

Private Medical Insurance

Insurance Product Information Document



Company: Civil Service Healthcare Society Limited

Product: your choice

Civil Service Healthcare Society Limited is incorporated under the Friendly Societies Act 1992, Register number 463F, Registered Office: Princess House, Horace Road, Kingston upon Thames, Surrey KT1 2SL. Civil Service Healthcare Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority – Financial Services Register number 205346.

This Insurance Product Information Document is only intended to provide a summary of the main coverage and exclusions, and is not personalised to your specific individual needs in any way. Complete pre-contractual and contractual information on the product is provided in your policy documentation.

What is this type of insurance?

This Private Medical Insurance policy provides cover against the cost of private medical treatment in the event of an eligible claim and your chosen level of cover.



What is insured?

In-patient or day-patient treatment

- ✓ Hospital accommodation and nursing costs
- ✓ Surgery, Operating theatre and non-emergency intensive care costs
- ✓ Consultant/Specialist fees
- ✓ Surgeon and Anaesthetist fees

Out-patient treatment

- ✓ Specialised scans
- ✓ Surgery
- ✓ Pre-operative tests
- ✓ Post-operative consultations, investigations, tests and dressings
- ✓ Surgeon and Anaesthetist fees
- ✓ Physiotherapy after an operation
- ✓ 90 day aftercare following in-patient treatment (including consultations and scans)

Other benefits

- ✓ NHS Cash allowance
- ✓ Private Ambulance (up to £250 per person per policy year (PPPPY))
- ✓ Convalescence and Nursing at home
- ✓ Discretionary Your Care package
- ✓ Lifeline - 24 hour health advice line

Options to increase your cover (which will increase your premiums)

- Expert Diagnostics - includes blood tests, ECG, EEG, ultrasound scans, and X-rays (limited to £500, £1000 PPPPY or comprehensive)
- Therapy & Care including Physiotherapy, Osteopathy and chiropractic treatment
- Heart & Cancer cover (£50,000 limit per condition PPPPY or Comprehensive)
- Cash Benefits - provides cash benefit towards Dental, Optical and health screening (from £50 to £200 per year dependant on chosen cover)
- Extended hospital list - covers higher charging hospitals



What is not insured?

- ✗ Pre-existing medical conditions
- ✗ Chronic or long-term conditions
- ✗ Routine monitoring of any medical condition
- ✗ Emergency treatment
- ✗ Routine pregnancy or childbirth
- ✗ Congenital or birth defects



Are there any restrictions on cover?

- ! Cover for any pre-existing medical conditions is dependent on the underwriting type you have chosen and applies to each person named on the policy
- ! Consultant, Surgeon and Anaesthetist fees will be paid in accordance with the CS Healthcare fee schedule
- ! Hospital fees will only be covered in full when using a hospital on your chosen list and preauthorised in advance
- ! Follow up consultations are only valid within 90 days of aftercare (extended to 1 year for heart and up to 5 years for cancer, following diagnosis)



Where am I covered?

You are covered in the United Kingdom and Channel Islands only, at one of our 300+ hospitals nationwide (hospital list available on request).



What are my obligations?

- You must provide us with honest, accurate and complete information
- If anything changes between the time you agreed to join and the start date of your policy you must contact us
- You must inform us if any of your personal details change, including your address
- You must notify us immediately in the event of a referral for treatment
- You must pay your annually renewable excess or co-payment on any claim (where applicable)
- Your premium payments must be up to date
- You must consent to us using your personal data to service your policy
- You must consent to us accessing your medical records in the event of a claim



When and how do I pay?

You can pay your premiums monthly or annually by direct debit or annually by credit or debit card or by cheque.



When does the cover start and end?

From the start date shown on your insurance certificate for a period of 12 months, after which time your policy will automatically renew.



How do I cancel the contract?

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 and no claims have been made. Thereafter, you can cancel at any time in writing or by telephone and cover will cease at the end of the period for which premium have been paid. If premiums are paid annually then we will refund on a pro rata basis for whole months only, less any pre-payment.