

Questions about making a claim:

Are there any benefit limits applicable to my policy?

If you have a Standard or Premium policy with C S Healthcare, benefit limits will apply in accordance to the type of treatment received. For more information please refer to Schedule D in your Claims, Hospital and Benefit guide.

Your Choice policies will provide full refund of eligible treatment costs, although there are a small number of benefits which are subject to annual limits. For more information please refer to your policy document.

What if I have treatment at a hospital not appropriate for my level of cover?

When using a hospital not included in our Directory of Hospitals, or included in your level of cover, we will pay a sum equivalent to that for a hospital on the list.

Am I covered for an emergency admission into hospital?

Emergency admissions or treatment in an NHS or Private Hospital, casualty or Accident & Emergency Unit or emergency transfers to an NHS, Critical Care Unit, Higher Dependency or Coronary Care Units from either an NHS emergency unit or from a private hospital is not covered.

Once your condition is stable and you are ready to move to a ward, private care can be considered, you will need to contact the claims helpline on 020 8410 0440 where one of our Managed Care Advisers will be able to discuss the admission with you and pre-authorise the transfer once all the relevant medical details have been received.

How does the excess on my policy work?

If you have opted for a voluntary excess on your health insurance, the excess will apply to each person for each policy year, until the excess amount is reached. Therefore each time an invoice for eligible pre-authorized treatment is received, it must be sent in to C S Healthcare, so it can be assessed and offset against the excess. The excess counts towards each individual on a policy for the chosen yearly excess and not counted against each condition claimed for.

For example:

David has a chosen excess of £100. The cost of his pre-approved treatment is £80. The Society will not pay any benefit to David as the treatment costs do not exceed £100.

However, David will need to send the invoice to C S Healthcare to offset against the excess, leaving a balance of £20 remaining for the remainder of the policy year.

He then undergoes further treatment in the same policy year and incurs further treatment costs of £150. As David has a remaining balance of £20 on his excess we can pay £130 towards these costs. CS Healthcare will pay £130 directly to the provider, and will inform David that he needs to settle the balance of £20.

IMPORTANT NOTE: The excess 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 excess will apply again.

Does my policy cover me for treatment abroad?

We will consider requests for treatment within the European Economic Area (EEA), in line with the E112 scheme or Article 49 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 social 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, then consideration to authorisation can be given.

The planned treatment will only ever be reimbursed up to the value of treatment of the same complexity and value which would have been incurred at one of the hospitals on your hospital list.

Can I continue my policy if I go to live abroad?

Your policy with C S Healthcare is not an international policy.

Your policy provides cover for specific eligible treatment that takes place in the United Kingdom. It is important that you notify us in writing before you take up residence abroad. You will not be covered for treatment that takes place outside the UK, unless it has been arranged under the European Economic Area (EEA) reciprocal arrangements and we have agreed to the cover.

For more information please refer to your policy document.

Should you have any further questions regarding making a claim please do not hesitate to contact the Claims Helpline on 020 8410 0440*, Monday – Friday, 8am to 6pm or alternatively please use the enquiry form on the Contact Us page.

A mutual, not for profit, health insurer specialising in the civil and public services

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