

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.