **benefits**, such as nursing at home may be covered, subject to the **policy benefit limits**.

Example 2 - Asthma

Eve has been with CS Healthcare for five years when she develops breathing difficulties. Her **GP** refers her to a **specialist** who arranges for a number of tests. These reveal that Eve has asthma. Her **specialist** puts her on medication and recommends a follow-up consultation in three months, to see if her condition has improved. At that consultation Eve states that her breathing has been much better, so the

specialist suggests she have check-ups every four months.

Will Eve be covered?

Subject to her **policy benefit limits** Eve will be covered for the initial consultations and investigations into her breathing difficulties. She would also be covered for a further consultation to confirm diagnosis from the tests and for the **consultant** to commence her on medication. Once the diagnosis of Asthma has been confirmed and she has been successfully started on her medication, **we** would cover one further follow-up consultation before care would need to be transferred back to the NHS. Eighteen months later, Eve has a bad asthma attack.

Will Eve be covered?

Eve's Asthma attack would be considered an **Acute Flare Up** and would require **Emergency treatment** which HealthBridge does not cover (see '**Emergency treatment**' definition on page 05). If following her discharge from hospital her **consultant** wished her to see her for one private follow-up consultation this would be covered, subject to her **benefit limits**. Ongoing monitoring of her symptoms would need to be managed by the NHS. In the event that asthma attacks requiring hospital admissions and then requiring **consultant** follow-ups became a feature of her illness there would be no further cover available.

Example 3 - Diabetes

Deidre has been with CS Healthcare for two years when she develops symptoms that indicate she may have diabetes. Her **GP** refers her to a specialist who organises a series of investigations to confirm the diagnosis, and she then starts on oral medication to control the diabetes. After several months of regular consultations and some adjustments made to her medication regime, the **specialist** confirms the condition is now well controlled and explains he would like to see her every four months to review the condition.

Will Deidre be covered?

Subject to her **policy benefit limits** Deidre will be covered for the initial consultations and investigations into her symptoms. She would also be covered for a further consultation to confirm diagnosis from the tests and for the **consultant** to commence her on medication.

Deidre would also be covered for further consultations to allow for adjustments to her medication to be made while they aim to get good control of the condition. Once the **consultant** has confirmed that good control has successfully been achieved, care would need to be transferred back to the NHS. In some instances control of a condition may never be successfully achieved and in such circumstances cover will cease.

One year later, Deidre's diabetes becomes unstable and her **GP** arranges for her to go into hospital for treatment.

Will Deidre be covered?

Deidre's unstable diabetes would be considered an **Acute Flare Up** and would require **Emergency treatment** which HealthBridge does not cover (see '**Emergency treatment**' definition on page 05). However, if her diabetes had become unstable because of an underlying condition such as an infection, and her care was able to be given on a general ward, environment and not in a **critical care** ward or emergency unit, then cover for a short term admission can be considered, subject to her **benefit limits**. If following her discharge her **Consultant** wished to see her for one private follow-up consultation this would be covered.

Ongoing monitoring of her symptoms would need to be managed by the NHS. In the event that the diabetes became poorly controlled with regular bouts of instability requiring hospital admissions and follow-up appointments with the **Consultant** these would not be covered.

Example 4 - Hip Pain

Bob has been with CS Healthcare for three years when he develops hip pain. His **GP** refers him to an osteopath who treats him every other day for two weeks and then recommends that he return once a month for additional **treatment** to prevent a recurrence of his original symptoms.

Will Bob be covered?

Subject to the **policy** terms and his **benefit limit** Bob would be covered for the initial osteopathy appointment in the first instance, and then he would be asked to contact **us** again to confirm his future **treatment** needs. On confirmation of his **treatment** needs for the **acute** hip pain **we** would authorise the rest of the sessions recommended over the two-week period.

As the **policy** covers an **Acute-Flare-Up** and does not cover **treatment** to maintain or prevent symptoms, **we** would not cover the ongoing monthly appointments to prevent recurrence of his original symptoms, including ongoing pain relief. If Bob eventually needs a hip replacement this would be covered subject to his **benefit limit**.

Cancer Example 1

Beverly has been with CS Healthcare for five years when she is diagnosed with breast **cancer**. Following discussion with her specialists she decides:

- to have the tumour removed by surgery. As well as removing the tumour, Beverly's **treatment** will include a reconstruction operation
- to undergo a course of radiotherapy and chemotherapy
- to take hormone therapy tablets for several years after the chemotherapy has finished.

Will her policy cover this treatment plan, and are there any limits to the cover?

Under the HealthBridge **policy** Beverley will be covered, subject to **policy benefit limits**, for the initial consultation as well as for any investigations of symptoms. Once a diagnosis of breast **cancer** has been confirmed no further cover would be available under the HealthBridge **policy**. Beverley would need to transfer back to the NHS.

During the course of chemotherapy Beverley suffers from anaemia. Her resistance to infection is also greatly reduced. Her specialist:

- admits her to hospital for a blood transfusion to treat her anaemia
- prescribes a course of injections to boost her immune system.

Will her policy cover this treatment plan, and are there any limits to the cover?

Beverley's HealthBridge **policy** does not provide any cover for **treatment** and surgery of **cancer** conditions beyond the point of the initial diagnosis. Beverley would need to refer back to the NHS. Recovery and Support **benefits**, such as nursing at home may be covered, subject to the **policy benefit limits**.

Cancer Example 2

Eric would like to be admitted to a hospice for care aimed solely at relieving symptoms.

Will his policy cover this, and are there any limits to the cover?

Hospice Care is free to all **Cancer** patients whether private or NHS and **our** Managed Care Team would assist in helping access this care if required.

Claim Terms and Conditions

The Society will only consider a claim if:

- You have contacted the **Claims Helpline** on **020 8410 0440*** for **pre-authorisation of your claim**.

If **your treatment** is not taken or completed within this pre-authorised period **you** should contact the **Claims Helpline** to update **us** on **your treatment** plan and seek further **pre-authorisation**; and

- the condition was not pre-existing under the moratorium cover of **your policy**; and
- the condition or **treatment** is not stated as a **policy** exclusion (please refer to 'General **Policy Exclusions**' and 'Specific Treatment Exclusions and Advice' for details); and
- **your policy** is current at the time that **you** receive **treatment** and there are no premium arrears on the **policy**. **Benefit** will not be payable until the arrears have been cleared even if **pre-authorisation** has been given; and
- **you** and **your insured dependant's GP** has made the referral for opinion or **treatment**; and a fully completed **Claim Form**, signed by the **GP** or **Specialist**, has been submitted to **us** prior to the commencement of **treatment**; and
- **we** have been given all additional information requested, for **you** or for **your insured dependants**, from either a **GP** or **your treating Consultant** or from any person who has provided any of the **treatment** which is the subject of the **claim**; and
- original invoices are received, for **treatment** costs no later than one year from the date of **treatment**; and
- the **claim** is not fraudulent or reckless and the condition or symptoms for which **you** are **claiming** are eligible under the moratorium underwriting terms (this includes occasions

* Calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

where **we** have pre-authorised a **claim** in good faith and it has later been brought to **our** attention that the subject of the **claim** was pre-existing or fraudulent); and

- all costs associated with the pre-authorised **treatment** are necessary and reasonably incurred, and that hospital costs are only incurred from a facility as approved by CS Healthcare at point of **claim**. All **Specialist/Consultant** Surgeon and Anaesthetist fees will be paid according to the rates of the CS Healthcare Fee Schedule (please refer to the medical fees section of **our** website www.cshealthcare.co.uk for full details or call the **Claims** Helpline on **020 8410 0440**).

Surgeon and Anaesthetist Fees

Specialist/Consultants can legally charge a patient whatever they wish and while the majority will charge within **our** guidelines, a minority may not.

CS Healthcare will only pay the fees which **we** consider **customary and reasonable**, less any co-payment payable, as per **our** Fee Schedule.

The maximum amount of fees **we** expect to pay for a procedure will be clearly detailed on your Pre-authorisation Certificate; you may wish to discuss this with your **Specialist/Consultant** prior to any surgery or **treatment**.

A **Specialist/Consultant** will consider the agreement to treat a person as a contract between themselves and the patient, and if they are unwilling to invoice according to **our Fee Schedule** this could result in **you** having a shortfall which the **Consultant** will consider **your** responsibility. In the event that **your treatment** is more complicated than the procedure described on **your Claim** Form, **we** can consider an enhanced fee on receipt of a supporting letter from **your Specialist/Consultant**, subject to the **benefit limits** on the **policy**.

A Surgeon's Fee will cover the cost of the **surgical procedure** according to the relevant Clinical Classification and Schedule of Development (CCSD) code and complexity of the procedure. It will also cover the period of post-operative supervision according to the average expected length of stay associated to the procedure. If an admission goes over the expected length of stay for a reason of **medical necessity** a further daily fee will be considered on submission of a medical update, subject to the **benefit limits** on the **policy**.

Where a Surgeon administers local anaesthesia or IV sedation **we** will also pay an additional fee to the main procedure.

Second Specialist/Consultant:

If out of **medical necessity** there is the need for a second **Specialist/Consultant** to assist during a procedure, please contact the Managed Care Team for assistance. Fees for a surgical assistant are not covered. If a second **Specialist/Consultant** is to be present during a theatre time to perform a separate procedure under the same anaesthetic then they will be reimbursed accordingly using the allocated CCSD code, subject to the amount being available under the **benefit limit**.

An Anaesthetist fee will cover the initial in-patient anaesthetic assessment, the cost of the anaesthetic including care in a **critical care** unit and pain relief within the first 24 hours directly following surgery. Should anaesthetic supervision be required following the initial 24 hour care in a **Critical Care** Unit, a further two days can be reimbursed for daily supervision.

Where it is necessary for an Anaesthetist to perform a pain relieving procedure in isolation (either outside the first post-operative 24 hours or to treat an **acute** condition) they will be reimbursed in the same manner as **we** manage surgeons fees. Local anaesthesia or IV sedation may be paid in addition to the main

procedure. Occasionally 'Standby' Fees are billed for Surgeons and Anaesthetists who may need to intervene in an event of an emergency. Where appropriate, these fees will be reimbursed according to the correct CCSD code.

Multiple Procedure Policy:

For a single procedure we will pay 100% of the customary and reasonable Surgeon and Anaesthetist fees according to CS Healthcare's Fee Schedule for the required CCSD Code and its recognised complexity.

If multiple procedures are carried out during one theatre admission, we will pay:

- Primary procedure - up to 100% of the listed fee price
- Second procedure - up to 50% of the second procedure in addition to the primary procedure
- Third procedure - up to 25% of the third procedure in addition to the primary and secondary procedure

No further benefit will be payable beyond the third procedure.

In the case that a procedure is performed bilaterally that cannot be billed under one CCSD code, benefit will be calculated in accordance with the above multiple procedures rule.

Maximum permitted fee amounts are clearly detailed on the **Pre-authorisation** Certificate issued as confirmation of **your** level of cover. For further advice or to clarify a level of fee reimbursement please contact the **Claims** Helpline - **020 8410 0440***.

General Policy Exclusions

General **Policy** Exclusions describes particular terms which are excluded from **your** cover.

The Society will not cover

G1 Your compulsory co-payment shown on **your** Registration Certificate.

G2 Treatment and Medical costs: G2 Treatment and Medical costs: Any treatment in a hospital that is not on the HealthBridge hospital list.

The only time that **we** will consider **treatment** in a hospital not previously agreed by **us** is if there is a particular **treatment** that is only available in one particular hospital or given by one particular **Consultant**, i.e. there is a reason of **medical necessity**. Please be aware that **you** will be liable for any additional costs that this **treatment** may incur.

Any medical costs and **Consultants** fees, including Surgeon and Anaesthetist fees must be paid within the **customary and reasonable** terms. By this **we** mean that it should be within the expected average cost, and for a particular procedure listed within the CS Healthcare Fee Schedule be billed within **our** published levels of reimbursement. Please refer to section 'Surgeon and Anaesthetist fees' and/or **our** website at www.cshealthcare.co.uk for further details or call the **Claims** Helpline on **020 8410 0440***

G3 Any condition excluded as pre-existing under moratorium underwriting will not be covered.

G4 War, Terrorism and Contamination:

Any **treatment** for an illness or injury arising out of war, invasion, the act of a foreign enemy, hostilities (whether declared or not), civil war, riot, civil commotion, act of terrorism, rebellion, revolution, insurrection, or military or usurped power. Any **treatment** required as a result of contamination with radiation and

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chemical or biological substances either in relation to the events listed directly above or as a result of an industrial accident.

G5 Treatment abroad/overseas for UK residents (by **overseas** we mean any country outside the **United Kingdom**). The **Society** will consider requests for **treatment** within the European Economic Area (EEA), in line with the S2 scheme or Article 56 of the European Community; if there is a medical need such as an unacceptable waiting period to receive **treatment** within the **United Kingdom (UK)** or if there is a particular need which requires an individual to have **planned treatment** within the EEA. This will be dependent on **your UK based Specialist/consultant** having consented to the **treatment** as being appropriate and that **you** are fit to travel, then consideration to authorisation can be given.

The **planned treatment** will only ever be reimbursed up to the value of **treatment** which would have been incurred at a hospital approved by CS Healthcare in the **UK**, any shortfall will be the responsibility of the **member**. **Consultants** Fees will be paid in line with the CS Healthcare Fee Schedule. This will be subject to the insured **pre-authorising** their **treatment** and receiving a written offer of cover from CS Healthcare. CS Healthcare will not pay for any travel costs associated with the **treatment** or stays in hospital longer than those which are clinically necessary.

G6 Cover while living abroad: Your policy provides cover for specific eligible **treatment** that takes place in the **United Kingdom**. It is important that **you** notify **us** in writing before **you** take up residence abroad and note that **you** may not be able to **claim** for **treatment** in **your** country of residence. **You** will not be covered for **treatment** that takes place outside the **UK** unless it has been arranged under the European Economic Area (EEA) reciprocal arrangements and **we** have agreed to the cover as specified

in clause G5. For the purpose of living abroad the appropriate insurance **policy** to cover that countries health needs should be considered.

If **you** choose to keep **your policy** and return for **treatment** to the **United Kingdom**, **you** will not be covered for any travel costs incurred to necessitate **your** return and **you** will also need to use a hospital as directed by CS Healthcare in the region for which **your** premium has been based on. Should **you** return to the **UK** and use the **policy** for **treatment** it must be on the referral of a **General Practitioner**. **You** should contact **us** for pre-authorisation of **your claim** before proceeding with **treatment**. Please note **you** must remain registered with a **UK GP** for the duration of **your policy**. If **you** incur private **GP** fees **you** will not be able to **claim** these fees on **your policy**.

G7 Professional Sports: Any illness or **treatment** resulting from an injury sustained as a result of taking part in a sport for which **you** are receiving a salary, monetary reimbursement including sponsorship or for which **you** represent or have represented **your** county or country.

G8 Consultations and treatment for self-inflicted illness, injury or disability or associated medical conditions.

G9 Preparation and/or treatment for Gene Therapy, including CAR-T Therapy.

Specific treatment exclusions and advice

Specific Treatment Exclusions give details of those particular conditions and related medical services which are not covered. For clarity, the aspects which are covered under the **policy** are detailed directly under each section.

Please be aware that for any **treatment** listed as covered, **you** must have enough **benefit**

remaining under the **policy** to fund the **treatment**.

You will be liable for any shortfall resulting from undergoing **treatment** that exceeds the **benefit limits**.

The Society will not cover

S1 Unlicensed/Experimental treatment:

What is not covered:

- ✗ Drugs which are not licensed and authorised by the Medicines and Healthcare products Regulatory Agency (MHRA).
- ✗ Any **treatment** being medical or surgical including the use of **prosthesis** not based on established medical practice, is unproven or experimental, or has not been assessed by the National Institute Clinical Excellence (NICE).
- ✗ The cost associated with treating or correcting the direct complications of unproven or experimental **treatment** including unlicensed drugs in any circumstance.
- ✗ Consultations and investigations associated with the collection of trial data.

What is covered:

- ✓ Where there is an alternative 'conventional' **treatment** available which the **Society** would have covered; **we** will offer the level of reimbursement **we** would have paid for the hospital, **Consultant** and Anaesthetic Fees, as long as the patient/insured has fully consented to the alternative experimental **treatment**, and understands that any direct complications of the experimental **treatment** will not be covered by the **Society**. Any extra costs may have to be paid by **you**.

S2 Chronic or Long-term Conditions:

What is not covered:

- ✗ Care of a condition which continues indefinitely and has no known cure.
- ✗ Care of recurrent symptoms which come

back or are likely to come back.

- ✗ Care of a permanent condition, including congenital or birth defects.
- ✗ Care of a condition for which rehabilitation or **specialist** training is required to cope with it.
- ✗ Care of a condition which requires long-term and regular monitoring, consultations, check-ups, examinations and tests. The long-term administration of blood transfusions and Kidney Dialysis.
- ✗ Blood tests and monitoring of medications and changing of prescription drugs not associated with **acute** episodes.
- ✗ Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) and any condition directly related or attributed to these conditions.

What is covered:

- ✓ **Treatment** of acute flare up of a chronic condition curable in the short term either by surgery or medical intervention which is proven as safe and effective by NICE (National Institute of Clinical Excellence).
- ✓ **Diagnostic tests** and consultations and **treatment** to **stabilise** symptoms of a newly diagnosed condition up to the **policy** limit.
- ✓ **Acute Flare Ups** of a diagnosed **chronic** condition requiring a surgical or medical admission or a short course of **out-patient** consultations or **treatment** to **stabilise** the condition. This includes pre-authorised in-patient admissions to a general ward, but excludes **Emergency treatment**.

S3 Acute Conditions:

What is not covered:

- ✗ Any **Treatment** or Surgery related to a heart or **cancer** condition.
- ✗ Emergency care in an Accident and Emergency or a Casualty Department (including private facilities), and immediate lifesaving surgery and **treatment** in a

Critical care Setting.

- ✗ Any **acute** condition excluded by the Moratorium terms of **your** policy. See 'General **Policy** Exclusion' rule G3.
- ✗ Long-term stays in a **Critical Care** Setting.
- ✗ Organ transplants, including artificial organs and ventricular assist devices and the aftercare, maintenance and any complications directly attributed to having received a transplant or any **treatment** related to having been an organ donor are not covered.
- ✗ Preparation and/or **treatment** arising from or related to bone marrow or stem cell transplantation and/or recovery, including maintenance therapy.
- ✗ Illness or injury arising through contamination with radioactivity.

What is covered:

- ✓ **Pre-authorized treatment** of **acute** conditions and symptoms curable in the short-term and **acute** episodes of **chronic**/long-term illnesses in either an **out-patient** environment or in a general ward setting subject to the moratorium.
- ✓ **Pre-authorized treatment** in any hospital on the HealthBridge Hospital List (please see 'General Policy Exclusion' rule G2).
- ✓ Care in a **Critical Care** Unit only when associated with a pre-authorized surgical admission (operation) or medical stay for an **acute** phase of **treatment**.

S4 Pregnancy:

Pregnancy is generally not covered under the **policy**:

What is not covered:

- ✗ Any pre-natal/antenatal care is not covered including the **treatment** of pre-eclampsia, eclampsia, and placenta previa and foetal screening.
- ✗ Any fertility **treatment**, including secondary fertility **treatment** and investigations of recurrent miscarriage are not covered,

unless an underlying medical cause requiring surgical **treatment** is identified and the details are submitted from the treating **Consultant** to CS Healthcare for our consideration.

- ✗ Any labour either spontaneous or planned is not covered; including a ventouse and forcep deliveries.
- ✗ Emergency Caesarean Sections for any medical reason.
- ✗ Neonatal Care - care of a premature or full-term baby in a special care baby unit (Neonatal Unit) is not covered.
- ✗ Foetal Surgery and Blood Transfusion.
- ✗ Intentional termination, (abortion).
- ✗ Congenital or birth defects.

What is covered:

A pregnancy confirmed after the inception date of your **policy** will be covered for the following:

- ✓ A planned Caesarean Section that is required for a reason of **medical necessity**, of which the details of have been submitted from the treating **Consultant**, to CS Healthcare for **our** consideration.
- ✓ Planned removal of an Ectopic Pregnancy (pregnancy outside the womb).
- ✓ **Planned treatment** of a Hydatiform Mole (molar pregnancy).
- ✓ Evacuation of retained products of the womb following miscarriage or pregnancy.
- ✓ Induction of abortion for foetal abnormality.
- ✓ Insertion of a Shirodkar or Purse string suture for an incompetent cervix.
- ✓ Complications of any of the above and any medical complications requiring stabilisation excluding **treatment** in a **Critical care** Unit.
- ✓ New Child Bonus payment available under Recovery and Support after a 12 month qualifying period.

S5 Dental Treatment:

Dental **treatment** is generally not covered under the **policy**:

What is not covered:

- ✗ Any routine dental **treatment** including the cost of providing and fitting dental appliances, and **treatments** such as root canal, crowns and dental implants.
- ✗ Any orthodontic **treatment** including the cost of providing and fitting braces and other related appliances.
- ✗ Any periodontal **treatment** including the care and **treatment** of gum disease.
- ✗ Any cosmetic dentistry including teeth whitening for any reason.
- ✗ The cost of a Dental Surgeon to complete a **Claim Form**.

What is covered:

Pre-authorized **treatment** by a Dental or Oral Facial Maxillary Surgeon in a Surgical Dental Centre or a hospital recommended by CS Healthcare where sedation or general anaesthetic is required for one of the following:

- ✓ Hospitalisation for dental **treatment** where anti-coagulant therapy requires management is covered under the **policy** terms.
- ✓ Surgical removal of impacted/buried tooth/teeth.
- ✓ Surgical removal of complicated buried roots.
- ✓ Surgical drainage of a dental abscess.
- ✓ Surgical removal of a jaw cyst or benign tumors.
- ✓ **Treatment** of facial fractures also described as mandibular, zygomatic or maxillary fractures; including internal or external fixation.
- ✓ Surgical **treatment** for Temporomandibular Joint (TMJ) Dysfunction.

S6 Cosmetic and Lifestyle Treatment:

Cosmetic and Lifestyle **Treatment** is generally not covered under the **policy**:

What is not covered:

- ✗ Surgical removal of any non-diseased body tissue or part for preventative measures; and non-acute conditions, including if there is a family history of **cancer** or for psychological reasons.
- ✗ Cosmetic or aesthetic **treatment** and surgery including for psychological reasons.
- ✗ Weight Loss (Bariatric Surgery) like gastric banding or gastric bypass.
- ✗ Breast Reduction Surgery for any reason.
- ✗ Restorative or cosmetic care for **pre-existing conditions** or as a result of surgery or accidents not previously covered by us.
- ✗ Correction of short or long sightedness including corrective lens implants and astigmatisms.
- ✗ Speech Therapy.
- ✗ Sex change (gender reassignment) for any reason, including the related medical and psychological **treatment**.
- ✗ Birth Control, including sterilisation, vasectomy and insertion of Intrauterine Devices (IUD's).
- ✗ Sexual Dysfunction (including Erectile Dysfunction).
- ✗ **Treatment** in a Health Hydro, Health Farm, Spa or Clinic and Rehabilitation centre or any form of respite care, and in-patient stays for domestic reasons which are not related to a medical need, even if the facility is registered as a private hospital.
- ✗ The **treatment** of snoring and the related symptoms and the condition of Sleep Apnoea; including Continuous Positive Airway Pressure (CPAP) **treatment** or the like and any form of Uvuloplasty. Sleep studies are not covered.
- ✗ **Treatment** of Sexually Transmitted Diseases.

What is covered:

- ✓ Reconstructive Surgery following a traumatic accident which occurred while **you** have a current **policy** with CS Healthcare.
- ✓ Correction of post-operative complications and infection which require plastic surgery for a condition which was covered by CS Healthcare.

S7 Psychiatry & Out-patient Counselling:

What is not covered:

- ✗ Day or in-patient care in a psychiatric hospital or clinic.
- ✗ **Treatment** for alcoholism, solvent and drug abuse or any addictive condition, including associated medical conditions
- ✗ **Treatment** for eating disorders.

What is covered:

- ✓ **Out-patient** Psychiatric Consultations and Counselling under the care of either a **Consultant** Psychiatrist or Psychotherapist or a recognised Counsellor, subject to the **benefit limit** and on referral by a **GP** or **Consultant**.
- ✓ **Out-patient** assessment by a Neuro-psychiatrist or Psychotherapist to aid the diagnosis of certain neurology conditions such as Parkinson's Disease or Alzheimer's Disease.

Always check the credentials of **your** practitioner before incurring any medical expenses **you** are covered to see:

Consultant Psychiatrist or Psychotherapist who holds or has held a substantive NHS post or holds a certificate of Higher **Specialist** Training in these given specialities issued by the Royal College of Psychiatry or the General Medical Council in accordance with EU directives or a Counsellor or Psychotherapist registered with the Health Professionals Council of the **United Kingdom**.

S8 Out-patient Services; Drugs,

Appliances and GP:

What is not covered:

- ✗ **Treatment** that has fallen outside the 90 day **necessary aftercare** terms.
- ✗ **Treatment** in an Accident and Emergency or Casualty department.
- ✗ The provision of **General Practitioner (GP)** services.
- ✗ The cost associated with the completion of a **Claim** Form or medical report.
- ✗ **Out-patient** drugs (medicines), dressings and nutritional supplements, including take home drugs following any hospital admission.
- ✗ Hormone Replacement Therapy.
- ✗ The general maintenance of foot conditions like corns, hard skin, and toenail maintenance.
- ✗ The cost of assessing, fitting and providing an external prosthesis, hearing aid (including cochlear implants) and spectacles/contact lenses.
- ✗ Assessment and **treatment** of learning or developmental difficulties or special educational needs including, but not limited to, Autism and Autism Spectrum Disorders, Attention Deficit Hyperactivity Disorder (ADHD) Dyslexia and Dyspraxia; and congenital and growth disorders.
- ✗ Preventative **treatment**, Health Screening and vaccinations.
- ✗ Genetic testing/Preventative screening.
- ✗ Maintenance therapy.

What is covered:

- ✓ **Necessary aftercare** within 90 days of surgery or a medical admission as available under HealthBridge.
- ✓ Allergy assessment when undertaken by a **Consultant** holding an appointment at NHS Allergy Clinic or a **Consultant** recognised by the British Society for Allergy and Clinical Immunology on referral by a **GP** or **Consultant**.

Policy Administration

Joining

The minimum age for a **policy** holder to join HealthBridge is 18 years and the maximum age to join is 74 years and 11 months.

Dependants can be included on the **policy** at the time **you** join. **Dependants** can be added or removed from the **policy** at a later date providing at least 15 days notice has been provided in order to process **your** request. Changes will be effective from the following month of cover. New born children can be added, without any evidence of health, provided they are registered within two months of birth. However, it is important to note that **treatment** for the purposes of, or related to, any neonatal care or surgery commencing within three months of delivery will not be covered, this includes **treatment** of any congenital abnormalities (please refer to 'Specific Treatment Exclusions and Advice' section rule S4 within this **Policy** Document).

The first born child on the policy will not have to pay premiums until the renewal following their 18th birthday.

Renewing

The period of each **policy** year is 12 months from the effective date as set out on **your** Registration Certificate. At the end of that time **your policy** will automatically renew on the same terms (unless **you** advise **us** otherwise in writing or by telephone) for another year if the plan is still being offered.

We will write to advise **you** of any changes to **your policy** within a reasonable timeframe before **your renewal date**.

At the date of **your** annual renewal, or at the discretion of the **Society**, **you** can write to **us** and request to transfer to a different plan. **We** will make the change effective from **your renewal date** and adjust **your** premiums

appropriately. The **Society** may refuse or accept the request.

Cancellation of a policy

New **members** (and those renewing) may cancel their membership within 15 days of receiving their **policy** documentation, or 15 days from the commencement or **policy** renewal, and a full refund will be given provided that no **claims** for benefit have been submitted during the **policy** year. If **you** wish to cancel **your membership** you must notify the **Society** in writing or by telephone.

Members may cancel their **policy** at any other time by notifying **us** in writing or by telephone. It is the responsibility of the **member** to ensure the **Society** has received this notification. Monthly premiums will cease from the next instalment date provided at least 15 days notice has been given. If premiums are paid annually, they will be refunded on a pro-rata basis for whole months only (if applicable), less any introductory discount.

If **you** choose to cancel **your** membership, **you** may re-register on the same terms and conditions within 30 days. **Membership** must be continuous, so any premiums that would have fallen due within the 30 days will need to be paid in full before **your policy** can be re-instated. After this 30 day period **you** may re-apply to be a **member** of CS Healthcare but **your** moratorium period will start again.

Re-joining

Any person wishing to re-join the **Society** may apply to do so. If **you** have previously been insured with CS Healthcare **you** may apply to join the HealthBridge scheme. Neither **you** nor **your dependants** will have an automatic right to re-register with us, or an automatic right to re-register on the same **policy** terms and conditions on which **you**

previously were a **member**. All **members** re-joining after 30 days will begin the moratorium period again. All **members** joining the HealthBridge scheme from policies with Full Medical Underwriting will need to accept new moratorium terms.

IMPORTANT NOTE:

To make changes to **your policy** you must contact the Membership Services Team and give at least 15 days notice for changes to take effect. Notification must be received in writing or by telephone and it is the responsibility of the **member** to ensure the **Society** has received this notification.

Underwriting terms and pre-existing medical conditions

Underwriting is the process by which an insurer decides on what terms it will accept a person for cover based on the information they supply. This section is designed to explain the method that **we** use to assess **your** application.

You must ensure that **you** always provide full and accurate information. Failure to do so may mean that **we** cannot cover a **claim** or will result in **your policy** being cancelled. If **you** are unsure whether **we** would want to know about a particular condition, **you** should tell **us** about it.

All CS Healthcare HealthBridge **policies** are subject to Moratorium Underwriting.

Moratorium Underwriting

CS Healthcare will not cover any condition or symptom for which **you**, or any eligible **dependants**, have received advice, medication, tests or **treatment**, or were aware of, or might reasonably have been aware of during the five years immediately before the commencement of cover.

However, provided **you**, or any eligible **dependants**, do not have symptoms, or receive **treatment**, medication, tests or advice (from a **GP** or a **Specialist**) for that condition for a continuous period of two years at any time after the **policy** starts, then the condition will become eligible for **benefit**, subject to the **policy** rules.

This two year period is known as the Moratorium. In order to authorise **treatment** each time, **you** will be required to send **us** a copy of **your GP** referral letter so that CS Healthcare can confirm if the condition is new or pre-existing. On occasion CS Healthcare may need further information from **your GP** or **Consultant** to confirm if a **claim** is eligible.

You should not delay seeking medical advice or **treatment** for a pre-existing condition simply to obtain cover under **your policy**.

IMPORTANT NOTE:

At the point of every **claim** under a Moratorium **policy**, and before any **treatment** can be authorised, **you** will be required to send **us** a copy of **your General practitioner (GP)** referral letter so that **we** can confirm if the condition is new or pre-existing. This procedure is continuous through the life of the **policy**. **Your GP** may charge **you** for this service, CS Healthcare will not meet these costs.

Policy Terms

The terms of the **policy** are set out in the current versions of the following documents all of which must be read together.

- Any Proposal Form the **Society** asked **you** to complete
- Policy** Document and Benefit Schedules
- Registration Certificate and letter of acceptance
- Memorandum of Association & Rules
- Any other document setting out information affecting the rights and obligations of the **Society** and **you** concerning **your** membership.

These policies confer no financial interest in the **Society** except for the **benefits** they describe.

How to Make a Complaint

The **Society** makes every effort to ensure that insured **members** are satisfied with the level of service **we** provide. However, if things do go wrong **we** have an open and fair complaints procedure.

You have the right to lodge a formal complaint about any of our products and services, including how we use your personal data. You can make a complaint by any of the following methods:

Write to:

**Civil Service Healthcare Society Limited,
Princess House, Horace Road,
Kingston upon Thames, Surrey, KT1 2SL**

Telephone the **Membership** Services Team on **020 8410 0400***

Email the **Membership** Services Team at **membership@cshealthcare.co.uk**

We will investigate **your** complaint and provide **you** with a written response. If

you are unhappy with the outcome of **our** investigation **you** may refer the matter to the Financial Ombudsman Service.

Their contact details are:

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

Telephone: **0800 023 4 567**

E-mail: **complaint.info@financial-ombudsman.org.uk**

Our complaints procedure is without prejudice to **your** right to take legal proceedings.

We are covered by the Financial Services Compensation Scheme, and **you** may be entitled to compensation from the scheme if **we** are unable to meet **our** obligations to you. The maximum level of compensation for valid **claims** with the Terms and Conditions of **your policy** is 90% of the **claim**, with no upper limit. Further information about compensation arrangements are available from:

The Financial Services Compensation Scheme

**10th Floor Beaufort House
15 St Botolph Street,
London EC3A 7QU**

Telephone: **0800 6781 100** or **020 7741 4100**

Definitions

The words and phrases set out below have special meanings.

ACCOMMODATION

The charge made by the hospital for in-patient or **day-patient treatment** which includes the cost of the bed, meals, routine nursing and housekeeping.

ACUTE MEDICAL CONDITION/ACUTE

A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

BENEFITS

The items listed in the **Benefits Schedule** (Schedule D) for which **you** can **claim** the reimbursement of medical costs.

BENEFIT LIMIT

The financial limits which apply to the policy as a whole, or for individual **benefit**, as described in the **Benefit Schedule** (Schedule D).

BENEFITS SCHEDULE

The schedule of **benefits** of **your** chosen plan showing the maximum **benefits we** will pay for each **insured person**. This is also known as Schedule D.

CANCER

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

CHRONIC MEDICAL CONDITION (LONG-TERM)/CHRONIC

A disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring

through consultations, examinations, check-ups, and/or tests

- it needs ongoing or long-term control or relief of symptoms
- it requires **your** rehabilitation or for **you** to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

CLAIM

The **benefits** an insured asks **us** to pay in respect of **treatment** for an eligible condition.

COMPULSORY CO-PAYMENT

The **compulsory co-payment** of 15% capped at £250 is the amount of expenditure which **you** have to pay each **policy** year towards the cost of eligible **treatment** for each person covered on the **policy** other than when the **benefit limit** has been exceeded.

CRITICAL CARE

Treatment given in either a resuscitation room, intensive care or high dependency unit, including coronary care units, which requires the **specialist** care, supervision and support by intensive care **specialists**.

CUSTOMARY AND REASONABLE

By this **we** mean that all costs must be necessary, customary and reasonably incurred at a hospital or medical services provider as previously agreed by us, and that all Surgeon and Anaesthetist fees will be paid in full according to the rates of the CS Healthcare fee schedule. All other incurred cost must be within average and acceptable levels appropriate for the services provided.

DAY-PATIENT TREATMENT

A patient who is admitted to a hospital or

day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

DEPENDANT

Your legal or civil partner including married and separated couples. This does not include a person living with you, no matter how long the period or any **members of your** family. **Your** natural children, legally adopted children, partner's children or stepchildren or children where **you** are the legal guardian.

DIAGNOSTIC TESTS

Specialised scans e.g. MRI, CT and PET and investigations such as X-rays, blood tests and ECG to find or to help to find the cause of **your** symptoms.

EMERGENCY TREATMENT

An admission to:

- a hospital directly following an accident, or
- a hospital ward directly from the emergency department for urgent or unplanned **treatment**, or
- a hospital ward on the same day as a referral for **treatment** is made either by a **GP** or specialist, when immediate **treatment** or **diagnostic tests** are necessary, or
- a hospital to receive immediate lifesaving surgery.

GENERAL PRACTITIONER (GP)

A **medical practitioner** holding a Certificate of General Practice Training and registered with the General Medical Council in **United Kingdom**.

IN-PATIENT TREATMENT

A patient who is admitted to hospital and who occupies a bed overnight or longer for medical reasons.

INSURED PERSON

A person insured under the **policy** and any insured **dependants** for whom **we** are receiving a payment for a CS Healthcare **policy**.

MEDICAL NECESSITY

Diagnostic investigations and **treatment** including surgery that is required to cure, correct and **stabilise** an **acute medical condition**.

MEDICAL PRACTITIONER

A person registered or whom the **Society** accepts as a **medical practitioner**. (Please refer to the **Specialist/consultant** definition within this section).

MEMBER

The policyholder with whom **we** have made the **membership** and who is responsible for the payment of the premiums for the CS Healthcare **policy**.

NECESSARY AFTERCARE

The period directly after **you** have been discharged; **you** will be covered for a 90 day period of **necessary aftercare**, subject to the **benefit limits**. This may cover up to three post-operative or follow-up consultations, where related directly to **your** surgery or medical admission to check **your** progress or treat any complications. Wound care and dressings and small procedures will also be covered where they are a direct consequence of **your** surgery or medical admission.

NURSE

A qualified **nurse** who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC identification number.

OUT-PATIENT

A patient who attends a hospital, consulting

room or **out-patient** clinic and is not admitted as a day-patient or an in-patient.

OVERSEAS

A country outside the **United Kingdom**, Channel Islands or the Isle of Man.

PLANNED TREATMENT

Admission to hospital by means of a waiting list or direct **Consultant** referral and not from the hospital Accident and Emergency unit or following a request for immediate admission on the advice of a **GP**.

POLICY

The insurance contract between yourself and us, including the following documents which are sent to **you** from time to time:

- any form **you** are asked to complete
- **Policy** Document and **Benefit Schedules**
- Registration Certificate and letter of acceptance
- **any** other document setting out information affecting the rights and obligations of the **Society** and **you** concerning **your policy**.

PRE-AUTHORISATION

Approval given either verbally or in writing by the **Society** prior to any **treatment** taking place, as a guarantee that **we** will meet **your treatment** costs as part of an eligible **claim** – providing **you** are still paying premiums and the **claim** is within the **benefit limit**.

PRE-EXISTING CONDITIONS

Any disease, illness or injury for which you have received medication, advice or **treatment**; or **you** have experienced symptoms, whether the condition has been diagnosed or not in the 5 years before the start date of cover.

PROSTHESIS

A surgical appliance, such as a joint replacement and bone fixation, stents, grafts

and meshes, which are implanted by a **Specialist/Consultant** during a **surgical procedure**.

RELATED CONDITION

Any symptom or condition, disease, illness or injury which is medically considered to be associated with another symptom or condition, disease, illness or injury will be considered as one **claim**.

RENEWAL DATE

The annual anniversary of **your** policy

ROUTINE MONITORING

Regular consultations, check-ups, examinations or tests to assess **your** ongoing state of health.

SOCIETY

Civil Service Healthcare **Society** Limited.

SPECIALIST/CONSULTANT

A registered medical or dental practitioner who holds or has held a substantive NHS **Consultant's** post, or has a certificate of Higher Specialists Training in the relevant specialty issued by the appropriate Royal College and who holds a current General Medical Council Number and a current License to Practice; in accordance with EU medical directives.

SPECIAL TERMS

This refers to general exclusions or conditions or restrictions to **benefit** which **we** may apply to **your policy** on joining, re-joining or transfer and which will be shown on **your** Registration Certificate.

STABLE/STABILISE

A patient is able to be nursed in a general ward setting and does not require **critical care** including resuscitation, intensive care, high dependency or coronary care, life support or immediate life-saving surgery.

SURGICAL PROCEDURE

An operation including open incision and/ or laparoscopic procedures, used to correct an injury, disease or degenerative change; and also including endoscopic procedures performed as a day case procedure required to aid a diagnosis or to give therapeutic relief of symptoms.

TREATMENT

Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

UNITED KINGDOM

England, Scotland, Wales, Northern Ireland, Channel Islands and Isle of Man.

WE/US/OUR

Civil Service Healthcare **Society** Limited.

YOU/YOUR

The insured or any insured **dependant**.

Our Privacy Policy INTRODUCTION

This Privacy Policy ("Policy") is agreed as part of terms and conditions when applying for any insurance policy from Civil Service Healthcare Society Limited whose details appear at the end of this policy ("CS Healthcare", "we", "us", "our"). This policy governs our processing of information relating to each applicant ("personal data"), including the personal data of each applicant whose applications we accept ("you", "your"). This Policy explains what types of personal data we collect, the purposes for which we collect and process it, the legal basis for doing so and the organisations or types of organisations with whom we may share personal data. Capitalised terms used in this policy shall have the meaning given where they first appear.

The main insurance policyholder will act on behalf of any other person included within the

insurance policy. As such all membership documents and confirmation of how we have dealt with all claim/s (including medical information) under the policy will be sent to you on their behalf. If you and any other person included in the insurance policy do not agree to these arrangements, we will not be able to administer your insurance policy and therefore cover will have to cease upon your request to stop processing your personal data or the personal data of any person included in the policy in this way.

CHANGES TO OUR PRIVACY POLICY

We reserve the right to amend this Policy. Any changes we may make to our Policy in the future will be post on this page <https://www.cshealthcare.co.uk/privacy-policy/> notified to you by e-mail, and found in an addendum to your Policy Document.

CONFIDENTIALITY

The confidentiality of patient and member information is of paramount importance to CS Healthcare. To this end we fully comply with the General Data Protection Regulation (GDPR), Data Protection Act 2018, Privacy and Electronic Communications Regulations (PECR) 2003 and Medical Confidentiality Guidelines.

TYPES OF DATA CS HEALTHCARE MAY COLLECT ABOUT YOU

We may collect, store and process personal data on the basis specified in Table A at the end of this Policy.

Please note that we aim to keep your personal information up-to-date, so you must notify us within thirty days if any of any change in your name, residential address, telephone number,

or e-mail address by contacting the Membership Department by;

Email: membership@cshealthcare.co.uk,
Phone: 0208 410 0400 ,

Write to: CS Healthcare, Princess House,
Horace Road, Kingston Thames,
Surrey, KT1 2SL

HOW WE USE PERSONAL DATA PROVIDED TO US BY OTHERS

We obtain application information where you opt-in to our policies via your employer or a broker or other intermediary.

We obtain medical reports from health professionals and health providers, the attainment of these medical reports will be undertaken under adherence of the Access to Medical Reports Act 1988.

This gives you the right to see the report up to 6 months after its release in order to check the accuracy or general content of the information in order to request changes,

Your Doctor has the right to not release the report to you or make and requested changes. We will inform you before we request any reports.

We may obtain contact details from third parties in order to pursue sales leads. These third parties are vetted before a business relationship is entered into and we ensure that there is a valid legal basis in place before contacting individuals.

We may receive and process personal data from fraud prevention agencies or law enforcement agencies for the purpose of preventing and detecting fraudulent claims. We also work collectively with other organisations to share information relating to fraudulent/suspicious claims.

If you would like further information as to these third parties, please contact the Data Protection Officer at:

Email: dataenquiry@cshealthcare.co.uk,

Write to: CS Healthcare, Princess House,
Horace Road, Kingston Thames,
Surrey, KT1 2SL

We may use third-party advertising companies to serve advertisements when you visit our website. These companies may use information about your visits to ours and other websites in order to provide advertisements about goods and services of interest to you. This information does NOT include information like your name, address, email address, or telephone number.

WHEN WE MIGHT DISCLOSE YOUR PERSONAL DATA

We will not disclose your personal data to any third party, except as explained in Table A at the end of this Privacy Policy and, if substantially all of our assets are acquired by a third party, personal data held by us will be one of the transferred assets and may be disclosed to the prospective seller or buyer of such business or assets under the same conditions as this Policy (this is necessary for the purposes of the legitimate interests pursued by us and the third party, and would not be overridden by your interests or fundamental rights and freedoms which require protection of personal data).

OUR USE OF COOKIES AND WEB BEACONS

“Cookies” are text files stored, either on a temporary or persistent basis on the browser or hard drive of your computer when you visit a website. Cookies are used for authenticating, session tracking and maintaining specific information about the use and users of the

website(s). There are four different types of cookies, which are used on the website:

- Necessary cookies: those required for the operation of our website, which do not gather information about you that could be used for marketing or remembering where you have been on the internet.
- Analytical/performance cookies: these allow us to collect information about how you use the website(s), such as, how you move around our website and if you experience any errors. These cookies do not collect personal data. The information collected is anonymous and is only used to help us improve the way the website(s) works, understand what interests our users generally and measure how effective our advertising is. Some of the performance cookies we use are issued as part of services provided by third parties, like Google Analytics.
- Functionality cookies: these are used to provide services or to recognise you when you return to our website. These would enable us to personalise our content for you, greet you by name and remember your preferences and improve your visit.
- Targeting cookies: these record your visit to the website(s), the pages you have visited and the links you have followed. They are set by and linked to services provided by third parties, such as "Like" and "Share" buttons. The third party provides these services in return for recognising that you have visited our website. The third party may subsequently use information about your visit to target advertising to you on other websites and present you with advertisements that you may be interested in.

The data collected by cookies is anonymous. We use cookies in order to ensure our website(s) functions correctly and to improve our understanding of how you use the

website(s) in order to make improvements. Cookies cannot harm your computer. You can delete all cookies that are already on your computer's hard drive by searching for files with "cookie" in it and deleting them. In addition, if you want to stop cookies from being stored on your computer or browser, you can edit your browser settings so that cookies are blocked. Unfortunately, if you block cookies you may not be able to use the full functionality of the website(s).

We can also collect information about website(s) usage from data contained in "log files" from third parties. Log files are not cookies; they do not contain any personal data; and they are not used to identify your personal use of the website(s). When you request any web page from the website(s), web servers automatically obtain your domain name and IP address, but they reveal nothing personal about you and that data is only used to examine website(s) traffic in aggregate, to investigate abuse of the website(s) and its users, and/or to cooperate with law enforcement. Such data is not disseminated to third parties, except in aggregate.

Web beacons consist of a small string of software code that represents a graphic image request on a page or email. There may or may not be a visible graphic image associated with the web beacon and often the image is designed to blend into the background of a page or email. Web beacons can be used for many purposes - including site traffic reporting, unique visitor counts, advertising auditing and reporting, and personalization. Web beacons used on our website(s) collect only anonymous data.

KEEPING YOUR DATA SECURE

We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures intended to safeguard and secure the information we collect. This was certified by the Cyber Essential Plus accreditation that we achieved in 2016. All CS Healthcare staff have a legal duty to respect the confidentiality of your data, and access to your confidential information is restricted only to those who have a reasonable need to access it.

DATA RETENTION

CS Healthcare reserves the right to retain your personal data for the length of time you have an active policy. Following termination of your policy we reserve the right to retain your information for up to 7 years.

There are a number of exceptions where CS Healthcare may retain your information for longer than 7 years, these are:

- For the prevention and detection of fraud, only where there are reasonable grounds to do so. In addition, we work collectively with other organisations to share information relating to fraudulent/suspicious claims. If you would like further information as to these third parties, please write to the Data Protection Officer
- For financial reporting and our actuarial function but only in an anonymised format
- For management information to support the Society's strategic objectives but only in an anonymised format

YOUR RIGHTS

The following rights you have as a data subject, and any exceptions to those rights, are explained in Table B at the end of this Policy:

- Right of access
- Right to rectification
- Right to erasure
- Right to request the restriction of processing concerning you
- Right to data portability
- Right to object to processing
- Right to ask us not to process your personal data for direct marketing purposes
- Right not to be subject to automated individual decision-making, including profiling.

Please note that this Privacy Policy provides the confirmation referred to in relation to the Right of Access.

You may exercise these rights (subject to any applicable exceptions), please contact the Data Protection Officer at:

Email: dataenquiry@cshealthcare.co.uk,

Write to: CS Healthcare, Princess House, Horace Road, Kingston Thames, Surrey, KT1 2SL

ACCESSING INFORMATION

If you have any queries about your data that remain unanswered please contact the CS Healthcare's data protection officer:

Email: DataEnquiry@cshealthcare.co.uk

Write: Data Protection Officer, CS Healthcare, Princess House, Horace Road, Kingston-Upon-Thames, KT1 2SL

INFORMATION COMMISSIONER'S OFFICE

If you do not feel that CS Healthcare has adequately addressed your concerns following your referral to our Data Protection Officer, you can complain or seek further guidance and information from the Information Commissioner's Office:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Website: <https://ico.org.uk/>

Email: casework@ico.org.uk

Telephone: 0303 123 1113

COMPLAINTS

You have the right to lodge a formal complaint about any of our products or services, including how we use your personal data; you can make a complaint by any of the following methods:

Phone: 020 8410 0400

Email: info@cshealthcare.co.uk

Write: Membership, CS Healthcare, Princess House, Horace Road,
Kingston-Upon-Thames, KT1 2SL

You can complain to the Information Commissioner's Office using the contact details given above if you consider there has been a breach of the Data Protection Act in connection with your personal data.

Refer to the Financial Ombudsman Service:

Financial Ombudsman Services
Exchange Tower,
London E14 9SR
0800 0234 567

website: www.financial-ombudsman.org.uk

email: complaint.info@financial-ombudsman.org.uk

phone: 0800 023 4567 or 0300 123 9123

TELEPHONE CALLS

Calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

REGULATION

CS Healthcare is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 205346. Our permitted business is to provide private health insurance contracts. You can check this on the Financial Services Register by visiting the FCA's website at www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

Our permitted business is to provide private health insurance contracts and you can check this on the FCA's Register by visiting the FCA's website at <http://www.fca.org.uk/register> or by contacting the FCA on 0800 111 6768. Please note that any reference to "CS Healthcare" within the pages of this site shall be taken to mean "Civil Service Healthcare Society Limited" unless otherwise indicated.

Basis for processing	Personal Data Collected	Purpose	Shared With
<p>The processing is necessary for the performance of a contract to which you are party or in order to take steps at your request prior to entering into a contract;</p>	<p>The data we hold about you may include the following:</p> <ul style="list-style-type: none"> • Contact information such as name, address, email and telephone numbers and (where applicable) the contact details of your next of kin; • Broker referral and quote information; • Medical information such as claims experience/history and related information; including notes and reports about any treatment and care you have received or need. • Information about complaints; incidents and feedback regarding CS Healthcare and providers associated with your treatment; • Recordings of calls we receive or make; • Records of any correspondence between you and us including email and social media queries. • Details of transactions you carry out with us; • Bank/payment method details. 	<ul style="list-style-type: none"> • We process an application or claim (where we may carry out fraud checks), or when we obtain medical reports from health professionals/providers; • Responding to your queries, including providing quotes; • Communicating with consultants and providers; • Internal record keeping and administration; • Assessing the type and quality of care you have received and any concerns or complaints you raise, so that these can be properly investigated; • Using your contact information to send you service related information, notices and information on the progress of applications or claims; • To deal with enquiries, complaints and feedback from you; • To assess insurance risks; • To carry out our obligations arising from, and exercise our rights under, any agreements between you and us, including tracing and recovering debts; 	<p>Disclose to:</p> <ul style="list-style-type: none"> • Outsourcers/suppliers CS Healthcare uses for the administration of your policy (further information available upon request) • To fulfil our contractual requirements to brokers, affinity partners and group administrators. • Using data in an anonymous format with companies we work with, such as, auditors and actuaries for data security, analysis and business purposes; • to debt collectors and other third parties to trace you and recover any debt; • In the event that CS Healthcare sells any business or assets, to the prospective seller or buyer of such business or assets;

Basis for processing	Personal Data Collected	Purpose	Shared With
<p>The processing is necessary for compliance with a legal obligation to which we are subject;</p>	<ul style="list-style-type: none"> • Contact information such as name, address, email and telephone numbers and (where applicable) the contact details of your next of kin; • Medical information such as claims experience/history and related information; including notes and reports about any treatment and care you have received or need. • Information about complaints, incidents and feedback regarding CS Healthcare and providers associated with your treatment; • Information about complaints, incidents and feedback regarding CS Healthcare and providers associated with your treatment; • Recordings of calls we receive or make; 	<ul style="list-style-type: none"> • Responding to requests where we have a legal or regulatory obligation to do so; • Checking the accuracy of information about you, and the quality of your treatment or care, including auditing medical and billing information for insurance claims; • To check any instructions given to us, for training purposes, for crime prevention and to improve the quality of our customer service. • To identify, prevent, detect or tackle fraud, money laundering and other crime; • To carry out checks required by applicable regulation or regulatory guidance. 	<p>Disclose to:</p> <ul style="list-style-type: none"> • For audit purposes and to meet obligations, to any relevant regulatory authority or taxing authority. • Advisers, courts, regulators, complaints tribunals where necessary to enforce this Privacy Policy, or the terms of any other policy or agreement with you; • To a credit reference agency to check your identity and to prevent fraud, (it will also keep a record of your request and use it whenever anyone applies to be authenticated in your name); • to organisations providing a service for the purpose of preventing and detecting fraud; • If we are under a duty to disclose or share your personal data in order to comply with any legal obligation; For example, if we are required to provide information to organisations such as the National Registries (e.g. The Cancer Registry) and the government regarding certain infectious diseases such as Tuberculosis and meningitis (but not HIV/Aids);

Basis for processing	Personal Data Collected	Purpose	Shared With
<p>The processing is necessary for the purposes of the legitimate interests pursued by us or a third party, except where such interests are overridden by your interests or fundamental rights and freedoms which require protection of personal data.</p> <p>You can contact us to object to this processing and stop your data being used for direct marketing.</p>	<ul style="list-style-type: none"> Health checks (anonymised data for research purposes); Contact information such as name, address, email and telephone numbers and (where applicable) the contact details of your next of kin; Information from customer surveys, competitions and marketing activities; 	<ul style="list-style-type: none"> To contact you in regards to a quote or policy either online, by phone, via the post, an event or through a broker; To contact you in regards to direct marketing which we feel holds benefits both CS us and yourself. To contact you in regards benefits available to you as a member. To give you an opportunity to complete a customer satisfaction survey 	<p>Disclose to:</p> <ul style="list-style-type: none"> Outsourcers/suppliers CS Healthcare uses for the administration these processes (further information available upon request)
<p>When you have given us your explicit consent to process your data in a specified way, through the contact preferences you have selected.</p> <p>You can contact us to object to this processing and stop your data being used for direct marketing.</p>	<ul style="list-style-type: none"> Contact information such as name, address, email and telephone numbers and (where applicable) the contact details of your next of kin; Information from customer surveys, competitions and marketing activities; 	<ul style="list-style-type: none"> To contact you in regards to direct marketing which we feel holds benefits both CS us and yourself. CS Healthcare's (care) newsletters by email or post; CS Healthcare's newsletters by email or post; CS Healthcare marketing, including offers, products and services; Marketing from selected third parties about products and services you may be interested in. To give you an opportunity to complete a customer satisfaction survey For the purpose of market research 	<p>Disclose to:</p> <ul style="list-style-type: none"> Outsourcers/suppliers CS Healthcare uses for the administration these processes (further information available upon request)

Basis for processing	Personal Data Collected	Purpose	Shared With
<p>Cookies and Web Analytics.</p>	<ul style="list-style-type: none"> Information about the device(s) you use to access our website(s) and your visits to and use of our website(s) (including your Internet Protocol address, location, browser/platform type and version, internet service provider, operating system, referral source, exit pages, length of visit, page views, website navigation and search terms used) 	<ul style="list-style-type: none"> To improve your browsing experience by personalising our website(s); To develop and improve our services or website(s); To ensure that content on our website(s) is presented in the most effective manner for you and for your computer; To manage and administer our services or website(s); To enable you to use our services or website(s); To comply with a current judicial proceeding, a court order or legal process served on us or our website(s), any request by the FCA or any other regulator who may have jurisdiction over us from time to time or for audit purposes and to meet obligations to any relevant regulatory authority or taxing authority; 	<p>Disclose to:</p> <ul style="list-style-type: none"> Outsourcers/suppliers CS Healthcare uses for the administration these processes (further information available upon request)

Annex B - Your Rights

Your Rights and How to Exercise Them	How to Exercise Them	Exception
<p>Right of Access:</p> <p>Individuals can obtain:</p> <ul style="list-style-type: none"> • Confirmation we are processing your personal data • Copy of your personal data <p>With a copy of your Personal Data we will supply:</p> <ul style="list-style-type: none"> • Purpose for Processing • Categories of Personal Data • Recipients Personal Data is disclosed to • The source of the data • The retention period for the Personal Data • If we transfers Personal Data to a third country, and how we keep it secure • Rights to refer a complaint to the ICO • If we use automated decision profiling 	<p>How to exercise:</p> <p>A request can be in made verbally or in writing, either by email or letter.</p> <p>Email: DataEnquiry@cshealthcare.co.uk</p> <p>Post: Data Protection Officer, CS Healthcare, Princess House, Horace Road, Kingston, KT1 2SL.</p> <p>Upon receiving a request, we will ask for further details. in order to better understand the nature and requirements of your request.</p> <p>Then we will contact you with a summary of the request and a estimated time frame for its resolution.</p> <p>CS Healthcare have up to one month to comply with a request, but this could be extended by a further two months if it is particularly complex. We would inform you in advance if this extension were needed.</p> <p>CS Healthcare will not charge a fee unless the request is deemed to be manifestly unfounded or excessive. If charged this fee will be to cover the administrative costs of complying with the request.</p>	<p>No exceptions.</p>

Your Rights and How to Exercise Them	How to Exercise Them	Exception
<p>Right to rectification:</p> <p>Individuals can:</p> <ul style="list-style-type: none"> • Request CS Healthcare to correct any inaccurate data relating to them. <p>Data is inaccurate if it is :</p> <ul style="list-style-type: none"> • Incorrect • Incomplete • Misleading <p>In order to rectify any data CS Healthcare will require:</p> <ul style="list-style-type: none"> • The reason the data is incorrect • Evidence of why the data is incorrect (if applicable) • What the correct data will be. 	<p>A request can be in made verbally or in writing, either by email or letter.</p> <p>Email: DataEnquiry@cshealthcare.co.uk</p> <p>Post: Data Protection Officer, CS Healthcare, Princess House, Horace Road, Kingston, KT1 2SL.</p> <p>Upon receiving a request, we will ask for further details. in order to better understand the nature and requirements of your request,</p> <p>Then we will contact you with a summary of the request and an estimated time frame for its resolution.</p> <p>CS Healthcare have up to one month to comply with a request, but this could be extended by a further two months if it is particularly complex. We would inform you in advance if this extension were needed.</p> <p>CS Healthcare will not charge a fee unless the request is deemed to be manifestly unfounded or excessive. If charged this fee will be to cover the administrative costs of complying with the request.</p>	<p>No exceptions.</p>

Your Rights and How to Exercise Them	How to Exercise Them	Exception
<p>Right to erasure:</p> <p>Individuals can request their data to be erased if:</p> <ul style="list-style-type: none"> • The personal data is no longer necessary • If it is solely being used for a Direct Marketing process you have objected to • If the data is processed unlawfully • Is not used to comply with a legal obligation • We are relying on consent and that consent has been withdrawn • If you have objected to us using legitimate interest to process it <p>If we have disclosed your personal data with others we will inform them of our erasure</p>	<p>A request can be in made verbally or in writing, either by email or letter.</p> <p>Email: DataEnquiry@cshealthcare.co.uk</p> <p>Post: Data Protection Officer, CS Healthcare, Princess House, Horace Road, Kingston, KT1 2SL.</p> <p>Upon receiving a request, we will ask for further details. in order to better understand the nature and requirements of your request,</p> <p>Then we will contact you with a summary of the request and an estimated time frame for its resolution.</p> <p>CS Healthcare have up to one month to comply with a request, but this could be extended by a further two months if it is particularly complex. We would inform you in advance if this extension were needed.</p> <p>CS Healthcare will not charge a fee unless the request is deemed to be manifestly unfounded or excessive. If charged this fee will be to cover the administrative costs of complying with the request.</p>	<ul style="list-style-type: none"> • The performance of a task carried out in the public interest or in the exercise of official authority vested in us; • The establishment, exercise or defence of legal claims. • For public health purposes in the public interest (eg protecting against serious cross-border threats to health, or ensuring high standards of quality and safety of health care and of medicinal products or medical devices);

Your Rights and How to Exercise Them	How to Exercise Them	Exception
<p>Right to request the restriction of processing concerning you:</p> <p>Individuals can request that data processing can be restricted or suppressed in the following circumstances:</p> <ul style="list-style-type: none"> • The accuracy of the data is being contested • The data has been unlawfully processed, and the data subject opts for it rather than erasure • CSH is no longer actively the data but it is needed to be kept for legal reasons. • During a period of time where the legal basis of processing is being challenged. 	<p>A request can be made verbally or in writing, either by email or letter.</p> <p>Email: DataEnquiry@cshealthcare.co.uk</p> <p>Post: Data Protection Officer, CS Healthcare, Princess House, Horace Road, Kingston, KT1 2SL.</p> <p>Upon receiving a request, we will ask for further details, in order to better understand the nature and requirements of your request.</p> <p>Then we will contact you with a summary of the request and an estimated time frame for its resolution</p> <p>CS Healthcare have up to one month to comply with a request, but this could be extended by a further two months if it is particularly complex. We would inform you in advance if this extension were needed.</p> <p>CS Healthcare will not charge a fee unless the request is deemed to be manifestly unfounded or excessive. If charged this fee will be to cover the administrative costs of complying with the request.</p>	<p>Where processing has been restricted under this right, such personal data shall, with the exception of storage, only be processed:</p> <ul style="list-style-type: none"> • with your explicit consent • or the establishment, exercise or defence of legal claims; or • for the protection of the rights of another natural or legal person; or • for reasons of important public interest of the Union or of a Member State.

Your Rights and How to Exercise Them	How to Exercise Them	Exception
<p>The right to data portability:</p> <p>Individuals have the right to:</p> <ul style="list-style-type: none"> • Receive personal data in a structured, commonly used and machine reusable format • Ask that the Data Controller (CSH) transmit the data directly to another controller. 	<p>A request can be made verbally or in writing, either by email or letter.</p> <p>Email: DataEnquiry@cshealthcare.co.uk</p> <p>Post: Data Protection Officer, CS Healthcare, Princess House, Horace Road, Kingston, KT1 2SL.</p> <p>Upon receiving a request, we will ask for further details. In order to better understand the nature and requirements of your request.</p> <p>Then we will contact you with a summary of the request and an estimated time frame for its resolution.</p> <p>CS Healthcare have up to one month to comply with a request, but this could be extended by a further two months if it is particularly complex. We would inform you in advance if this extension were needed.</p> <p>CS Healthcare will not charge a fee unless the request is deemed to be manifestly unfounded or excessive. If charged this fee will be to cover the administrative costs of complying with the request.</p>	<ul style="list-style-type: none"> • The lawful basis for processing is something other than consent or the performance of a contract. • The data is processed manually.

Your Rights and How to Exercise Them	How to Exercise Them	Exception
<p>The right to object to processing:</p> <p>Individuals have the right to object to the processing of their personal data for direct marketing if the processing is:</p> <ul style="list-style-type: none"> • A task carried out in the public interest • The exercise of official authority • Legitimate interest is used as a legal basis 	<p>A request can be in made verbally or in writing, either by email or letter.</p> <p>Email: DataEnquiry@cshealthcare.co.uk</p> <p>Post: Data Protection Officer, CS Healthcare, Princess House, Horace Road, Kingston, KT1 2SL.</p> <p>Upon receiving a request, we will ask for further details. in order to better understand the nature and requirements of your request,</p> <p>Then we will contact you with a summary of the request and an estimated time frame for its resolution</p> <p>CS Healthcare have up to one month to comply with a request, but this could be extended by a further two months if it is particularly complex. We would inform you in advance if this extension were needed.</p> <p>CS Healthcare will not charge a fee unless the request is deemed to be manifestly unfounded or excessive. If charged this fee will be to cover the administrative costs of complying with the request.</p>	<p>The right to data portability does not apply when:</p> <p>Where:</p> <ul style="list-style-type: none"> • CS Healthcare can demonstrate compelling legitimate grounds for the processing which override the interests, rights and freedoms of the data subject; or • For the establishment, exercise or defence of legal claims.

Your Rights and How to Exercise Them	How to Exercise Them	Exception
<p><u>The right to ask us not to process your personal data for direct marketing purposes:</u></p> <p>An individual can control the processing of their data for directing marketing at any point, before, during and after they interact with CS Healthcare.</p> <p>CS Healthcare's Privacy Policy advises on how, why and where we will contact you for directing marketing.</p> <p>In addition to this, it states how and when we share data with third parties.</p> <p><u>The right not to be subject to automated individual decision-making, including profiling.</u></p> <p>An individual has the right to not be subject to a decision based solely on automated processing, including profiling, which produces legal effects concerning you or similarly significantly affects you.</p> <p>Individuals have the right to:</p> <ul style="list-style-type: none"> • Attain information on the processing • Request human intervention or challenge a decision • Ask if regular checks are carried out to ensure the system is working as intended. 	<p>Before policy inception, you will be able to select by tick box which methods if any, CSH can contact you in regards to direct marketing i.e Post, E-mail, Phone, SMS.</p> <p>If you wish to change these preferences at any time then you can e-mail membership@cshealthcare.co.uk or call on 020 8410 0400.</p> <p>Alternatively, you can unsubscribe from specific contact campaigns by pressing the "unsubscribe" link at the bottom of the email you have received.</p> <p>Further information can be attained by contacting the Data Protection officer by email or letter.</p> <p>Email: DataEnquiry@cshealthcare.co.uk</p> <p>Post: Data Protection Officer, CS Healthcare, Princess House, Horace Road, Kingston, KT1 2SL.</p>	<p>No exceptions.</p> <p>The right to not be subject to automated does not apply if:</p> <ul style="list-style-type: none"> • It is necessary for entering into, or performance of, a contract between you and us; • It is authorised by Union or Member State law to which we are subject and which also lays down suitable measures to safeguard the data subject's rights and freedoms and legitimate interests; or • It is based on the data subject's explicit consent. <p>CS Healthcare uses automated decision making to determine Premium costs and it is necessary for us to create a contract of insurance.</p>

If you have any queries,
please contact Membership on

020 8410 0400*

Claims Helpline on **020 8410 0440***

www.cshealthcare.co.uk

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* Calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

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