

# Significant benefits

## Essential

### schedule of benefits

BENEFIT	COVER	NOTES
<b>Hospital care for in-patient, day-patient treatment and out-patient surgery for pre-authorized treatment that takes place in any hospital from your chosen hospital list</b>		
Specialised scans	Covered*	You are covered for Nuclear Scans including CT, MRI, PET, DAT, MIBG, Myelogram, Thallium and Perfusion/Ventilation scans.
Out-patient surgery and related charges	Covered*	Pre-authorized out-patient surgical procedures performed in an out-patient theatre, which are not performed as part of a Consultation in a consulting or treatment room.
Pre-operative tests to assess your fitness for surgery	Covered*	For up to 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.
Post-operative consultations, investigations, tests and physiotherapy	Covered*	As a part of necessary aftercare within 90 days immediately following a planned pre-authorized private hospital admission.
Surgical admissions related hospital charges including implanted surgical prosthesis	Covered*	Where you require surgery (including endoscopic procedures) cover will apply according to the average length of stay (for your surgical procedure) either as a day-patient or in-patient, including implanted prosthetics and all hospital surgical consumables.
Medical admissions and related services	Covered*	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	As per the CS Healthcare Fee Schedule	All Specialist/Consultant fees will be paid for medical, consultant, physician supervisions according to the rates of the CS Healthcare Fee Schedule. Please refer to the medical fees section of our website <a href="http://www.cshealthcare.co.uk">www.cshealthcare.co.uk</a> or call our Claims Helpline on 020 8410 0440^ for full details.
Surgeon and Anaesthetist fees	As per the CS Healthcare Fee Schedule	All Surgeon and Anaesthetist fees will be paid according to the rates of the CS Healthcare Fee Schedule. Please refer to Surgeon and Anaesthetist Fees section within the Policy Document and the medical fees section of our website <a href="http://www.cshealthcare.co.uk">www.cshealthcare.co.uk</a> for more information.
Private road ambulance	Up to £250 per person per policy year	Where required out of medical necessity after hospitalisation.
Convalescing and Nursing at Home	Up to a maximum of 14 days and £2,800 each admission	Immediately following a hospital admission either as a NHS or private patient under the specific direction of a Specialist/Consultant.
Parent accommodation	Covered*	For one or both insured parents staying with an insured child up to age of 16.
NHS cash allowance	£150 each night or day case admission to a UK NHS acute general hospital	Up to 28 nights inclusive of day case admissions (up to a maximum of £4,200) per person per policy year for eligible claims under this option.
<b>ADDITIONAL FEATURES</b>		
Your Care Package	Covered*	The Your Care Package provides members with the option to receive a single payment for electing to receive treatment on the NHS in lieu of private treatment. The Your Care Package is available for complex surgery (classified major plus and complex major) and oncology treatment (radiotherapy and chemotherapy) only and must be agreed in writing with the Society prior to treatment taking place.
Out of band hospital benefit	Covered*	When using a hospital not included in our Directory of Hospitals, or included in your level of cover, we will consider reimbursement directly to you based on a customary and reasonable fee from a hospital on your list
Lifeline	24 hour availability 365 days a year	Health advice line with Doctor call back service.
Voluntary excess options	£100, £300, £500, £1000, £2000	Voluntary excess chosen will only apply to Essential cover, Expert Diagnostics and Heart & Cancer. Please refer to the 'Voluntary Excess and Co-payment options' section within the Policy Document for further details.
Co-payment option	15% of all claims up to either £1000 or £3000 per person per policy year	The co-payment option will only apply to Essential cover, Expert Diagnostics and Heart & Cancer. Please refer to the 'Voluntary Excess and Co-payment options' section within the Policy Document for further details.

**\*All costs must be necessary, customary and reasonably incurred and benefit will be paid in accordance with the customary fees and charges for treatment received, provided you use a hospital on your list.**