

Standard and Premium Policies

Policy Document

Effective April 2020



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Introduction

This booklet sets out details of your health insurance cover with CS Healthcare.

In addition to this Policy Document, your policy terms and conditions are made up of several documents including the Claims & Hospital Guide and Benefit Schedule D. Please refer to your Registration Certificate for details of your chosen scheme and level of cover, the persons covered under the policy and any exclusions and/or voluntary excess that apply. This certificate also forms part of your contract with the Society.

It is important that you take time to read this booklet and if there is anything you do not understand please call the Membership Services Team on 020 8410 0400^.

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

The difference between Standard and Premium schemes

We provide two levels of scheme cover, Standard and Premium. The Premium level of cover entitles members to receive medical treatment from a wider range of more expensive London hospitals. To reflect the higher cost of treatment when using these London hospitals, benefit limits are superior for some types of treatment than on the Standard level of cover. The differences between benefit limits can be found in Benefit Schedule D. For the hospitals available under your level of cover you need to refer to the Claims & Hospital Guide.

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.

General Exclusions

Your policy contains exclusions, which apply to most medical insurance plans. Full details of these general exclusions are given in policy rule 24 commencing on page 22 of this booklet.

Existing Medical Conditions

As with other medical insurance schemes, CS Healthcare cover is designed to provide for the cost of treatment of any new medical conditions which arise after your insurance has commenced. Your Registration Certificate clearly shows any personal exclusions applying to your policy - specific medical conditions for which you are not covered. When applying to add a new dependant onto your policy, the medical history of each insured person will be assessed and specific personal exclusions applied where necessary before cover starts.

Reviewing Personal Medical Exclusions

You may ask us to review a personal exclusion, this is usually after two full years of membership or sooner if indicated on your Registration Certificate. There are some circumstances where we may be able to amend your underwriting terms for certain conditions. For us to consider removal of a personal exclusion we will require a medical report from your General Practitioner (GP), or medical practitioner confirming that the condition was cured, by which we mean that you have no active signs and symptoms, and you are not requiring regular medication or medical supervision. If you wish us to consider the removal of a condition, you should contact us before obtaining a report from your GP. If your GP makes a charge for issuing a medical report, this cost must be met by you.

It is important to understand that some medical conditions may never be reviewed. Of course, any new medical conditions arising after the start of your policy will be covered immediately subject to the policy terms and conditions.

Continuing Medical Conditions

Continuing Medical Conditions, referred to as long term **Chronic Medical Conditions**, as a general rule are not covered under the policy terms and conditions.

We will however provide cover towards the initial investigations in order to establish a diagnosis, treat and stabilise a condition, subject to the benefit limit. CS Healthcare will also provide cover for an Acute Flare Up of a previously diagnosed long term condition. More information on how we approach treatment of long-term, Chronic Medical Conditions and Acute Flare Ups can be found on pages 7-12.

Voluntary excess - How It Works

If you have chosen a voluntary excess, the amount of this excess will apply to each person for each policy year for admissible claims. This means that you and each dependant on your policy will be liable for your chosen excess amount for initial claims in each policy year. Benefit will not be payable until the cost of eligible treatment in any year exceeds the value of the excess.

For an example:

Chosen excess £100	Cost of treatment £80	No benefit payable until treatment costs exceed £100
Chosen excess £100	Cost of treatment £150	Benefit payable £50

Where an excess is applied to benefits with a monetary limit, the amount of the claim will count towards your benefit limit as if we had paid the claim in full. Please note, if you have selected a voluntary excess for a greater amount than a benefit with a monetary limit you will be unable to claim for that benefit during a policy year if that is your only claim.

For an example:

Chosen Excess	Benefit Limit (e.g Physiotherapy)	Cost of Treatment	Amount Payable	Benefit remaining for rest of Policy year
£300	£250	£275	Nil	Nil

In this example £250 out of the £275 cost of treatment has gone towards the excess, and the benefit limit. The remaining £25 worth of treatment can not be allocated to the excess due to the benefit limit being reached. The remaining £50 excess will apply to the next claim made within the same benefit year.

If you have selected a voluntary excess for a lesser amount than a benefit with a monetary limit, your claim would be settled as follows:

For an example:

Chosen Excess	Benefit Limit	Cost of Treatment	Amount Payable	Benefit remaining for rest of Policy year
£100	£250	£200	£100	£50

In this example £100 of the cost of treatment has gone towards the excess, and we have been able to pay the remaining £100 – both the £100 paid towards the excess plus the £100 paid to the provider counts towards the benefit limit, hence the £50 balance for the remainder of the year, in other words, if a further claim for physiotherapy is made for treatment worth £100, then the amount payable would be £50 as the benefit limit will then have been reached.

Once you have received treatment, send any bills you receive to us - unless these have already been sent to us directly.

We will settle the balance of the claim (less any amount covered by your excess), advise you that payment has been made and let you know whether you should settle the excess amount with the hospital or with the Consultant.

Please remember that we will start to apply the excess to the first claim for treatment you make. The excess starts again at the beginning of each new policy year, even if treatment is on-going. Where treatment starts in one policy year and continues to the next the excess will apply twice.

Requests to change an excess can only be applied at annual renewal, please contact the Membership Services Team on 020 8410 0400^ at least 15 days before your renewal date.

Co-payments - How It Works

The basis of the 85%, 80% & 75% schemes is that of a co-payment option. For those who have selected one of these options the co-payment is the 15%, 20% or 25% of costs that you have agreed to pay towards the cost of all eligible treatment. This will be subject to the benefit maximum shown on the Benefits Schedule.

For example

Co-payment 15% of all claims	Claim amount £1,000	Benefit payable under the policy - £850 You pay £150 (15%)
Co-payment 25% of all claims	Claim amount £100	Benefit payable under the policy - £75 You pay £25 (25%)

Requests to change a co-payment can only be applied at annual renewal, please contact the Membership Services Team on 020 8410 0400^ at least 15 days before your renewal date.

Please note; any policy administration requests must be received in writing or by telephone and it is the responsibility of the member to ensure the Society has received this notification.

How To Make A Claim

You must contact the **Claims Helpline on 020 8410 0440[^]** to arrange for preauthorisation of the initial consultation, tests or treatment and to request your Claim Form.

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

Please see below for a step by step guide on how to make a claim.



Important Note

It is very important that you contact a Claims Adviser for pre-authorisation of any referrals for diagnosis or treatment to ensure that the medical condition AND treatment is eligible for benefit under your policy. Failure to do so may result in the claim being affected or declined.

In the event that the doctor suggests that you need specialist advice or hospital treatment and you need to make a claim under your policy you will find a full set of guidelines laid out in Schedule B, Claims & Hospital Guide.

The information in the guidance booklet will help you to make informed choices of where your treatment should take place. Alternatively one of our experienced advisers will be able to guide you through your hospital cover.

Advice Lines

We have a number of dedicated phone lines for specific types of membership enquiry and for general advice.

If you need to make a claim or enquire about the progress of a claim please call the Claims Helpline on 020 8410 0440^

If you need help with any other aspect of your insurance cover please call the Membership Services Team on 020 8410 0400^

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

PLEASE NOTE, DO NOT CALL THIS NUMBER TO ENQUIRE ABOUT A CLAIM

Chronic and Acute Episodes Explained

Chronic or long term illness following the initial diagnosis and treatment.

The primary function of Standard and Premium policies is to provide cover for short-term 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. These policies do not cover treatment of a chronic or long-term condition.

What is a chronic condition?

The definition of a Chronic Medical Condition is:

A disease, illness or injury which has at least one of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, checkups, 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

We will provide benefit for the initial diagnosis of a chronic condition, an Acute Flare Up of a chronic condition and for surgical intervention and necessary aftercare. However, Standard and Premium members are of course subject to the monetary maximum as detailed in Schedule D.

What does this mean in practice?

We provide benefit for the initial consultation and investigations, and between two and three further consultations to allow the medical condition to become stable. If it becomes evident that the member requires further treatment or the condition is proving hard to stabilise, we will contact the treating Consultant and request a medical report to ascertain exactly what the treatment plan entails and then liaise with them as to exactly what we can cover and when transfer to NHS care will be required. When the period of pre-authorised treatment is finished the claim for the condition will be closed and you will be notified of this in writing.

What if your condition gets worse?

We may re-open the claim and provide further benefit if an Acute Flare Up should occur. A short period of cover would be considered to stabilise the condition. Out-patient treatment such as a consultation and diagnostic tests are covered and subject to the monetary limit under the out-patient heading rule 16.1. Ongoing care of a relapsing condition or supervision of medication would not be covered.

Where an admission to hospital is required to stabilise an Acute Flare Up of a condition we can consider a period of Consultant led care in a general ward setting only after pre-authorisation has been sought and subject to policy limits described in Schedule D (*Emergency Treatment is not covered. Please see page 25, Rule 24.26 for 'Emergency Treatment' definition*). Following identification of an Acute Flare Up, we will liaise with the consultant and the hospital and obtain a treatment plan. Following an Acute Flare Up we will allow 2 follow-up consultations if benefit is available up to 90 days following discharge.

If surgery is required to treat an Acute Flare Up of a Chronic Medical Condition, this will be covered subject to pre-authorisation under the appropriate surgical heading as described in Schedule D. Again a short period of follow-up consultations will be covered within a 90 day period immediately following the surgical admission.

Examples of chronic conditions are:

- Osteoarthritis
- Osteoporosis
- Glaucoma
- Neck and Back pain
- Macular degeneration
- Hypertension/Angina
- Blood clotting disorder
- Heart valve disease
- Diabetes Mellitus

Below are some examples of chronic conditions:

Glaucoma

We are unable to consider claims for routine monitoring of this condition once it is stabilised. This includes regular eye checks to measure pressure within the eye and the monitoring of medications such as eye drops.

We would allow benefit if there was a sudden rise in pressure within the eye that required the member to seek the immediate advice of a consultant or be admitted to hospital for treatment. If surgical treatment such as a trabeculectomy were required we would allow benefit for such a procedure.

Atrial Fibrillation

(and other chronic conditions requiring anticoagulant therapy)

Our most common claims for this therapy are in relation to Atrial Fibrillation, heart valve disease and post deep vein thrombosis. We cannot allow benefit for the monitoring, blood tests and administration of Warfarin tablets required for maintenance of this condition.

We do however provide benefit for an acute episode such as hospitalisation for a deep vein thrombosis or treatment for over coagulation i.e. bleeding into a joint or acute nose bleeds. If any surgery is required by a patient on this type of therapy, they normally require a slightly longer stay in hospital both pre and post operatively whilst their blood clotting time is monitored. This is medically appropriate and therefore recognised by the Society.

Typical examples of chronic conditions

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 Angina. Alan is placed on medication to control his symptoms.

Alan would ring the Claims Helpline and CS Healthcare would pre-authorise the initial consultations/investigations and send a Claim Form for completion to ascertain what treatment is required. On assessing the Claim Form we agree to cover further investigations. If further consultations were needed to assess the effectiveness of the medication this would be covered, once the condition was stable and the care could be transferred to his GP we would close the claim. Please note: all pre-authorisation is given subject to the benefit limits under rule 16.1 and 16.2; in addition the policy does not pay for out-patient medication either during the consultation period or while Alan is under the GP's care, and will not cover annual check-ups.

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

The claim is reopened and CS Healthcare follows the pre-authorisation procedure. CS Healthcare covers the required by-pass surgery subject to the policy benefit limits under rule 17 (Complex Major) this would include a period of 90 days aftercare. Once this episode of treatment is completed the bills are settled and providing there are no acute complications requiring out-patient consultations and investigations, the claim would be closed.

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.

Eve would ring the Claims Helpline and CS Healthcare would pre-authorise the initial consultations/investigations and send a Claim Form for completion to ascertain what treatment is required. After assessing the Claim Form we agree to cover the follow-up consultation in 3 months time and request a treatment update.

On assessing the treatment update we inform Eve that as her condition is now stable we will not be able to cover the 4 monthly reviews to monitor a long-term or chronic condition, we would suggest that she transfers her care to the GP and/or Asthma Clinic and we would close the claim. Please note: All pre-authorisation is given subject to the benefit limits under rule 16.1 and 16.2; in addition the policy does not pay for out-patient medication during the consultation period or while Eve is under the GP's care, and does not cover long-term checkups.

Eighteen months later, Eve has a bad asthma attack.

If Eve needed to go to her local A&E department for care, and then required treatment in a critical care unit like Intensive Care or a High Dependency Unit, the policy would not cover this. The policy would cover care in a general ward setting either directly after being transferred from A&E or once she was fit to leave the Critical Care Unit, for up to 14 days but subject to the policy limits under rule 18.1. If further review and aftercare were required these could be pre-authorised until the condition was stable, the claim would then be closed. All pre-authorisation is given subject to the benefit limits under rule 16.1 and 16.2; also the policy does not pay for out-patient medication either during the consultation period or while Eve is under the GP's care.

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 an endocrinology 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.

Deidre would ring the Claims Helpline after seeing her GP and getting a referral letter. CS Healthcare would pre-authorise the initial consultations/investigations and send a Claim Form for completion to ascertain what treatment is required. After assessing the Claim Form we agree to cover the follow-up consultation and several more to monitor her progress on her new oral medication regime. Once her Consultant confirms that her condition is stable, we will inform Deidre of this and tell her that we will not be able to cover the 4 monthly reviews to monitor a long-term or chronic condition, we would suggest that she transfers her care to the GP and/or a Local Diabetic Clinic and we would close the claim. Please note: All pre-authorisation is given subject to the benefit limits under rule 16.1 and 16.2; in addition the policy does not pay for out-patient medication either during the consultation period or while Deidre is under the GP's care, and will not cover long-term check-ups.

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

If Deidre needed to go to her local A&E department for care, and then required treatment in a Critical Care Unit like Intensive Care or a High Dependency Unit, the policy would not cover this. The policy would cover care in a general ward setting either directly after being transferred from A&E or once she was fit to leave the Critical Care Unit, for up to 14 days but subject to the policy limits under rule 18.1. If further review and aftercare were required these could be pre-authorised until the condition was stable, the claim would then be closed. All pre-authorisation is given subject to the benefit limits under rule 16.1 and 16.2; in addition the policy does not pay for out-patient medication either during the consultation period or while Deidre is under the GP's care.

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.

Bob would contact the Claims Helpline after seeing his GP and getting a referral letter. CS Healthcare would pre-authorise 6 sessions of treatment with the Osteopath in the first instance, and then request a treatment update and a bill for the first 6 sessions. The claim, and the remaining available benefit, will be assessed and providing there is adequate benefit remaining under rule 23.1 further pre-authorisation given. The monthly additional treatments to prevent reoccurrence of his symptoms cannot be covered as long-term preventative maintenance of a condition is not covered under the policy.

Once the invoices have been settled the claim would be closed.

Oncology claims

Oncology (Cancer) claims are managed in a different manner from Acute & Chronic conditions, and have up to a maximum of five year follow-up period available, subject to your benefit limits as outlined in Schedule D.

Oncology (Cancer) treatment can be a combination of surgery and/or chemotherapy, radiotherapy and other medical treatments. Our dedicated Managed Care Team will liaise with your treating Consultant so we have a clear treatment plan and can inform you of the exact benefits that will be available to you. In the unfortunate event that a reoccurrence of the condition occurs, the member should call the Claims Helpline number so benefit advice and

pre-authorisation can be given. We will then contact your Consultant to find out what your new treatment plan entails.

A good example of how this works is breast cancer.

A member rings informing us that a breast lump has been found and that an immediate operation for its removal is required. The claim is logged by the Claims Adviser and a Claim Form sent. The Claim Form is returned after completion by the Consultant and a preauthorisation certificate is sent to the patient. This is often done by fax via the Consultant's Secretary, as there is often a need for speed in organising such care.

Should a radical mastectomy and radiotherapy be required, we once again pre-authorise this treatment.

Once the treatment is complete, we liaise with the Consultant, obtain a prognosis and pre-authorise a five year monitoring period.

Another common oncology claim is the treatment and/or removal of rodent ulcers or basal cell carcinoma.

These cancerous growths of the skin are nearly always surgically removed and sometimes require radiotherapy. This condition has a tendency to recur but our usual practice is to treat each rodent ulcer as a new and separate condition.

It is vital to the continued success of the Society that policy terms and conditions are adhered to. However, we are fully aware that each patient has individual needs and as such each and every claim received by the Society is considered on its own merits.

Our Claims Advisers are available to offer any advice you may require.

Typical examples of oncology conditions

Example 1

Beverley has been with CS Healthcare for five years when she is diagnosed with breast cancer. Following discussion with her specialist she decides to have the breast removed followed by breast reconstruction. Her specialist also recommends a course of radiotherapy and chemotherapy. In addition she is to have hormone therapy tablets for several years. Will her insurance cover this treatment plan and are there any limits to the cover?

After contacting the Claims Helpline the Managed Care Team would contact the Consultant and get a treatment plan, the breast removal followed by a reconstruction would be covered by the surgical benefits (rule 17.2.1 to 17.2.5). This is then followed by a course of radiotherapy treatment which is covered under the Oncology benefit for Chemotherapy and Radiotherapy (rule 19.1). An assessment of the costs of the recommended treatment would be made to ensure that there are adequate funds to cover these treatments under the policy limits and a pre-authorisation will be issued accordingly. Because of the benefit limits associated with rule 19.1 there are occasions that not all aspects of treatment can be funded by the policy, CS Healthcare will keep you informed at all times.

Beverley will be pre-authorised for a 5 year monitoring and follow-up period (should she remain a member and providing she continues to have benefit available under rule 19.1) She will be covered for consultations with her specialist and any investigations and tests which are recommended, the hormone tablets would not be covered as these out-patient drugs are not covered by the policy.

Example 2

Cara has previously had breast cancer which was treated under her existing policy by lumpectomy, radiotherapy and chemotherapy. She now has a recurrence in her other breast and has decided to have a mastectomy, radiotherapy and chemotherapy. Will her insurance cover this and are there any limits to the cover?

After contacting the Claims Helpline the Managed Care Team would contact the Consultant and get a treatment plan, the mastectomy would be covered by the surgical benefits (rule 17.2.1 to rule 17.2.5) along with the initial 90 day necessary aftercare required after surgery. If the previous radiotherapy and chemotherapy had been covered by CS Healthcare we would have to assess if there are adequate funds remaining under benefit rule 19.1 to cover the required treatment before confirming any cover. If the previous treatment had used the benefit up or left inadequate funds we would not be able to offer cover. If there was a full or adequate benefit remaining we would assess the cost of the recommended treatment and issue a pre-authorisation certificate accordingly.

Example 3

Monica, who was previously treated for breast cancer under her existing policy, has a recurrence which has unfortunately spread to other parts of the body. Her specialist has recommended the following treatment plan:

- A course of six cycles of chemotherapy aimed at destroying cancer cells to be given over the next six months.
- Monthly infusions of a drug to help protect the bones against pain and fracture. This infusion is to be given for as long as it is working (hopefully years)
- Weekly infusions of a drug to suppress the growth of the cancer. These infusions are to be given for as long as they are working (hopefully years).

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

In some instances reoccurrences of a cancer can happen, these are often referred to as secondaries or metastatic spread, patients in these instances may require chemotherapy, radiotherapy, hormone treatment, and bone strengthening drugs and treatments with drugs like Herceptin. CS Healthcare does not prevent its members accessing these type of treatments - however, these treatments can only be pre-authorised after the Managed Care Team has made an assessment as to what funds you have remaining under rule 19.1

Please note: out-patient drugs including hormone therapy which are available by GP prescription will not be covered, and it is important to note that all treatments are available subject to having the adequate benefit available.

Example 4

Sharon would like to be admitted to a hospice for care aimed solely at relieving symptoms. Will her insurance cover this and are there any limits to the cover?

Hospice care and donation can be considered under the policy, however, pre-authorisation can only be considered once the Managed Care Team have assessed there is adequate benefit available under rule 19.1.

Policy Document

Schedule A

(The cross-references refer to rules within this Schedule.)

Benefit Schemes

1. This policy document applies to Standard and Premium schemes for which contributions are based on current age at the renewal date of the policy.
2. For the schemes specified in rule 1 above there is an option for 100%, 85%, 80% or 75% reimbursement of admissible expenses subject to the benefit maximum specified in Schedule D.
3. For the 100% options of the schemes specified in rule 1, members may elect to forgo an initial amount of benefit entitlement. (Called the "Excess" options).

Terms of Membership (Joining, changing, cancellation, contributions and renewals)

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.

4. Membership of the schemes listed in this policy booklet is restricted to persons aged 74 or below at entry, and to persons covered by policies in force as at 31.3.1998.
5. New-born children can be added, without any evidence of health, provided they are registered within two months of the 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 as per rule 24.8 (page 23). No contribution will be payable for them until the renewal date after their 1st birthday. From the age of 18, they have the option to join the Society in their own right and will be charged the appropriate adult rate for their age.
6. A member of one of the schemes specified in 1, 2 or 3 may request, by giving notice in writing or by telephone, to change any of those schemes at the policy renewal date, or your request may be granted at the discretion of the Society.
7. When an existing member applies to change to a different scheme at the policy renewal date we will make the change effective from your renewal date and adjust your contributions appropriately. Any existing personal exclusions which are listed on the Registration Certificate will remain in place and the following terms will apply:
 - 7.1 The Society may refuse or accept the request:
 - 7.1.1 On making the request to change your scheme terms e.g. switching between Standard and Premium or changing your co-payment or excess terms, we will send you a Scheme Change Request Form. You will need to complete details of your current state of health, including details of any signs, symptoms, illnesses, conditions or injuries you currently may have, along with any treatment you have planned or are currently may require additional information from either a GP or other health professional who is involved in your treatment or care, any expense incurred for this will have to be covered by you.

- 7.1.2 The Society may also apply underwriting terms in the form of a six month (or longer) wait period where appropriate. This means that you may not be able to use the benefits from your chosen scheme change immediately.
- 7.1.3 A new Registration Certificate will be sent confirming the changes made and showing the effective date. Any invoices for treatment prior to the effective date will be paid under the previous terms.

8. Subject to the following rules:

- 8.1 The monthly rates of contributions payable by members in respect of themselves and any dependants, are specified in Schedule C, which should be read in conjunction with this section.

- 8.1.1 On the death of a member, any dependant of that member aged 18 or over in respect of whom insurance cover was then current shall have that cover extended without payment of contribution for a period of 12 months. If a premium has been paid annually the balance will be refunded on a pro-rata basis for the remaining whole months only. After expiry of the 12 month period, the policy will be automatically transferred to the oldest insured person over the age of 18, who shall become the main policy holder for the purposes of this policy and be responsible for the premiums.

Where there is no dependant over the age of 18 left on the policy and where an annual payment has been made, a pro rata payment will be payable to either the legal representative (i.e. Solicitors) or the next of kin holding a grant of representation or probate or to the executor(s) of the estate.

- 8.2 You may cancel your membership within 15 days of receiving your policy documents when you first join the Society or renew your policy, and a full refund will be given provided that no claims for benefit have been submitted against the policy. You may cancel your 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. Your monthly premium payments 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 pre-payment discount.
- 8.3 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 will not be able to re-join the Standard and Premium schemes, and will be required to be re-underwritten.
- 8.4 Any person wishing to re-join the Society may apply to do so. 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 were previously a member. Your application may be made subject to further underwriting.
- 8.5 You must make sure that premium payments for the 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 claim 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 payments during any 12 month period.

You should be aware that if there are 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 payments in any 12 month period, you may not be eligible to re-join under the original policy terms. However, you can apply to re-join the Society, and any such application will be re-underwritten. The Society reserves the right to decline future applications for membership.

- 8.6 If you break any of the terms of membership or make, or attempt to make, any dishonest or reckless application or claim the Society shall be entitled to:
- refuse to pay any benefit
 - cancel the membership immediately

If the Society makes any payment to you 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. The Society may demand that you reimburse any investigation costs incurred.

9. The period of each policy is one year from the effective date shown on the Registration Certificate issued at renewal. At the end of that time your policy will automatically renew on the same terms unless you advise us otherwise, for another year. We will write to advise you of any changes to your policy within a reasonable time-frame before your renewal date.

10. Contributions shall be payable monthly in advance on the 6th day of each calendar month, unless in any case or class of case the Society otherwise permits.

10.1 No contributions shall be payable for children until the renewal following their first birthday. Contributions shall not be payable in respect of a person insured as a dependant relative of a member after the 6th of the month in which that person ceases to be a dependant relative of that member.

10.2 We can increase or reduce the contributions you pay at any time if there is an increase or decrease in the rate of Insurance Premium Tax or any other government or statutory change, existing or introduced. If we do so we will only increase the contributions 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 contributions.

11. The following contributions may be refunded to the persons specified in rules 26.2 and 26.3:

- 11.1 Contributions paid in advance for a member or dependant for any month after that in which their death occurred.
- 11.2 Contributions which the Society is satisfied were paid in error.

Extent of Cover

- 12. Subject to the limits specified in Schedule D, benefit shall be the whole of customary and reasonable admissible expenses or in the case of the hospital allowance the amount specified, except that:
 - 12.1 If a member of a Standard or Premium scheme has elected for an excess option, entitlement in any policy year for each person insured shall not take into account admissible expenses up to a total of the agreed excess. Benefit thereby forgone shall nevertheless count towards the benefit limits in Schedule D.
 - 12.2 If a member of a Standard or Premium scheme has elected for the 85, 80% or 75% option, benefit shall be 85%, 80% or 75% of customary and reasonable admissible expenses.

Calculation of Yearly Limits

- 13. Where these rules refer to a year or an annual limit is specified in Schedule D, the year shall run from the 6th April, for one year, until the 5th April.

Benefits

- 14. Please refer to the Addendum, Benefit Schedule D.
- 15. Subject to the following rules, the benefits payable within schemes are:
 - 15.1 For the Standard and Premium schemes specified in rule 1;
 - 15.1.1 Out-patient consultations and investigations (rule 16)
 - 15.1.2 Surgical benefit (rule 17)
 - 15.1.3 Non-surgical hospital benefit (rule 18)
 - 15.1.4 Oncology benefit (rule 19)
 - 15.1.5 Ambulance benefit (rule 20)
 - 15.1.6 Convalescence and nursing at home benefit (rule 21)
 - 15.1.7 Hospital cash allowance (rule 22)
 - 15.1.8 Out-patient therapy (rule 23)

Out-patient consultations, investigations and treatment

- 16. The admissible expenses are the fees and charges, upon GP referral, for:
 - 16.1 Diagnostic and Pre-operative Consultations (with a Specialist/Consultant)
Diagnostic Investigations, for example:
 - Blood Tests/phlebotomy
 - Flouroscein Angiogram (ophthalmology)
 - Ultra Sound Scans in isolation & Doppler studies
 - Radiological Services including X-rays & Bone Densitometry and Mammography
 - Diagnostic Nasal/sinus endoscopies.
 - Rigid Sigmoidoscopy.
 - ECG (including exercise and 24hr holter monitoring)
 - EMG & EEG

Visual field tests under Consultant Supervision

Out-patient treatment, for example:

- Joint and Pain relief Injections
- Injection of Varicose Veins
- Treatment of Haemorrhoids
- Application or re-application of plaster of paris, casts, splints, braces or other dressings
- Incision and drainage of haematoma/abscess
- Cryotherapy
- Dietitians under Consultant Supervision
- Optometrist under Consultant Supervision

Post operative consultations and investigations as detailed above required within 90 day period immediately following an in-patient, day patient and out-patient surgical treatment except when surgery is for a confirmed diagnosed Cancer Condition. These costs will be paid from rule 19.1.

- 16.2 CT, MRI and specialised scans as determined by the Society, with the exception of those scans carried out for a confirmed cancer diagnosis which will be paid from Rule 19.1.

Surgical benefit

17. In the case of surgical benefit payments:

17.1 The Society will:

17.1.1 Pay benefit under this rule for admissible expenses incurred in connection with preparations for a surgical operation, even though the operation is not performed;

17.2 The admissible expenses in respect of an operation are the fees and charges for:

17.2.1 Surgeon & Anaesthetist Fee – All Surgeons' fees are paid according to CS Healthcare designated schedule of Consultants' Fees.

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 reimburse you the fees as per our designated Consultant's Fee Schedule.

The fees we expect to pay for a procedure will be clearly detailed on your Pre-Authorisation Certificate and should be discussed with your consultant prior to your surgery.

A Consultant will consider the contract to treat a person as a contract between himself and the patient, and if they are unwilling to bill 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 the Consultant.

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. Should an admission go 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 and paid up to the benefit limit of rule 17.2.5.

Where a surgeon administers local anaesthetics by infiltration (injection) or Intravenous (IV) sedation we will pay an additional fee to the main procedure. (Topical local anaesthetic, including eye drops will not be paid in addition to the main procedure but will be considered an integral part of the procedure).

Second Consultant: if out of medical necessity there is the need for a second consultant to assist during a procedure, please contact the Managed Care Team for assistance, and consideration for reimbursement under rule 17.2.5 can be given. Fees for a surgical assistant are not covered. If a second 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.

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 hrs directly following surgery; with the exception of the insertion and management of an epidural or a nerve block procedure which will be paid in addition as per the appropriate CCSD code supervision including care in a critical care unit and pain relief within the first 24 hrs directly following surgery. Should anaesthetic supervision be required following the initial 24hr care in a Critical Care Unit, a further two days can be reimbursed for daily supervision and paid up to the benefit limit of rule 17.2.5.

On the occasions that an Anaesthetist performs a pain relieving procedure in isolation either outside the first post operative 24 hrs or to treat an acute condition; they will be reimbursed in the same manner as we manage surgeons fees, local anaesthetics by infiltration (injection) or Intravenous (IV) sedation will be paid in addition to the main procedure. (Topical local anaesthetic, including eye drops will not be paid in addition to the main procedure but will be considered an integral part of the 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 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^ or alternatively you can use the CS Healthcare Fee Schedule available at www.cshealthcare.co.uk. Additional benefit will not be provided for CCSD codes that should not be billed together according to The Clinical Coding and Schedule Development Group (CCSD).

17.2.2 Hospital and specialists' services provided for in-patients and day-patients for investigations, tests, operating theatre, medical supplies, medication and therapy given during the admission, including the application or reapplication of plaster of paris, casts, splints, braces or other dressings. Wound Care within the 90 day aftercare period will also be covered under this Rule. We will allow 50% of the benefit under rule 17.2.2 for other procedures performed during the same theatre slot according to the grade of the additional procedure.

Should a separate surgical procedure take place during the same admission we will allow 100% of the benefit, as per rule 17.2.2, according to the grade of the separate surgical procedure.

Additional benefit will not be provided for CCSD codes that should not be billed together according to The Clinical Coding and Schedule Development Group (CCSD).

17.2.3 Prostheses inserted at the time of the operation.

17.2.4 Hospital accommodation and nursing charges for each day or part of a day, subject to a maximum of 28 days per admission (inclusive of 3 days maximum for Critical Care 2 and 3), subject to the usage of a hospital in the Claims & Hospital Guide within your chosen level of cover.

17.2.5 Services of other consultants for in-patient or day-patient care.

Other Consultants' fees, those Surgeons fees that fall outside a preauthorised expected length of stay, those anaesthetist fees that fall outside the initial 24 hrs of post-operative care (with the exception of further procedures). Consultants pre-authorised to assist in a complex case, and those consultants (including intensivists) requested to advise on associated complications or other conditions during a surgical admission.

Non-surgical hospital benefit

18. In the case of non-surgical hospital benefit payment:

- 18.1 Benefit is payable under this rule for in-patient hospital investigations, medical treatment and care including biopsy in isolation, endoscopic investigations and insertion of hickman or central lines or similar, and the application or reapplication of plaster of paris, casts, splints, braces or other dressings, where these procedures are performed as part of a medical admission, subject to a maximum of 14 days for each condition for the life of the policy. Should an actual surgical procedure be required during your admission your claim will then be deemed surgical and paid from rules 17.2.1 to 17.2.5.

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 or for the purpose of personal need and/or social arrangements not associated with an acute medical need.

18.2 The admissible expenses are the fees and charges for:

18.2.1 Consultants' and Anaesthetists' services;

18.2.2 Hospital charges for accommodation, investigations, drugs and other ancillary charges (maximum of 14 days for each condition for the lifetime of the policy).

Please note, non-surgical hospital benefit does not include medical admission for a confirmed Cancer Condition. Subject to your benefit limit this will be paid from rule 19.1.

Oncology Benefit, including Chemotherapy and Radiotherapy Treatment

19. The admissible expenses are the fees and charges relating to:

- 19.1 Radiotherapy & chemotherapy for the active treatment of primary cancerous (malignant) disease including benign tumours, and the necessary aftercare.

Radiotherapy:

Consultant fees for consultations and supervision.

Hospital costs; including planning & mould room costs, investigations and specialised scans.

Radiotherapy costs; including brachytherapy.

Care of associated complications; i.e. skin care, and complementary therapies, dietitians and counselling under direction of your consultant or treating hospital.

Chemotherapy:

Consultant fees for consultations and supervision.

Hospital costs; blood transfusion, investigations and scans.

Chemotherapy drugs.

Insertion of Hickman lines, portocaths or similar procedures including the aftercare.

Care of associated complications including neutropenia, and complementary therapies, dietitians and counselling under direction of your Consultant or treating hospital.

Preventative/prophylactic treatment like Biphosonates therapy (bone

strengthening treatment) prescribed during treatment of a primary or secondary stage of a cancerous (malignant) disease will be covered.

Necessary Aftercare refers to the monitoring and follow-up consultations and investigations and specialised scans that will be covered under this rule up to a maximum of five years from the initial date of the original primary diagnosis. Pre-authorisation will be sent to you detailing your cover, for more information please refer to pages 7 and 13.

Secondary malignant disease/cancers; (also called metastasis) those cancers that have spread from the primary site to another part of the body; will be covered for a short-term course of radiotherapy or chemotherapy as stated above to stabilise the condition. If the secondary disease occurs within the five year monitoring period, the pre-authorised consultations will continue as agreed, outside this period a maximum of 90 days will be covered following completion of the radiotherapy or chemotherapy.

Cash allowance will also be paid at the rates stated within Schedule D from the benefits available under Rule 19.1 for chemotherapy and radiotherapy admissions.

For chemotherapy treatment

Per day case or overnight admission for the administration of intravenous chemotherapy at an UK acute general NHS hospital (Cash Allowance is payable only where no transfer or admission from or to private care takes place for the same admission).

OR

For radiotherapy treatment

Per fraction of radiotherapy administered at an UK acute general NHS hospital (Cash Allowance is payable only where no transfer or admission from or to private care takes place for the same admission).

Important note: In some instances the benefit available will not meet the required treatment plan needed to treat some cancerous (malignant) conditions on these occasions CS Healthcare will seek to advise you as the best route to proceed or recommend you use Your Care Package.

All the above benefits are subject to the policy maximums outlined in Benefit Schedule D, and are for one condition (primary and secondary) for the life of the policy.

Ambulance benefit

20. The admissible expenses are the charges for a private road ambulance when it is medically necessary to use one in connection with in-patient or day-patient treatment being received privately.

Convalescence and nursing at home benefit

21. The admissible expenses are the fees and charges for:
 - 21.1 Convalescing and Nursing at Home immediately following a hospital admission either as an NHS or private patient under the specific direction of a Specialist/ Consultant.
 - 21.2 The services of a registered home help or carer immediately following an in-patient stay.

Hospital cash allowance

22. The cash allowance is payable for each eligible:
 - 22.1 Surgical day-patient admission or for each night of in-patient surgical treatment including the associated complications, received free of charge under the care of an acute general NHS hospital in the UK. NHS cash allowance is subject to the maximum specified in Schedule D for surgical admissions. NHS cash allowance is payable only where no transfer or admission from or to private care takes place for the same or related surgical episode and related complications; and does not cover admissions or transfers into rehabilitation facilities, long-stay or psychiatric hospitals.
 - 22.2 Medical/non-surgical day-patient admission or for each night of in-patient medical/non-surgical treatment received free of charge in an acute general NHS hospital in the UK.

Out-Patient therapy

23. The admissible expenses are the fees and charges made by a qualified practitioner as recognised by the Society, upon referral by a GP or Consultant, for:
 - 23.1 Out-patient/manipulative therapy performed by a
 - 23.1.1 Physiotherapist
 - 23.1.2 Osteopath
 - 23.1.3 Chiropractor
 - 23.2 Complementary medicine, that is to say,
 - 23.2.1 Acupuncture
 - 23.2.2 Homeopathy, but excluding medication
 - 23.3 Speech therapy

General Exclusions

24. The Society does not pay benefit for:
 - 24.1 Any excess or co-payment shown on the Registration Certificate.
 - 24.2 Medical treatment for any physical defect, infirmity or medical condition you or any insured dependant suffer from or have suffered from before their insurance started under this policy, unless you have told the Society about it fully in writing and we have accepted it.
 - 24.3 Any condition or policy upgrade which has a personal exclusion listed against it as described on your Registration Certificate will not be covered. In addition a

non-disclosed condition, be it accidental or intentional will not be covered, this includes any fertility or reproductive conditions which are confirmed up and until the inception date of your policy.

- 24.4 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, and has not been assessed by the National Institute of Health and Care 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.

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/member 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. In addition all costs are subject to benefit limits therefore, any extra costs may have to be paid by you.

- 24.5 Care and/or treatment arising from or related to dialysis for chronic kidney failure.
- 24.6 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.
- 24.7 Birth control, sterilisation, infertility, erectile dysfunction, or human assisted reproduction, foetal surgery including complications of pregnancy following assisted reproduction.
- 24.8 Pregnancy or childbirth unless it is either complicated by a medical condition needing medical treatment during the ante-natal stages, or needing a specified obstetric procedure covered under the policy (see definition 'Obstetric Procedures' in this booklet). Also, treatment for the purposes of, or related to, any neo-natal care or surgery commencing within three months of delivery will not be covered.
- 24.9 Intentional termination of pregnancy unless medically necessary during medical treatment that is covered under the policy.
- 24.10 Hormone Replacement Therapy (HRT), including treatment for the menopause.
- 24.11 Cosmetic or aesthetic and lifestyle treatment;
- Cosmetic or aesthetic treatment and surgery including for psychological reasons.
 - Restorative or cosmetic care as a result of previous surgery or accidents that were not covered by the Society will also be excluded. (Breast reconstruction following surgery for breast cancer which was funded by CS Healthcare as an eligible claim, will be covered within the usual policy limits, within two years of the original surgery or on completion of further oncology treatment).
 - Surgical removal of any non diseased body tissue or part for preventative measures; and non acute conditions like pre-existing moles and lipoma, including if there is a family history of cancer or for psychological reasons.

- Breast Reduction Surgery for any reason.
 - Weight loss/Bariatric treatment like gastric banding or gastric bypass surgery, including post-surgical complications; whether or not is it needed for medical or psychological reasons.
- 24.12 Treatment for any condition arising from alcoholism, solvent abuse, drug abuse or any other addictive condition.
- 24.13 Self inflicted illness, injury or disability or any associated medical conditions, including treatment for eating disorders.
- 24.14 Treatment in a Health Hydro, Health Farm, Spa or Clinic and Rehabilitation centre (private or NHS) 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.
- 24.15 Dental, orthodontic or periodontal treatment except specified oral-surgical procedures – see definition ‘Dental, Orthodontic and Periodontal Procedures’ in this booklet, or the cost of providing or fitting, dentures, crowns and dental implants or appliances.
- 24.16 Surgical treatment for short-sightedness or long-sightedness including the correction of astigmatisms.
- 24.17 Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) and/or any mutant derivative or variation thereof however caused or any condition directly or indirectly consequent thereon.
- 24.18 Allergy assessment or treatment unless undertaken by a Consultant holding an appointment at a NHS Allergy Clinic or a centre or Consultant recognised by the British Society for Allergy and Clinical Immunology. (Find a Clinic at <http://www.bsaci.org/find-a-clinic/index.htm> or call the Allergy UK Infoline at 01322 619898).
- 24.19 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 country.
- 24.20 Chiropody and Podiatry for biomechanical assessment and orthotics, as well as for general maintenance of foot conditions such as corns, hard skin, and toenail maintenance.
- 24.21 Illness or injury which arises through contamination by radioactivity.
- 24.22 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 chemical or biological substances either in relation to the events listed directly above or as a result of an industrial accident.

- 24.23 The cost of any out-patient prescriptions, genetic testing, preventative screening, maintenance therapy, medication, dressings and take home drugs, unless used in the course of chemotherapy.
- 24.24 The cost of providing or fitting an external prosthesis, or any aid or equipment, Including spectacles, contact lenses, hearing aids, or cochlea implants.
- 24.25 The reimbursement of private medical fees for a General Practitioner (GPs), or any other medical practitioner, Dentist or Optician including the fees charged for the completion of Claim Forms or for supplying medical reports/records. In addition, referral letters and medical reports from GPs and other medical practitioners who are family members are not accepted in support of a claim.
- 24.26 Emergency Treatment which is defined as 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.
- Transfer to private care will only be considered once a patient is stable, by this we mean 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 lifesaving surgery. Transfers from an Emergency department will not be covered. Emergency/urgent domiciliary visits by a specialist Consultant will also not be covered.
- 24.27 The treatment of Sexually Transmitted Diseases.
- 24.28 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.
- 24.29 Speech therapy unless immediately following a cerebro vascular accident, surgery or trauma to the vocal cords.
- 24.30 Psychiatric, mental or nervous conditions.
- 24.31 Chronic or long term illness following the initial diagnosis and treatment including routine and/or long term monitoring of any medical condition.
- 24.32 Preventative examinations and/or treatment, vaccinations or health screening.
- 24.33 Treatment abroad/overseas for UK residents (by overseas we mean any country outside of the United Kingdom). With the exception of those members who had a current CS Healthcare policy before 6th April 2009 and had already informed us of their residency abroad before this date*, the Society will, in all other circumstances only consider requests for treatment within the European Economic Area (EEA), in line with the E112 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, before consideration for authorisation can be given.

The planned treatment will only ever be reimbursed up to the value of treatment of the same complexity and to the value of those charges which would have been incurred at a hospital from the Claims & Hospital Guide and subject to the Benefit Levels appropriate to your chosen level of cover. Consultants Fees will be paid in line with the CS Healthcare Fee Schedule. This will be subject to the member pre-authorising their treatment and accepting a written offer of cover from CS Healthcare.

If you have planned NHS funded treatment within the EEA we will consider authorisation of the NHS cash allowance according to the average length of stay for a particular procedure had it been undertaken within the NHS in the United Kingdom, subject to any medical complications.

*It is important to note that your policy with CS Healthcare is not an international policy. Normally, such policies are designed to cover permanent residence, may be tailored to a specific country or region's healthcare needs and rules, and will include a comprehensive list of services not routinely covered by a standard UK private medical insurance policy, like the one you currently have with us. Most notably these are private general practitioner fees, emergency admissions into private clinics, and repatriation costs. Any new dependants that you wish to join to your policy after 6th April 2009 will be covered for UK based treatment only, with the exception of dependant children. If you return back to live in the United Kingdom and subsequently move back abroad after the 6th April 2009 you will no longer be eligible for overseas cover with the exception of the EU arrangements detailed above.

- 24.34 Routine and/or long term monitoring of any medical condition.
- 24.35 For the condition/symptoms of snoring, or the treatment of sleep apnoea; including Continuous Positive Airway Pressure (CPAP) treatment or the like and any form of Uvuloplasty (with the exception of investigations required to investigate acute hypertension or related cardiac symptoms and/or central sleep apnoea, under the direction of a Cardiac Consultant, Neurology Consultant or a Sleep Specialist holding an NHS post.)
- 24.36 Sex change/gender reassignment whether for psychological or medical reasons, including any related complications suffered as a result of surgery or other related treatment.
- 24.37 Any costs incurred as a result of missed appointment(s) or late cancellation(s)
- 24.38 Any cost incurred for any telephone consultations with your Specialist.
- 24.39 Care of a permanent condition, including congenital or birth defects.
- 24.40 Any travel expenses incurred by a medical provider for in-home consultations or treatment
- 24.41 Preparation and/or treatment arising from or related to bone marrow or stem cell transplantation and/or recovery, including maintenance therapy.
- 24.42 Preparation and/or treatment for Gene therapy, including CAR-T Therapy.

Claims

25. The Society will only consider a claim if:
- 25.1 All policy premiums are paid up to date. If there are 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.
 - 25.2 The treatment has been pre-authorised by us, except for unplanned admissions notwithstanding rule 24.26.
 - 25.3 A fully completed Claim Form has been submitted to us.
 - 25.4 Original invoices or receipts for treatment costs, or in the case of NHS Cash Allowance; confirmation of admission dates, are received no later than 1 year from date of treatment.
 - 25.5 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.
 - 25.6 You or your insured dependants' General or Dental or Optical Practitioner has made the referral for opinion or treatment.
 - 25.7 The patient has used a hospital listed in our Directory of Hospitals; or where a hospital is used that is not in the directory and we have agreed in writing to pay up to those rates we would have expected to pay at a private hospital in our directory.
 - 25.8 The condition or symptoms for which you are claiming are not pre-existing whether you knowingly or mistakenly failed to disclose the information to us at the time of joining the Society; this includes occasions where we have preauthorised benefits in good faith and it has then later been brought to our attention that the subject of the claim was pre-existing.

Payments

26. The Society will pay those benefits entitled to be claimed in accordance with policy terms & conditions and your benefit schedule. Benefit is subject to any co-payment or excess on your policy. Where a benefit limit is relevant this applies to the policy year in which the treatment falls in. If the costs incurred are in excess of the limits shown you will have to pay the difference.

Providing your policy is current at the time you receive treatment, those benefits due shall be paid either:

- 26.1 Direct to a Consultant, Hospital or a related medical service covered by the policy for a previously pre-authorised event; or

26.2 The member; or

26.3 In the event of the members death, the legal personal representative(s) (i.e. solicitors) or following a grant of representation or probate, to the executor(s) of the estate.

27. If there are contribution arrears on a policy, benefit will not be payable until the arrears have been cleared.

Claims Against Other Parties

28. 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.

28.1 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.

Your Care Package

29. The Your Care Package is available to members who opt to have complex surgery (classified by the Society as 'major plus' or 'complex major' surgery) or oncology treatment (chemotherapy and radiotherapy) free of charge on the NHS in lieu of private treatment.

If you choose to have the above treatment free of charge on the NHS, CS Healthcare may be able to offer you a single payment equivalent to 20% of the cost of private treatment at a hospital available on your selected list, subject to the overall remaining benefit limit under either Rules 17.2.1 to 17.2.5 (Surgical Benefit), or Rule 19.1 (Oncology Benefit).

Benefits under the Your Care Package must be agreed in writing with the Society in advance of treatment taking place. As soon as your condition has been diagnosed by your Specialist/Consultant and a treatment pathway has been agreed, please contact our Managed Care Team on 020 8410 0440^ (Option 2) to discuss how the Your Care Package works and whether it is available to you. You can also request a factsheet from the Managed Care Team, which explains the Your Care Package in more detail.

Payments under the Your Care Package will be made upon receipt of a discharge summary from the treating NHS hospital, confirming that the proposed procedure has taken place. Benefits will be subject to change if the actual treatment performed differs from the proposed treatment plan.

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

Definitions

30. 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.

Acupuncturist

A qualified acupuncturist holding the qualifications MBACc, COBC or Dip Med Ac.

Acute Flare Up

An acute worsening or sudden deterioration of a previously diagnosed long-term chronic condition likely to respond to treatment in the short-term, this does not include the care for recurrent, relapsing and poorly controlled conditions and or symptoms or the monitoring of your state of health or review of your medications.

Acute medical condition

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 schedule

The schedule of benefits of your chosen scheme showing the maximum benefits the Society will pay for each insured person.

Cancer

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

Chiropractor

A qualified Chiropractor as recognised by the General Chiropractic Council.

Chronic medical condition

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 a member asks us to pay in respect of an episode of treatment.

Convalescence Care

The care required to recuperate from either a surgical or non surgical (medical) in-patient admission, in a nursing or care home registered with the Care Quality Commission, following a patient's immediate discharge from hospital.

Co-payment schemes

A scheme where the member has agreed to contribute 15%, 20% or 25% towards the costs of all eligible treatment for each person covered on the policy each year.

Cosmetic treatment

Treatment intended to alter your appearance whether or not for psychological reasons.

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.

Dental, Orthodontic and Periodontal Procedures

Pre-authorized treatment by a Dental or Oral Facial Maxillary Surgeon in a hospital listed in our Directory of Hospitals where sedation or general anaesthetic is required for one of the following:

- Surgical removal of impacted/buried tooth/teeth.
- Surgical removal of complicated buried roots.
- Surgical drainage of dental abscess.
- Enucleation of cyst of jaw.
- Treatment of mandibular, zygomatic or maxillary fractures including internal or external fixation.
- Excision or resection of mandible or maxilla, including removal of malignancy.
- Maxillary osteotomy and prosthetic surgery.
- Open operations of the jaw including the temporo-mandibular joint.
- Hospitalisation for dental treatment where anti-coagulant therapy requires management.

Dependant

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

Diagnostic tests

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.

Excess

The amount of expenditure which you have agreed to pay each year towards the cost of eligible treatment for each person covered on the policy.

General Practitioner (GP)

A medical practitioner holding the Certificate of Completion of Training (CCT) in general practice, who is registered with the General Medical Council and included on the GP Register.

Homeopath

A qualified Homeopath as recognised by The Faculty of Homeopathy and the Society of Homeopathy.

Directory of Hospitals

A document published by the Society which lists the hospitals recognised by us.

In-patient

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

Lifetime of the Policy

The term 'lifetime of the policy' means the total continuous period of your membership with the Society.

Managed Care Team

Our Managed Care Team assist with all cancer claims and other potentially complex claims in respect of some heart procedures and joint replacements. They also manage urgent hospital admissions and complications of planned treatment. The aim of the team is to ensure treatment is pre-authorised in a timely manner, policy terms and conditions are followed, and where there is a benefit limit to notify the member at the earliest opportunity if the costs of treatment will exceed the benefit limit.

Medical Necessity

Diagnostic Investigations and treatment including surgery that is required to cure or correct an acute medical condition.

Medical Practitioner

A person so registered or whom the Society accepts as a medical practitioner.

Member

The policyholder with whom we have made the membership and who is responsible for paying the contributions.

NHS Hospital

A hospital in the United Kingdom run under the National Health Service.

Nurse

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

Nursing at home

Services given by a nurse at home immediately after or instead of in-patient or daypatient treatment. The nursing services must be under the personal control of a specialist and be for the sole purpose of enabling the specialist to provide treatment. For sudden acute illness the nursing services can be under the control of a GP.

Obstetric Procedures

CS Healthcare will cover the following complications of pregnancy under the policy:

- Caesarean delivery, where medically necessary
- Ectopic pregnancy
- Hydatidiform mole

Oncology

The area of medicine that deals with the study and treatment of cancer, sometimes referred to as neoplastic disease, often using chemotherapy and radiotherapy to treat the disease. CS Healthcare also covers the treatment of non-malignant brain tumours under this heading.

Osteopath

A qualified Osteopath as recognised by the General Osteopathic Council.

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 of the United Kingdom.

Physiotherapist

A qualified practitioner who is registered with the Health and Care Professions Council (HCPC).

Planned treatment

An admission to a hospital by means of a waiting list or direct consultant referral provided the admission does not take place on the same day.

Podiatrist

A qualified Podiatrist as registered with the faculty of surgery within the Society of Chiropractors and Podiatrists.

Policy

The insurance contract between you and the Society.

Pre-existing condition

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 of your cover.

Pre-operative assessment

Those investigations carried out prior to surgery, to establish suitability for anaesthesia.

Related condition

Any symptom, disease, illness or injury which is medically considered to be associated with another symptom, disease, illness or injury.

Renewal date

6th April each year following the commencement of your membership.

Routine monitoring

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

Society

Civil Service Healthcare Society Limited.

Specialised scans

High cost scans such as:-

- MRI & CT Scans
- PET Scans
- Myelogram
- Thallium Scans
- Transoesophageal echocardiogram(TOE)
- Perfusions/Ventilation Scans

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 speciality issued by the appropriate Royal College or General Medical Council in accordance with EU medical directives.

Special terms

This refers to personal exclusions, 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.

Speech therapy

Speech therapy given after trauma, surgery or a cerebro vascular accident by a therapist who is registered with the Health and Care Professions Council (HCPC) under direction or recommendation of a Specialist/Consultant.

Stable

A patient is able to be nursed in a general ward setting and does not require 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 daycase procedure required to aid a diagnosis or to give therapeutic relief of symptoms.

Treatment Plan

A documented plan that describes the patient's condition detailing the treatment to be provided and expected outcome, including the duration of the treatment prescribed.

United Kingdom

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

We/Us/Our

Civil Service Healthcare Society Limited.

Year

6th April to 5th April is the Society's benefit year for schemes listed under this policy.

Your Care Package

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. (See Page 28)

You/Your

The member.

General

31. Civil Service Healthcare Society Limited, Princess House, Horace Road, Kingston upon Thames, Surrey, KT1 2SL 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 medical 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. The Society is guided by its not-for-profit 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 without limiting the foregoing, changing the benefits provided, 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 writing to them at their last known address according to the Society's records.

32. The Society makes every effort to ensure that members are satisfied with the level of service we provide. However, if things do go wrong we have an open and fair complaint procedure. In the event that you are unhappy with our service, please contact us to explain the reason for your dissatisfaction:

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^

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

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

The dispute procedure is set out in rule 41 of the Society's Memorandum of Association & Rules. Our complaints procedure is without prejudice to your right to take legal proceedings.

33. If you break any of the terms of membership or make, or attempt to make, any dishonest application or claim the Society shall be entitled to:
- 33.1 refuse to pay any benefit
 - 33.2 cancel the membership immediately
34. When dealing with the Society, you act on behalf of every dependant included in your policy.
35. 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.
36. The membership agreement is governed by and is subject to the law of England and Wales.

37. 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 within the Terms & 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 6781100 or 020 7741 4100

38. 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.

Annex A

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><u>Right of Access:</u></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><u>How to exercise:</u></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><u>Right to rectification:</u></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><u>Right to erasure:</u></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><u>Right to request the restriction of processing concerning you:</u></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 ops 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 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>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><u>The right to data portability:</u></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 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 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><u>The right to object to processing:</u></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>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>No exceptions.</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>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>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>

For requesting a Claim Form and pre-authorising treatment
contact the claims Helpline on

020 8410 0440[^]

claims@cshealthcare.co.uk

For general enquiries
contact the Membership Service Team on

020 8410 0400[^]

membership@cshealthcare.co.uk

For 24 hour health advice
contact GP24 on

020 8410 0415

or visit cshealthcare.gp24.co

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and the Prudential Regulation Authority – Financial Services Register number 205346.
Our products are covered by the Financial Services Compensation Scheme (FSCS).

[^]Please note: 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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