



HealthBridge

Connected healthcare

Product Brochure

Effective from June 2020

From  CS healthcare



Connecting you to affordable healthcare

Choosing the right health insurance can be difficult. With so many insurers and options to choose from, you want to make the right choice - the right level of protection at the right price. HealthBridge is an affordable health insurance solution that helps bridge the gap between private health cover and the NHS. HealthBridge provides support when you need it, giving you quick access to those all-important diagnostic tests, treatment and surgery whilst avoiding possible lengthy NHS waiting times.

The NHS can provide an excellent service and does a fantastic job, however, with heightened demand for NHS services and continuing pressure on the Health budget this will mean the NHS is likely to continue to prioritise complex and urgent treatment, such as cardiac and cancer treatment. But what about less urgent conditions like orthopaedic surgery, cataracts, general surgical procedures or diagnostic investigations and tests? Waiting times for these procedures, or to see a Consultant, are likely to continue to rise and already can be lengthy. HealthBridge has been specially designed to allow you quick access to treatment at an affordable price and in a comfortable setting, giving you peace of mind.

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HealthBridge – affordable health insurance that bridges the gap

By bridging the gap between the NHS and private cover, HealthBridge provides a key range of benefits up to an overall financial limit of £15,000 per person per policy year, helping you avoid possibly lengthy waiting times with tests, consultations, surgery and treatment arranged quickly at a hospital convenient to you.

What's covered?

With HealthBridge you can rest assured that the cost of treatment is covered for eligible new medical conditions arising after your cover begins[†]. There's also the comfort of knowing that you and any family members covered will be treated in an environment that is designed to help you recover in a clean, safe and private place. Cover has been separated into 3 key areas:

1. Investigation and Detection

You are covered for those all-important diagnostic investigations, tests and scans giving you peace of mind when investigations for an injury or illness are

required. This includes MRI, CT and PET and tests, including ECG, EEG, ultrasound scans and X-rays subject to the maximum annual benefit limit of £15,000. Within this limit you are covered for up to £1000 for Consultations per person per policy year.

2. Treatment and Surgery

You are covered for hospital care for in-patient, day-patient and out-patient surgery in a comfortable environment. This includes pre-operative tests, surgeon and anaesthetists fees, surgery and operating costs, hospital accommodation, Consultant and Specialist fees and post-operative treatment, subject to the maximum annual benefit limit of £15,000 per person per policy year. Treatment for heart and cancer conditions is excluded from cover; however aftercare support for new heart and cancer conditions is covered under Recovery and Support.

3. Recovery and Support

To help ensure recovery is smooth and free from complications or to provide support when you need it most HealthBridge will cover you for the following:

- **£350 per person** per policy year for out-patient therapy such as physiotherapy, osteopathy and chiropractic treatment
- **£500 per person** per policy year for Psychiatric consultations and Counselling
- **£150 per person** per policy year for appliances and aids following an in-patient admission
- **£500 per person** per policy year for nursing and home care following a hospital admission
- **£100 cash** when you welcome a new child into your family. A 12 month qualifying period applies.

£15,000

HealthBridge provides benefits up to an overall financial limit of £15,000 per person per policy year.

Co-payment

A compulsory co-payment applies to the HealthBridge policy, sharing the cost of treatment between you and ourselves. You pay 15% of each claim per person per policy year, but only up to a maximum of £250 per person per year. The co-payment does not apply to Recovery and Support benefits.

If you do choose to have treatment on the NHS for any reason, for example if the waiting time is reasonable, you could be eligible to claim for our NHS Support Allowance.

This is a cash payment which you may decide to use towards supporting your recovery or reimburse any costs incurred, such as NHS car parking charges, parent accommodation fees, travel expenses to and from the hospital or extra help around the home. It really is up to you.

Please refer to the Policy Document for the full list of benefits available under this policy.

[†] Subject to policy T&Cs and benefit limits.

HealthBridge

Connecting you to affordable healthcare



NHS



Private Health Insurance

Investigation & Detection



Consultations, diagnostics investigations, tests and scans including blood tests, ECG, ultrasound scans, X-rays and MRI scans

Treatment & Surgery



In-patient, day-patient and out-patient treatment and surgery including hospital fees, nursing costs and surgeon and anaesthetist fees

Recovery & Support



Manipulative therapies
Psychiatry and counselling
Appliances and aids
Nursing and home care
New Child bonus

Overall financial limit of £15,000 per person per policy year

Moratorium underwriting and a compulsory co-payment apply to all policies



Expertly selected hospitals

CS Healthcare has developed strong and long-standing relationships with a number of private hospitals groups, independent hospitals and selected NHS hospitals with dedicated Private Patients Units (PPUs). Our network of hospitals has been carefully compiled to provide high standards of comfort and service.

Your HealthBridge policy entitles you to care at selected private hospitals in the UK. The HealthBridge hospital list includes many well-known hospital groups like Spire Healthcare, Nuffield Health and BMI available throughout the country, including some in London. Either use our published Directory of Hospitals or search from our website to help find a hospital nearest to you.

"Your HealthBridge policy entitles you to care at selected private hospitals in the UK."

Straightforward cover to suit you and your family

Cover can be extended to include your children and spouse/partner giving you peace of mind that your whole family is protected. What's more, the eldest child under the age of 18 on your policy will be covered for free until the renewal following their 18th birthday.

With HealthBridge there is no need to complete a health questionnaire meaning joining is straightforward and simple. Instead we will automatically exclude the cost of treating any pre-existing conditions under our Moratorium Underwriting.

Key benefits of our HealthBridge insurance plan include:

- fast access to medical treatment
- access to private hospitals across the UK
- an affordable product from a mutual health insurer
- fast, direct claim settlement with expertise and guidance at every stage
- access to an advice line 24/7

Joined-up healthcare from a mutual insurer

When you join CS Healthcare you'll notice an important difference - we treat you as an individual rather than simply a policyholder. Our members are at the heart of everything we do.

Our friendly team are all together under one roof in the UK, so we get things done quickly and compassionately. Our exceptional customer service has seen us voted Most Trusted Health Insurance Provider for the last three years in a row.

We think you deserve the peace of mind to know you're covered, without worrying about hikes in your premiums if you fall ill. We don't think it's fair to penalise you if you have made a claim and that's why we don't offer a No Claims Discount.

We take the worry out of making a claim for our members. If you think you need to see a Specialist or if you know that you are going to need treatment, simply contact our Claims Helpline first and one of our claims advisers will talk you through the process step-by-step. Our UK based advisers are

available from 8am to 6pm, Monday to Friday. And, once you've received your treatment, we'll arrange to settle your bills directly with the hospital or consultant.

We've always put our members first, ever since we began as a not for profit organisation in 1929, and that's how we plan to stay.

A health insurer you can trust

When you take out a CS Healthcare policy, we treat you as an individual rather than as another policyholder. This is just one of the reasons why we were voted the 'Most Trusted Health Insurance Provider' in the Moneywise Customer Service Awards 2016, 2017, 2018 and 2019.

"I have always been very impressed by the standard of service and even more importantly, the level of support, I have received from CS Healthcare. When coping with serious illness, these aspects are hugely important."

Mr Newton





"We welcome members from the Civil Service and public sectors."

Who can join?

18-74

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

Policy Overview

What is covered under HealthBridge?

Your policy provides up to a maximum of £15,000 worth of benefits per person per policy year that can be used towards eligible investigations, treatment and recovery support.

£15,000 Annual Benefit Limit

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

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

The following is an overview of the policy and what each section means for you:

Investigation and Detection Section

The Investigation and Detection benefits of this policy cover you for up to £1000 per person per policy year, within the £15,000 benefit limit, for consultations on referral from your GP. You are also covered up to the policy benefit limit (£15,000 per person per policy year) for diagnostic investigations, specialised scans e.g. MRI, CT and PET and tests, including ECG, EEG, ultrasound scans and X-rays.

Treatment and Surgery Section

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

"Your policy provides up to £15,000 worth of benefits per person per policy year that can be used towards eligible investigations, treatment and recovery support."

Policy Overview

continued

Recovery and Support Section

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

Moratorium Underwriting

This policy is only available with Moratorium Underwriting. CS Healthcare will not cover any condition or symptom for which you, or any eligible dependants, have received advice, medication, tests or treatment, or were aware of, or might reasonably have been aware of during the five years immediately before the commencement of cover. However, provided you, or any eligible dependants, do not have symptoms,

or receive treatment, medication, tests or advice (from a GP or a Specialist) for that condition for a continuous period of two years at any time after the policy starts, then the condition will become eligible for benefit, subject to the policy rules. This two year period is known as the Moratorium.

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

Compulsory Co-payment

Your policy has a compulsory co-payment of 15% capped at £250. This is the maximum amount which you have to pay in co-payment towards eligible diagnostic investigations and treatment per person each policy year. Therefore each time an invoice for eligible pre-authorized

treatment is received, it must be sent to CS Healthcare, so it can be assessed and offset against the co-payment. The co-payment applies only to eligible claims made under the Investigations and Diagnostics, and Treatment and Surgery sections of the policy. The co-payment applies per person per policy year and is not applied per condition.

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

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

Policy Overview continued

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

BENEFIT TYPE	TOTAL INVOICE AMOUNT	AMOUNT PAID BY CS HEALTHCARE	AMOUNT PAID BY MEMBER	REMAINING IN THE BENEFIT FUND
Consultation	£360	£306	£54 (co-payment)	£14,694
Diagnostic test	£120	£102	£18 (co-payment)	£14,592
Consultation	£180	£153	£27 (co-payment)	£14,439
Treatment and surgery	£12,000	£11,849	£151 (co-payment, the £250 cap has been reached)	£2590
Follow-up physiotherapy	£250	£250	£0	£2340
Treatment and surgery	£2500	£2340	£160 (shortfall)	£0

IMPORTANT NOTE:

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

HealthBridge – schedule of benefits

(subject to Moratorium Underwriting terms) (D)

BENEFIT	COVER†	NOTES
Investigations and Detection		
Consultations	Covered up to £1000 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	On referral from your GP .
Diagnostic investigations, scans and tests	Covered within the overall policy benefit limit of £15,000 per person per policy year	Includes blood tests, ECG, EEG, ultrasound scan, MRI, CT and PET scans, X-rays and related tests.
Treatment and Surgery		
Covered for hospital care for in-patient, day-patient treatment and out-patient surgery for pre-authorised treatment that takes place in any hospital on the HealthBridge hospital list. Treatment and Surgery excludes cover for General Exclusions and diagnosed Heart & Cancer conditions.		
Pre-operative tests	Covered within the overall policy benefit limit of £15,000 per person per policy year	Within 2 weeks prior to an authorised hospital admission to cover blood and urine tests, chest X-ray, ECG and assessment with an Anaesthetist if required.
Surgeon and Anaesthetists fees	Covered within the overall policy benefit limit of £15,000 per person per policy year	Surgeon and Anaesthetist fees will be paid according to the rates of the CS Healthcare fee schedule.

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

Policy Overview

continued

BENEFIT	COVER†	NOTES
Treatment and Surgery (continued)		
Surgery and operating theatre fees	Covered within the overall policy benefit limit of £15,000 per person per policy year	Where surgery is required (including endoscopic procedures) cover will apply according to the expected length of stay (for surgical procedure) either as a day-patient or in-patient, including, prosthesis, implanted prosthetics and all hospital surgical consumables. Pre-authorised out-patient surgical procedures which are not performed as part of a Consultation in a consulting or treatment room.
Hospital accommodation, nursing and intensive care costs	Covered within the overall policy benefit limit of £15,000 per person per policy year	A maximum of 28 days per admission inclusive of 3 days maximum for Critical care 2 (High Dependency Unit) & Critical care 3 (Intensive Care Unit). Stays must be clinically necessary.
Medical admissions and related services	Covered within the overall policy benefit limit of £15,000 per person per policy year	Where a stay as either a day-patient or in-patient is required for either diagnostic reasons or to treat and stabilise an acute condition by medical and by non-surgical means.
Specialist/Consultant fees (for medical admissions)	Covered within the overall policy benefit limit of £15,000 per person per policy year	All Specialist/Consultant fees will be paid for medical, consultant, physician supervisions according to the rates of the CS Healthcare fee schedule.
Post-operative consultations, investigations, physiotherapy, tests and dressings	Covered within the overall policy benefit limit of £15,000 per person per policy year	As a part of necessary aftercare within 90 days immediately following a planned pre-authorised private hospital admission. Includes physiotherapy required as part of post-operative recovery.
NHS Support Allowance	A maximum of twice per person per policy year. Up to £2400 per claim depending on complexity of treatment. Within overall policy benefit limit of £15,000 per person per policy year	For members choosing to have NHS treatment see NHS Support Allowance for full details.

BENEFIT	COVER†	NOTES
Recovery and Support		
Claims for Heart & Cancer support are eligible under Recovery and Support, as long as it is not excluded under the moratorium.		
Out-patient therapy/ manipulative therapy	Up to £350 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	For physiotherapy, osteopathy and chiropractic treatment. Available with a referral from a GP or Consultant.
Psychiatric consultations and counselling	Up to £500 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	Available with a referral from a GP or Consultant.
Appliances and Aids following an in-patient admission	Up to £150 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	Available with a referral from a Consultant or Therapist.
New child bonus	£100 per child, within the overall policy benefit limit of £15,000 per person per policy year	Biological and adoptive children (under the age of 16). Not applicable to foster care. 12 month qualifying period, based on birth date. Child does not need to be added to a policy. Only payable once per child. Only applies to adoptive children unrelated to the policy holder or their partner before adoption.
Nursing at home care	Up to £500 per person per policy year, within the overall policy benefit limit of £15,000 per person per policy year	Available for nursing at home performed by a registered nurse immediately following a hospital admission either as a NHS or private patient under the specific direction of a Specialist/Consultant.

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

Policy Overview

continued

BENEFIT	COVER†	NOTES
Member Benefits		
GP24	24 hours a day 365 days a year	Health advice line.
Underwriting & Co-payment Detail		
Moratorium	5 & 2 Moratorium. Automatically excludes the cost of treating any pre-existing conditions for which you (or any dependant) have received treatment and or medication, asked advice on, or had symptoms of during the 5 years immediately before your cover commenced. If you do not have symptoms, treatment, medication or advice for those pre-existing conditions, and any directly related conditions, for 2 continuous years after your policy starts, then we will reinstate cover for those conditions.	
Co-payment	Your policy includes a 15% co-payment per person per policy year up to a cap of £250 for claims made under Investigations and Detection, and Treatment and Surgery. This means you share responsibility for a claim with us, with you paying 15% and CS Healthcare paying the remaining 85%. Once you have reached the cap amount of £250 CS Healthcare will pay 100% of all valid claims up to the overall policy benefit limit. This does not apply to Recovery and Support.	

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

IMPORTANT NOTES:

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

NHS Support Allowance

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

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

Once your condition has been diagnosed by your Specialist/Consultant and you have discussed the treatment options available to you, please contact our Claims Helpline before any treatment takes place. If you opt for NHS treatment, we may offer to draw up an agreement which confirms the amount of NHS Support Allowance that would be available to you.

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

treatment. If you choose to accept the NHS Support Allowance then the co-payment will not apply.

The amount paid for surgical admissions is set out in the table overleaf.



"If you choose to receive your treatment on the NHS in lieu of private treatment, CS Healthcare may offer to convert a proportion of your benefit into a cash lump sum for you to use as you wish."

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

NHS Support Allowance

continued

Surgical admissions and amounts paid

COMPLEXITY	EXAMPLES OF THE TYPES OF TREATMENT THAT FALL INTO THIS CATEGORY	IF YOU WERE TO HAVE THIS TREATMENT ON THE NHS, THE SUPPORT ALLOWANCE WOULD BE
Minor	Skin biopsy, gastroscopy, cystoscopy	£350
Intermediate	Cataract, colonoscopy, hernia repair	£600
Major	Arthroscopy, appendicectomy, trabeculectomy	£1100
Major Plus	Hip replacement, knee replacement, spinal decompression	£1700
Complex Major	Vitreotomy, lumbar fusion	£2400

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

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

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

IMPORTANT NOTES:

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

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

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

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

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

Important general and specific exclusions

As with most health insurers, CS Healthcare does not cover you for pre-existing medical conditions or chronic conditions which are unlikely to be cured by treatment. Nor does the policy usually cover conditions which are related to pre-existing conditions. A related condition is one which is caused by, or could be the cause of, another condition.

However, we will provide cover for the initial diagnosis of a chronic condition, and acute episode of a chronic condition and for surgical intervention and necessary aftercare. A more detailed explanation of how we approach treatment for chronic conditions and acute episodes can be found in the 'How we deal with chronic and acute conditions' section of the Policy Document.

There are some general exclusions which will apply to your policy. You will find full details of these exclusions in the 'General Policy Exclusions' section of the Policy Document.

A chronic medical condition is a disease, illness or injury which has one or more of the following characteristics:

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

In addition there are some specific treatment exclusions. You will find full details of these exclusions in the 'Specific Treatment Exclusions and Advice' section of the Policy Document.

The main exclusions are:

- emergency treatment
- treatment outside the UK
- organ transplants
- routine monitoring of any medical condition
- surgical correction of short or long-sightedness
- hearing aids and other external prosthesis
- NHS accident and emergency treatment (including unplanned NHS Intensive Care)
- treatment for infertility
- treatment for drug abuse, alcoholism or self-inflicted injury
- cosmetic surgery
- HIV and AIDS
- routine pregnancy or childbirth, you are however able to claim the New Baby Bonus under Recovery and Support
- professional sports.

"We will provide cover for the initial diagnosis of a chronic condition and for surgical intervention and aftercare."

Other important information about your policy

How long am I covered for?

Your policy will start on the policy inception date following receipt and acceptance of your completed Proposal Form. Provided you continue to pay the premiums, and adhere to your member responsibilities (please refer to the 'Your Responsibilities' section of the Policy Document for further details) your cover can continue until you cancel your policy. Premiums are payable monthly or annually. Each monthly premium buys cover for the calendar month in which it is paid. Each annual premium buys cover for the following 12 calendar months after it is paid. If any premium is not paid on the date it is due, cover will stop on that date if payment is not received within 60 days. No benefit will be payable during this period for which premiums have not been paid, unless a period of free cover applies. Your policy is renewable on an annual basis. We will write to you within a reasonable time frame of your renewal date to let you know of any changes that will apply.

How we calculate your premium

The prices of our HealthBridge plans are reviewed at the annual renewal date. Premiums are calculated and charged according to your age and postcode.

It is important to remember the premium at annual renewal will also reflect the

overall cost of benefit expenditure and medical inflation e.g. the availability of new treatments and improvements in medical technology.

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

We can increase or reduce the premiums you pay at any time if there is an increase or decrease in the rate of Insurance Premium Tax or any other government or statutory change, existing or introduced. If we do so we will only increase the premiums you have to pay to cover the cost to us of the changes in the taxes or charges. We will write to you at least 21 days before increasing your premiums.

Your premium is calculated using a number of factors including postcode. If you move registered address during a policy year then you should tell us immediately and be aware that this may affect the premium you pay. You should be aware that if there are any premium arrears on a policy, benefit will not be payable for any treatment received during the arrears period until the arrears have been settled in full. Policy changes or amendments are not permitted while a policy is in arrears.

Your cancellation rights

You can cancel your membership within 15 days of receiving your policy documentation, or within 15 days of renewal, and receive a full refund, provided you notify us in writing or by telephone and no claims have been made. Thereafter, you can cancel your policy at any time in writing or by telephone and cover will cease at the end of the period for which the premium has been paid.

How do I make a claim?

If you need to make a claim you can telephone our Claims Helpline on **020 8410 0440*** for assistance or write to the address below:

**CS Healthcare
Princess House,
Horace Road,
Kingston upon Thames,
Surrey, KT1 2SL**

It is important that you contact us before visiting a specialist or arranging treatment. Please refer to the 'How to claim for Healthcare' and 'Claim Terms and Conditions' sections of the Policy Document for further details.

Most hospitals will submit invoices directly.

In the event that you are required to pay at the time of your treatment, you should send the receipted invoice to us and we will reimburse you in accordance with the terms and conditions of your policy.

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

If you have any queries,
please contact us on

020 8410 0400*

www.cshealthcare.co.uk

 Find us on Facebook

 Just search **cs_healthcare**



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