

yourchoice

Health Insurance





“ Everything has gone splendidly, joining was easy and all the documentation arrived swiftly, it couldn’t have been easier, we’re very pleased.”

Mr A Brown

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The reassurance of private health insurance

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.

Everybody has different needs, which is why CS Healthcare offers a selection of cover so you can choose what best suits you and your budget – it's an affordable and flexible way to help cover the cost of private medical treatment.

While the NHS can provide an excellent service, waiting times to see a Consultant and to receive any subsequent medical treatment can be unpredictable. Most modern medical procedures can cost a considerable amount. For example, heart bypass surgery can cost £19,234 and a hip replacement can cost approximately £11,355[¥].

With CS Healthcare 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 peace of mind that you and your family will be treated in a clean, safe and private environment especially designed to speed up recovery.

Key benefits of our health insurance

- fast access to medical treatment
- access to over 300 hospitals across the UK
- competitive rates from a mutual health insurer
- fast, direct claim settlement with expertise and guidance at every stage
- flexible choice of cover, designed to suit your needs and budget
- fair pricing - we don't penalise you individually for making a claim



“ When making a claim, CS Healthcare provided us with outstanding support at a very difficult time. We certainly feel that our decision to choose you was an extremely wise one.”

Mrs M James

Quality cover for less that's got everyone talking

89%

of new members declared our competitive premiums as a reason for joining[#]

So why is it that people choose CS Healthcare? For a start one in four CS Healthcare members join as a result of personal recommendations by existing members*.

An enviable figure and one we have gained for good reason. While members join for the price, they stay for the service – a staggering 98% of new members rate our overall service as excellent or good†. We're a Friendly Society, run for the benefit of our members and it does make a difference. We pride ourselves on providing a high level of personal service and it is this service that gives you access to experienced UK based staff, who are dedicated to helping you.

Proud to be mutual

We stand apart from many of our competitors as a mutual Friendly Society established to protect our members. Our mutual status means that unlike commercial insurers, we do not have any shareholders. This means we are able to re-invest surplus funds back into the society to help keep premiums low. Over 89% of new members declared our competitive premiums as a reason for joining[#]. But don't just take our word for it - try a simple price comparison and see how much you can save.

Who can join?

If you work, or have worked, in any of the sectors below you and your family are eligible to join CS Healthcare:

- civil service
- public service
- privatised organisations (former public sector)
- charities
- armed forces
- not-for-profit-organisations
- voluntary sectors

The minimum age for a policy holder to join CS Healthcare is 18 years and the maximum age to join is 74 years and 11 months. However if you are switching your health insurance to CS Healthcare, the maximum age to join is 69 years and 11 months.

* Internal membership data January – December 2011

† CS Healthcare member surveys for new members carried out in January – December 2011

CS Healthcare internal Customer Service Questionnaires for new members conducted in January – December 2011

Health insurance, plus personal support to see you through

When you join CS Healthcare you'll notice an important difference – we treat you as an individual rather than simply a policyholder. As a dedicated and specialist health insurer we have been looking after our members for over 80 years. We pride ourselves on the personal service we provide to all our members.

We take the worry out of making a claim for our members – 100% rate our claims service highly[§]. 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 direct with the hospital or consultant.

In addition to our Claims Helpline all members have access to Lifeline 24 hours a day, 7 days a week. This service is staffed by experienced registered nurses who are trained to provide advice and assistance across a range of medical issues.

Benefits include:

- a Nurse Adviser on call 24 hours a day
- free Doctor call back service at a time convenient to you
- direct advice on medical issues and services
- no limit to the number of times you can call

Members also have access to GraceCare. This telephone service provides access to helpful information and independent advice on a range of specific care issues including convalescent care, respite care, help at home or long-term residential care.

Member rewards

Being a member of CS Healthcare entitles you to take advantage of a range of discounted offers, including;

- gym membership
- health screens
- travel insurance
- mobility aids

100%
rate our
claims
service highly[§]

[§]CS Healthcare Claims Department member surveys carried out in January – July 2011

You decide – it's your **choice**



We recognise that everyone has different needs and that circumstances change over time. That's why with your choice health insurance we offer a menu of cover options so that you can create your own package of health protection. You build your health plan depending on how much cover you feel you require and how much you want to spend.

Starting with Essential cover for in-patient/day-patient treatment, including diagnostic scans and necessary aftercare, you can select further options to extend your plan to include diagnostic consultations, a range of therapy and recovery care, heart and cancer treatment and also cash benefits for dental, optical and health screening. You have the choice of reviewing your cover at each renewal to make adjustments to your cover options, within policy terms and conditions.

As well as the flexibility to pick and choose the cover that meets the needs of you and your family, there are also many ways in which you can further reduce your premium. We offer a range of voluntary excess options designed to reduce premiums by up to 55% or you can choose our co-payment option, where you agree to pay a proportion of each claim, but only up to an agreed limit.

And if you're insuring your family, you can make further savings – you only pay for one child under 18 years of age, and nothing for children under 1 year old, the rest are covered absolutely FREE.



Building your cover

The your choice health plan offers flexible health insurance, allowing you to select from a range of benefit options to create your own personalised plan.

There is one compulsory level of cover, Essential, which includes hospital stays, scans and surgery. You can then choose to take out additional cover for heart and cancer treatment, out-patient consultations, therapies, as well as additional cash benefits.



“ I have been with Bupa, Norwich Union and WPA during the past 36 years - CS Healthcare is like a breath of fresh air in this sector of the insurance industry”

Mrs V Tingley

Essential

the foundation of your health plan

This is the only part of your choice which we have made compulsory. The Essential plan provides comprehensive cover at great value, leaving you to decide if you wish to increase cover further with additional options.

By itself, Essential offers a core level of coverage for surgery, accommodation, and specialised scans, including MRI, CT and PET scans. There's also cover for pre and post-operative tests to help ensure recovery is smooth and free from complications.

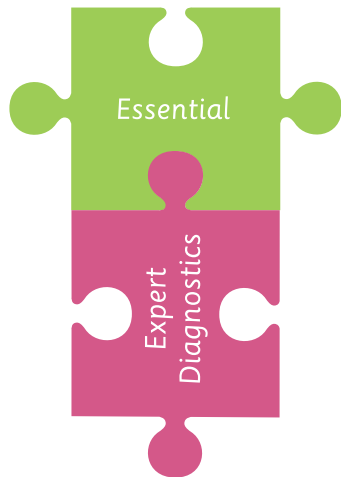
Here's a summary to help explain what's included:

- surgical admissions and related hospital charges
- medical admission and related services
- Consultant / Specialist fees
- specialised scans
- Surgeon and Anaesthetist fees
- out-patient surgery and related charges
- pre-operative tests to assess your fitness for surgery
- post-operative consultations, investigations, tests and physiotherapy
- private road ambulance – up to £250 per person per policy year
- nursing at home or convalescence benefit
- parent accommodation
- NHS cash allowance – £150 per day/per night up to 28 days/nights per person per policy year
- Your Care Package
- out of band hospital benefit
- Lifeline – health advice line with Doctor call back service
- GraceCare - Care option advice line



Expert Diagnostics option

fast access to initial consultations



Our Expert Diagnostics option gives you peace of mind when investigation for an injury or illness is required. When you think something may be wrong there is nothing worse than having to wait for those all important out-patient tests or consultations.

With this option you will avoid unnecessary waiting times, with tests and consultations arranged quickly at a hospital convenient to you.

The following is available under Expert Diagnostics:

- consultations with a registered Consultant or Specialist
- investigations and tests, including blood tests, ultra sound scan and X-rays and related tests
- treatment room procedures such as excision of lesions, small biopsies and cryotherapy and any related pathology
- therapeutic injections for pain relief, dressings and wound care as part of Consultant supervised treatment
- dietician advice – under supervision of your Consultant for treatment of a medical condition
- up to £1000 per person per policy year for out-patient psychiatric consultation and counselling

“ The service I have received from CS Healthcare has been outstandingly good. Decisions are made promptly, fairly and with great courtesy. I have the greatest confidence in CS Healthcare.”

Mr J Tyrer

Therapy & Care option

therapies and care to assist recovery



We recognise the importance of being able to get prompt therapy to treat injuries and illness and to help relieve pain and restore you back to good health. This is why our Therapy & Care option offers cover for a range of traditional, complementary and alternative therapies with a qualified Therapist.

You're also able to gain access to services which aid and support recovery after a spell in hospital.

Here's the full list of benefits:

- physiotherapy
- osteopathy
- chiropractic treatment
- sports therapy
- acupuncture
- homeopathy
- chiropody and podiatry – up to £400 per person per policy year
- speech therapy
- occupational therapy
- appliances/aids following an in-patient admission – up to £400 per person per policy year
- home help – up to 14 days each admission

Please note, no excess or co-payment discount is applicable to this option.

**“ Thanks, CS Healthcare,
for providing alternative
therapy. Treatment
has improved my life
tremendously.”**

Mrs M. Ollard

Heart & Cancer option

extensive heart and cancer cover



Due to the potential complexity and duration of heart and cancer treatment it's not surprising that these can often be some of the most expensive conditions to treat. For those affected, and for those looking after a loved one, it can also be a very stressful and emotional period. Our Heart & Cancer option gives you peace of mind if you, or an insured dependant, need treatment for an acute heart or cancer condition. Cover begins after a confirmed diagnosis.

This option covers:

- surgical admission: heart (cardiac) surgery including implanted prosthesis, endoscopies and valves and related hospital charges
- non-surgical admission: heart (cardiac) medical care including related hospital charges
- heart (cardiac) necessary aftercare; including diagnostics, specialist scans and investigations, physiotherapy/rehabilitation and supportive care including care of a registered Dietician within 1 year from the date of your admission or acute episodes of a previously covered condition to investigate and stabilise the symptoms in the short term
- cancer related surgery, including implanted prosthesis, endoscopies and hospital charges
- cancer treatment and medical admissions; including radiotherapy and chemotherapy, related treatment, care of secondary (metastatic spread) and palliative care
- necessary aftercare per cancer condition, including consultations, diagnostics, specialists scans and investigations and physiotherapy for 5 years following the initial diagnosis
- counselling for cancer, dietary advice and complementary therapy
- nursing at home or convalescence benefit – up to 14 days per person each admission
- private road ambulance – up to £250 per person, per policy year
- NHS cash allowance – £150 each day/night up to 28 days per person per policy year
- Your Care Package if treatment is taken on the NHS
- hospice care donation of up to £400 per person per policy year
- out of band hospital benefit

Cash Benefits option

extra cash for everyday healthcare



With more options than ever to maintain a healthy lifestyle, the cost of looking after yourself can add up. With our Cash Benefits option you can help alleviate the occasional costs of everyday healthcare expenses with cash back to help pay towards treatment for dental, optical and health screenings.

For example you can receive cash reimbursement, up to agreed limits, for visits to the Dentist, Hygienist, Optician, for prescription contact lenses, and towards a full health screening.

Simply choose the level of cover that suits you best:

CASH BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Dental cover	£50 per benefit per person per policy year	£100 per benefit per person per policy year	£150 per benefit per person per policy year	£200 per benefit per person per policy year
Optical cover	£50 per benefit per person per policy year	£100 per benefit per person per policy year	£150 per benefit per person per policy year	£200 per benefit per person per policy year
Health Screening	£50 per benefit per person per policy year	£100 per benefit per person per policy year	£150 per benefit per person per policy year	£200 per benefit per person per policy year

Please note, no excess or co-payment discount is applicable to this option. Simply choose the level of cover which suits you best. The price is dependant on what level you choose and not your age. Also, if Cash Benefits is chosen by the main member, all child dependants up to the age of 25 years are FREE under this option.

More ways to make your health insurance your **choice**

Once you have chosen your cover options, the next stage is to decide whether you would like to reduce your premiums, with an excess or co-payment, and then select your preferred hospital list.

Reducing your premiums

Adjust your premium to suit your budget by opting for a voluntary excess or choose our co-payment option. By selecting an excess, and agreeing to pay a set figure towards the cost of your treatment per person each year, you'll receive a discount off your premium. The bigger the excess, the bigger the discount.

Alternatively, our co-payment option shares the cost of treatment between you and ourselves. You pay 15% of each claim, per person per year, but only up to a maximum of £1,500 per person per year.

Both the voluntary excess or co-payment are only available on the Essential, Expert Diagnostics and Heart & Cancer options. Only one level of excess or co-payment option will apply to your policy.

Below is a table to illustrate the savings you can make by choosing an excess or co-payment on your cover:

VOLUNTARY EXCESS	% DISCOUNT
£100	10%
£300	25%
£500	35%
£1000	55%
Co-payment option	40%

Whatever you choose, start with what you can afford. After all, your cover is **your choice**.



Hospital choice

“ The service we received was exemplary and the efficiency of response outstanding. The product is excellent value and I’m delighted to have found CS Healthcare.”

Mr C Drinkwater

One of the many benefits of your choice is knowing that you can choose where to receive private treatment from a wide range of hospitals throughout the UK. Either use our published Directory of Hospitals or search from our website to help find a hospital nearest to you.

You can choose from two hospital lists. The Partnership list includes many well known hospital groups like Spire Healthcare, Nuffield Health and BMI throughout the country, including some in London. Our Extended list offers a broader choice and includes some of the more expensive hospitals inside London, as well as all the hospitals from the Partnership list.

There is also a list of Diagnostic and Scanning Units which are available to both Partnership and Extended members.



Policy summary

keyfacts[®]

The your choice health plan is designed to meet the demands and needs of individuals who want quick access to private consultants, diagnostic tests, medical treatment, out-patient therapies and cash benefits.

This information is intended to help you select the most appropriate type of private health insurance for your own particular demands and needs – please read it carefully. The information provided by CS Healthcare in this document does not represent a personal recommendation as we can only supply information about our own products.

This brochure does not contain the full terms and conditions of the insurance contract. These will be provided in your Policy Document which will be sent to you when you join, or before on request. We also recommend that you read the Guide to Buying Private Medical Insurance published by the Association of British Insurers (ABI).

If you have any
questions please call
0800 917 4325[^]
and our Membership
Services Team will be
glad to help you.



The purpose of private health insurance

Insurance policies provide cover against an unexpected event happening after the start of the policy. In health insurance this means cover for the cost of private health treatment for unforeseen medical conditions arising after your policy starts.

Your policy is not intended to cover conditions which you already have before your policy starts – these are called pre-existing conditions. Conditions which are related to pre-existing conditions are also not usually covered. A related condition is one that is caused by, or could be the cause of, another condition. Your policy will not cover all medical treatments. You should check your Policy Document and Registration Certificate carefully to see which treatments are covered and which are not.

This guide is a summary of the cover provided under **your choice**, but is a general guide only. If you have any questions please call **0800 917 4325[^]** and our Membership Services Team will be glad to help you.

What's covered under your choice?

The **your choice** health plan provides a range of cover options for medical treatment received in the United Kingdom, with a range of additional benefits. The compulsory level of cover is called Essential which covers the cost of in-patient/day-patient treatment, including diagnostic scans, and necessary aftercare. Options then exist to extend cover to include out-patient consultations and tests with a Specialist under Expert Diagnostics and benefits for physiotherapy and complementary therapies under Therapy & Care. There is also cover for heart and cancer treatment available under Heart & Cancer. Finally, there are cash benefits available for dental, optical and health screenings under the Cash Benefits option. There is a choice of two hospital lists: Partnership and Extended.



“ your choice is excellent. I can see clearly what I am getting. I am very pleased”

Mrs C King

[^] In the interest of continuously improving our services to members, your call may be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

Significant benefits

Essential

schedule of benefits

BENEFIT	COVER	NOTES
Hospital care for in-patient, day-patient treatment and out-patient surgery for pre-authorised treatment that takes place in any hospital from your chosen hospital list		
Specialised scans	Covered*	You are covered for CT, MRI, PET, DAT, MIBG, Myelogram, Thallium and Perfusion/Ventilation scans.
Out-patient surgery and related charges	Covered*	Pre-authorised out-patient surgical procedures performed in an out-patient theatre, which are not performed as part of a Consultation in a consulting or treatment room.
Pre-operative tests to assess your fitness for surgery	Covered*	For up to 2 weeks prior to an authorised hospital admission to cover blood and urine tests, chest X-ray, ECG and assessment with an Anaesthetist if required.
Post-operative consultations, investigations, tests and physiotherapy	Covered*	As a part of necessary aftercare within 90 days immediately following a planned pre-authorised private hospital admission.
Surgical admissions and related hospital charges	Covered*	Where you require surgery (including endoscopic procedures) cover will apply according to the average length of stay (for your surgical procedure) either as a day-patient or in-patient.
Medical admissions and related services	Covered*	Where a stay as either a day-patient or in-patient is required for either diagnostic reasons or to treat and stabilise an acute condition by medical and by non-surgical means.
Consultant/Specialist fees	As per the CS Healthcare Fee Schedule	All Consultant/Specialist fees will be paid for medical, consultant, physician supervisions according to the rates of the CS Healthcare Fee Schedule. Please refer to the medical fees section of our website www.cshealthcare.co.uk or call our Claims Helpline on 020 8410 0440 for full details.
Surgeon and Anaesthetist fees	As per the CS Healthcare Fee Schedule	All Surgeon and Anaesthetist fees will be paid according to the rates of the CS Healthcare Fee Schedule. Please refer to Surgeon and Anaesthetist Fees section within the Policy Document and the medical fees section of our website www.cshealthcare.co.uk for more information.
Private road ambulance	Up to £250 per person per policy year	Where required out of medical necessity after hospitalisation.
Nursing at home or convalescence benefit	Up to 14 days each admission	Immediately following surgery after hospital admission either as a NHS or private patient under the specific direction of a Consultant/Specialist.
Parent accommodation	Covered*	For one or both insured parents staying with an insured child up to age of 16.
NHS cash allowance	£150 each day/night after admission to a UK NHS acute general hospital	Up to 28 days per person per policy year for eligible claims under this option.
ADDITIONAL FEATURES		
Your Care Package	Covered*	Available to those undergoing NHS care in lieu of private treatment - a tailor made care package aimed at giving additional support while having treatment.
Out of band hospital benefit	Covered*	When using a hospital not included in our Directory of Hospitals, or included in your level of cover, we will pay a sum equivalent to that for a hospital on the list.
Lifeline	24 hour availability 365 days a year	Health advice line with Doctor call back service.
GraceCare	9am - 5.30pm Monday to Friday	Advice line to help choice of convalescent care, respite care, help at home or long term residential care, should the need arise.
Voluntary excess options	£100, £300, £500, £1000	Voluntary excess chosen will only apply to Essential cover, Expert Diagnostics and Heart & Cancer. Please refer to the 'Voluntary Excess and Co-payment options' section within the Policy Document for further details.
Co-payment option	15% of claims up to £1500 per person per policy year	The co-payment option will only apply to Essential cover, Expert Diagnostics and Heart & Cancer. Please refer to the 'Voluntary Excess and Co-payment options' section within the Policy Document for further details.

***Please note, by 'Covered' we mean that all costs must be necessary and reasonably incurred and benefit will be paid in accordance with the customary fees and charges for treatment received.**

Expert Diagnostics option

schedule of benefits

BENEFIT	COVER	NOTES
Out-patient benefits		
Consultations with a Consultant/Specialist	Covered*	On referral from your GP, Optician or Dentist or another Consultant/Specialist. You are also covered if you wish to seek a second opinion or a referral to another Consultant/Specialist if necessary.
Investigations and tests: Including blood tests, ECG, EEG, ultrasound scan, X-rays and related tests	Covered*	As part of Consultant supervised care or on GP referral.
Treatment room procedures such as excision of lesions, small biopsies and cryotherapy and any related pathology Therapeutic injections for pain relief or to treat specific symptoms Dressings and wound care Application of plaster or fibre casts	Covered*	As part of Consultant supervised treatment.
Dietician Audiology Optometry	Covered*	Under the supervision of your Consultant/Specialist for treatment of an eligible medical condition.
Psychiatric consultations and counselling	Up to £1000 per person per policy year	On referral from your GP or another Consultant/Specialist to a Consultant Psychiatrist or recognised Counsellor.

***Please note, by 'Covered' we mean that all costs must be necessary and reasonably incurred and benefit will be paid in accordance with the customary fees and charges for treatment received.**

Therapy & Care option

schedule of benefits

BENEFIT	COVER	NOTES
Manipulative out-patient benefits		
Physiotherapy Osteopathy Chiropractic treatment Sports therapy	Covered*	On either referral from your General Practitioner or under supervision from a Consultant/Specialist. We will initially pre-authorise 2 sessions in the first instance, if more treatment is required we will expect the Therapist to supply a treatment plan on request so we can confirm what further cover is available.
Complementary out-patient benefits		
Acupuncture Homeopathy	Covered*	On either referral from your General Practitioner or under supervision from a Consultant/Specialist. We will pre-authorise 6 sessions in the first instance, if more treatment is required we will expect the Therapist to supply a treatment plan on request so we can confirm what further cover is available. Excludes the cost of medicines and remedies.
Treatment and recovery benefits		
Chiropody and Podiatry	Up to £400 per person per policy year	To treat in-growing toenails, verruca's and for biomechanical assessment and orthotic's.
Speech therapy	Covered*	As part of medical treatment.
Occupational therapy	Covered*	Following an acute illness, or following an NHS in-patient admission to assess your needs or your activities of daily living or for a pre agreed course of therapy to aid recovery.
Appliances/aids following an in-patient admission	Up to £400 per person per policy year	For example, raised toilet seats, grab rails, walking sticks, zimmer type frames, bath stools and bath aids, chair raises or special chairs. Available when recommended by a Consultant or Therapist.
Home help	Up to 14 days each admission	Immediately following a hospital admission, under the specific direction of the Consultant/Specialist and carried out by a registered home help or carer.

***Please note, by 'Covered' we mean that all costs must be necessary and reasonably incurred and benefit will be paid in accordance with the customary fees and charges for treatment received.**

Heart & Cancer option

schedule of benefits

HEART BENEFIT	COVER	NOTES
In-patient, day-patient and out-patient treatment		
Surgical admission: for Heart (cardiac) surgery including implanted prosthesis, and including valves and related hospital charges	Covered*	This covers both open and closed surgical procedures. Covered for accommodation, theatre costs and all related investigations and medical costs like physiotherapy and dietician. All Surgeon and Anaesthetist fees will be paid according to the rates of the CS Healthcare Fee Schedule. Please refer to the medical fees section of our website www.cshealthcare.co.uk or call our Claims Helpline on 020 8410 0440 for full details.
Non-surgical admission: Heart (cardiac) medical care including related hospital charges	Covered*	Covered for accommodation, theatre and all related investigations & medical costs and Consultant fees. Where a stay as either a day-patient or overnight patient is required for either diagnostic reasons or to treat and stabilise an acute condition by medical and by non-surgical means.
Nursing at home or convalescence benefit or Home help	Up to 14 days each admission	Immediately following surgery or a non-surgical admission on discharge from hospital under the specific direction of a Consultant/Specialist, either as an NHS or private patient.
Heart (cardiac) necessary aftercare; including diagnostics, specialist scans and investigations, physiotherapy/rehabilitation and supportive care including care of a registered Dietician within 1 year from the date of admission for each acute condition treated or Acute episodes of a previously covered condition, to investigate and stabilise the symptoms in the short term.	Covered*	Following a privately funded hospital admission or an acute recurrence of a condition pre-authorised by CS Healthcare, you are also covered for consultations & investigations including; CT, MRI, PET, DAT, MIBG, Myelogram, Thallium and Perfusion/Ventilation scans. Covered for procedures such as angiograms, transoesophageal echocardiograms, electrophysiological studies, cardioversion and pacemaker insertion and checks. If a new and separate heart condition requires admission as described above and this occurs during an already pre-authorised 12 month follow-up period, the period of necessary aftercare will be extended from the date of the new admission date accordingly.

CANCER BENEFIT	COVER	NOTES
In-patient, day-patient and out-patient treatment		
Cancer related surgery, including implanted prosthesis, endoscopies and hospital charges	Covered*	Covered for accommodation, theatre costs and all related investigations and medical costs including physiotherapy and dietician. Surgeon and Anaesthetist fees will be paid according to the rates of the CS Healthcare Fee Schedule. Please refer to the medical fees section of our website www.cshealthcare.co.uk or call our Claims Helpline on 020 8410 0440 for full details.
Cancer treatment and medical admissions; including radiotherapy and chemotherapy, and related treatments such as monoclonal antibodies and hormone therapies	Covered*	Covered for accommodation, theatre and Consultant/Specialist fees. Covered where a stay as either a day-patient or overnight patient is required for either diagnostic reasons or to treat and stabilise an acute condition by medical and by non-surgical means. Covered where chemotherapy, and other drugs therapies are given at home. Covered for radiotherapy including brachytherapy & implants, chemotherapy and other drug therapies for the treatment of cancers (malignant) disease including brain tumours. The care of secondary (metastatic spread) and supportive care (palliative care) including bone strengthening drugs, anti tumour growth treatments and hormone therapies.
Necessary aftercare per Cancer condition, including consultations, diagnostics, specialists scans and investigations and physiotherapy for 5 years following the initial diagnosis	Covered*	Covered for consultations and related investigations including cover for CT, MRI, PET, DAT, MIBG, Myelogram, Thallium and Perfusion/Ventilation scans. If secondary disease occurs outside the 5 year monitoring period a maximum of 3 consultations will be covered following completion of radiotherapy and chemotherapy.
Counselling Dietician Complementary Therapies	Covered*	Covered for counselling, dietary advice and complementary therapy under direction of your Consultant/Specialist or treating hospital.
Nursing at home or convalescence benefit	Up to 14 days each admission	Immediately following surgery or a non-surgical admission on discharge from hospital under the specific direction of your Consultant/Specialist, either as an NHS or private patient.

CANCER BENEFIT	COVER	NOTES
Additional benefits		
Private road ambulance	Up to £250 per person per policy year	Where required out of medical necessity after hospitalisation.
NHS cash allowance	£150 each day/night after admission to a UK NHS acute general hospital	Up to 28 days per person per policy year for eligible claims under this option.
Additional features		
Your Care Package	Covered*	Available to those undergoing NHS care in lieu of private treatment - a tailor made care package aimed at giving additional support while having cancer or heart treatment. Or requesting consideration for cancer drugs to supplement NHS care.
Hospice care donation	Up to £400 per person per policy year	On referral from your Consultant/Specialist or medical practitioner we will pay a donation to the Hospice that you are placed with.
Out of band hospital benefit	Covered*	When using a hospital not included in our Directory of Hospitals or included in your level of cover, we will pay a sum equivalent to that for a hospital on the list.

***Please note, by 'Covered' we mean that all costs must be necessary and reasonably incurred and benefit will be paid in accordance with the customary fees and charges for treatment received.**

Cash Benefits option

schedule of benefits

CASH BENEFIT	COVER	NOTES
Out-patient benefits		
Benefit amounts are per person, per policy year, per type of cover Level 1: Up to £50 Level 2: Up to £100 Level 3: Up to £150 Level 4: Up to £200	Dental treatment Check-ups, orthodontic, periodontal and hygienist treatment.	Benefit is not payable in respect of treatment under dental capitation schemes and dental insurance schemes. This benefit does not exclude any dental related condition that was in existence prior to the start of the policy i.e. pre-existing condition.
	Optical treatment Eye examinations, prescription glasses or sunglasses and prescription contact lenses.	No benefit is payable towards the cost of the following: <ul style="list-style-type: none"> ■ Repairs to glasses. ■ Eye laser surgery. ■ Frames without lenses. ■ Contact lenses used for cosmetic purposes. ■ Contact lens solution. ■ Non-prescription glasses or sunglasses. This benefit does not exclude any eye related condition that was in existence prior to the policy i.e. pre-existing condition.
	Health Screening Health Screening to assess the state of your general health to include: Wellwoman & Wellman Screening, Breast Cancer Screening, Osteoporosis Screening, Bowel Cancer Screening, Cervical Screening, Executive check-ups	<ul style="list-style-type: none"> ■ Any claim for Health Screening must have been carried out by a recognised Health Screening Centre under the supervision of a registered Physician. ■ CS Healthcare will not pay any benefit towards health screenings other than the ones listed opposite. ■ CS Healthcare will not pay benefit for a Health Screening undertaken for the purpose of the member's employment, legal or insurance reasons. ■ CS Healthcare will not pay Health Screening benefit for any child dependant under the age of 25 years. ■ CS Healthcare will not pay benefit for missed appointment fees.

In order to claim benefit for Dental and Optical treatment there is a qualifying period of 3 months continual Cash Benefits membership. During this qualifying period, no benefit is payable. In order to claim Health Screening benefit there is a qualifying period of 12 months continual Cash Benefits membership. During this qualifying period, no benefit is payable.

Other benefits and features of your**choice**

Premium waiver

On the death of a member we will pay the premiums, until the next renewal date, for any dependant on the policy. In addition, premiums are suspended until the next renewal date if an insured member who has held three months membership or more is made redundant. For full details of the premium waiver benefit please refer to the 'Redundancy of policyholder' and 'Death of policyholder' section in the Policy Document.

Discount for annual payments

A 4% discount will be given to members who pay a single annual contribution in advance by Cheque, Direct Debit and Debit Card. Alternatively a 2% discount is available to members who pay a single annual contribution in advance by Credit Card.

“ We were really impressed by the speed of response by telephone and mail. Your representatives were very helpful and answered all questions fully. Congratulations on your excellent first impressions”

Mr R McCulloch



Important general & 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.

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

- it needs on-going or long-term monitoring through consultations, examinations, check ups, and/or tests
- it needs ongoing or long-term control or relief 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

However, we will provide cover for the initial diagnosis of a chronic condition, an 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.

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



The main exclusions are:

- treatment outside the UK
- organ transplants
- routine monitoring of any medical condition
- for Cash Benefits policy holders, health screening benefit will not be paid to any child dependants held on the policy
- surgical correction of short or long-sightedness
- hearing aids and other external prosthesis
- National Health Service 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
- professional sports
- in-patient psychiatric treatment

How we assess your health

Underwriting is the process by which an insurer decides on what terms it will accept a person for cover based on the information they supply. This section is designed to explain the two methods by which you can apply for cover, so that you can decide which one best suits your requirements.

Full Medical Underwriting

This is based on completing a health questionnaire (also called a Medical History Declaration). If you choose this option, you will be asked a number of questions about your health. These will enable us to understand your medical history (and that of any dependant whom you wish to insure). It is important that you consider the questions carefully, for each person to be covered, and answer them fully.

We will review your details and decide the basis on which we can accept you for cover. If necessary, we may need to ask your doctor for any further information we need to help us to do this. If this is the case you will be liable for any additional cost associated with obtaining this.

If you have a pre-existing condition that may need treatment in the future, we will usually exclude it from the cover along with any conditions related to it. We will show any personal exclusions on the Registration Certificate you receive from us when we have processed your application. The same process will also apply for any dependants included in your application.

Review of personal exclusions

You may ask us to review a personal exclusion, usually after two full years of membership. For us to consider removal of a personal exclusion we will require a medical report from your General Practitioner (GP) 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.

There are some circumstances where we may be able to amend your underwriting terms for certain conditions, provided we are in receipt of a report stating that the condition has been stable and well controlled on medication for a period of more than 2 years. 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 if they require long-term and continuous care. Of course, any new medical conditions arising after the start of your policy will be covered immediately subject to the policy terms and conditions.

What is the advantage of Full Medical Underwriting?

Although this option involves more of your time when completing your application, it does mean that, when you receive your policy documentation, you will know which conditions are excluded from cover. If you need to make a claim we will usually be able to authorise any required treatment over the telephone. See page 29 for more details on how to claim.

Note: You must ensure that you provide full and accurate information in answer to the health questionnaire. Failure to do so may mean that we cannot cover a claim or even that your policy is cancelled. If you are unsure whether we would want to know about a particular condition, you should tell us about it.

Moratorium Underwriting

With this option you do not need to fill in a health questionnaire. Instead, we automatically exclude any pre-existing conditions for which you (and any dependant included in your application) have received treatment and/or medication, or asked advice on, or had symptoms of (whether or not diagnosed), or have any pending health screening appointments or outstanding results during the five years immediately before your private health insurance cover started.

However, if you do not have any symptoms, treatment, medication, or advice for those pre-existing conditions, and any directly related conditions, for two continuous years after your policy starts, then we will reinstate cover for those conditions.

You should understand that long-term medical conditions, which are likely to continue to need regular or periodic treatment, medication or medical advice, will never be covered by your policy.

You should not delay seeking medical advice or treatment for a pre-existing condition simply to obtain cover under your policy.

Of course, as with Full Medical Underwriting, new medical conditions arising after the start of your policy will be covered immediately subject to the policy terms and conditions.

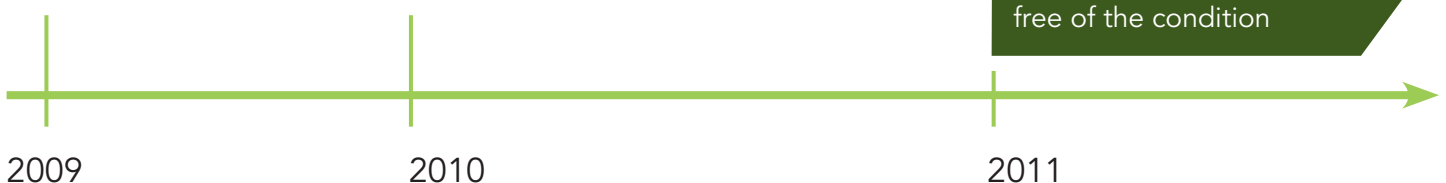
In order to authorise treatment each time, your General Practitioner (GP) will be required to submit a copy of the referral letter so that we can confirm if the condition is new or pre-existing. This procedure is continuous throughout the life of your policy. Your GP may charge you for this service for which you and not CS Healthcare will be responsible for paying. With Moratorium Underwriting we are unable to give automatic pre-authorisation for any new claim.

Moratorium example

Knee cartilage operation in February 2008

Joined CS Healthcare in March 2009. No cover for knee cartilage condition and related symptoms for a period of two years

Now covered from March 2011 for the pre-existing knee cartilage condition as two continuous years have passed free of the condition



What is the advantage of Moratorium Underwriting?

If you choose this option you will only be asked to provide basic information about you and any dependants you wish to insure. You will not be asked to disclose details of your medical history, but it relies on you to understand that if you have any medical conditions these will be excluded from cover. Also, if you can satisfy the criteria outlined in the opposite section, for a pre-existing condition, then treatment for that condition will automatically be covered should it later recur, subject to the policy terms and conditions.

Examples of how both options works

“ What if I suspect I am suffering from a condition (for example, I have a lump) but have not seen a doctor about it, nor received any firm diagnosis before my cover starts. Will I be covered if I need to have any investigations or treatment for the condition once my policy has started?”

Moratorium Underwriting

Because you have a symptom of the condition before your cover starts, even though you are not sure exactly what it is, the costs of receiving any private treatment for the condition, and any related conditions, will not be covered by your policy.

Full Medical Underwriting

You would be expected to disclose the symptoms on your health questionnaire. Treatment for this condition, and any related conditions, would not be covered by your policy.

“ Some time after my cover starts, I go to my doctor for a routine visit. A heart condition is diagnosed which must have started to develop before my policy started. What is the position?”

Moratorium Underwriting

The Moratorium clause only applies to any medical condition, or related condition (or both), which you were aware of in the five years before your policy started, so if:-

- the heart condition was first diagnosed after your policy started, and
- you had no previous treatment for any related conditions, such as high blood pressure or chest pains and
- you had no symptoms before your policy started

Cover would be available even if it was proved that the condition must have existed before your policy started.

Full Medical Underwriting

The position would be the same under Full Medical Underwriting as under Moratorium.

“ I had an operation on my right knee recently. Will I be covered for any further treatment to it after my policy starts?”

Moratorium Underwriting

Providing you do not need any treatment, advice or medication for your condition for two continuous years after your policy starts, then should that condition recur after this period you would be covered for any further treatment to cure it (subject to the policy terms and conditions).

Full Medical Underwriting

Treatment for this condition would be excluded from cover. However, we would be willing to review this position in the future (the timing of the review would depend on how recent the operation had been).

“ How do regular check-ups affect the Moratorium?”

It depends what the check-ups are for. For example:

- i) If you have a specific condition before your policy starts and your doctor, or specialist, recommend that you continue to have check-ups for that condition, then we will not cover the cost of private treatment received for that condition. Cover will only apply once you have been discharged from care and have no further treatment, medication or advice for a continuous period of two years.
- ii) In the same situation described above, if you choose to continue having check-ups for your own peace of mind even though you have been discharged from care, we will cover you for that condition if you satisfy the terms of the Moratorium (in other words, you do not need any medication, treatment or advice for two continuous years).
- iii) If you have general health check-ups simply in the interests of maintaining good health, and not for any particular condition, we ignore them when applying the Moratorium.

Note: We do not pay for check-ups in any of the circumstances described above.

Significant features

Switching your health insurance to CS Healthcare

We are committed to making sure you make the right choice when joining CS Healthcare. That is why we try to make the process as easy and transparent as possible, so even if you are currently insured with another provider, you could still benefit from our flexible approach by switching your cover to us.

The intention of our switch terms is to allow those with current or recent health insurance to join CS Healthcare, in most cases, with the same method of underwriting as your current or previous health insurer.

In order to apply for CS Healthcare's switch terms, you and any dependants on the policy must:

- Currently be insured under a UK health insurance policy, or had a policy which expired within 60 days of your requested policy start date with CS Healthcare.
- Not be over the age of 70 years at the proposed start date of the policy.
- Provide CS Healthcare with a copy of previous certificates of insurance for each dependant applying for switch terms.

It is important to understand there are certain types of treatment and pre-existing medical conditions which may not qualify you for our switch terms. These include, but are not limited to, stroke, cancer (including benign brain tumors) and joint replacement and spinal conditions and any conditions/symptoms which are being investigated or treated. If you do not qualify for our switch terms, we will offer you Full Medical Underwriting as an alternative. We strongly suggest you do not cancel your existing insurance until we have confirmed any personal exclusions which may apply to your policy.

How we calculate your premium

The prices of our plans are reviewed at the annual renewal date. Premiums are calculated and charged according to individual ages for Essential, Expert Diagnostics and the Heart & Cancer options reflecting people being more likely to claim as they get older. However, age related premium increases currently stop once members reach the age of 80 years. Premiums for children are separated into two age bands, 1 to 11 years and 12 to 17 years. However, only one child under the age of 18 years is currently charged for on a policy, the remainder are covered for free. Premiums for Therapy & Care and Cash Benefits are at a flat rate and not affected by age. It is important to remember the premium at annual renewal will also reflect the overall cost of benefit expenditure and medical inflation e.g. availability of new treatments and improvements in medical technology.

You can pay your premiums by Direct Debit on a monthly or annual basis. If you wish to pay the full amount in advance, by either Direct Debit, Debit Card or Cheque, we can give you a discount of 4%, or if you pay by Credit Card a discount of 2%.



“ Excellent service, one is treated with care and respect and not just a member.”

Mr B Dale

How long am I covered for?

Your membership 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 Member 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 the premium is not received within 90 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 at which time you have the opportunity to change your level of cover. We will write to you at least 21 days before your renewal date to notify you of any changes that will apply.

Your cancellation rights

You can cancel your membership within 15 days of receiving your policy documentation, or 15 days of renewal, and receive a full refund, provided you notify us in writing and no claims have been made. Thereafter, you can cancel your policy at anytime in writing and cover will cease at the end of the period for which premium has been paid. If premiums are paid annually then we will refund premiums on a pro-rata basis for whole months only (if applicable), less any pre-payment or introductory discount.

“ CS Healthcare took the hassle out of making a claim – my claim was settled quickly and efficiently with care and attention.”

Mrs W Harris





How do I make a claim?

If you need to make a claim you can telephone our Claims Helpline on Monday to Friday 8am - 6pm for assistance, write to us or email us. It is important that you contact us before visiting a specialist or arranging treatment to check you have adequate cover on your policy.

Please be aware, if you make a claim for symptoms that initially occur within the first year of membership, or first 3 months for Continued Personal Medical Exclusion policies, we will ask you to provide a copy of the GP referral letter for assessment of your claim.

CS Healthcare will settle all authorised bills directly with the Specialist or hospital or, if for any reason the member has paid the bills, directly with the member. Please refer to the 'How to claim for Health Insurance' and 'Claim terms and conditions' section of the Policy Document for details.

What to do if you have a complaint?

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:

Membership Services Team on 020 8410 0400^

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:

South Quay Plaza
183 Marsh Wall
London
E14 9SR

Telephone: 0845 080 1800

E-mail: complaint.info@financial-ombudsman.org.uk

Are we covered by the Financial Services Compensation Scheme (FSCS)?

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. Most types of insurance business are covered for 100% of the first £2,000 of a valid claim and 90% of the remaining amount of the loss within the terms and conditions of your policy. Non-compulsory insurance will be covered for 90% of the claim, with no upper limit. Further information about compensation arrangements are available from:

The Financial Services Compensation Scheme
7th Floor,
Lloyds Chambers,
Portsocken Street,
London,
E1 8BN

Telephone: 020 7892 7300

Who regulates us?

Civil Service Healthcare Society Limited, Princess House, Horace Road, Kingston upon Thames, Surrey, KT1 2SL is authorised and regulated by the Financial Services Authority (FSA). Our FSA registered number is 205346.

Our permitted business is to provide private medical insurance contracts.

The membership agreement is governed by and is subject to the law of England and Wales.

You can check this on the FSA register by visiting the FSA's website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.





If you have any queries, please contact us on

0800 917 4325[^]

www.cshealthcare.co.uk



Civil Service Healthcare Society Limited incorporated in England and Wales Registered Office: Princess House, Horace Road, Kingston upon Thames, Surrey, KT1 2SL. Civil Service Healthcare is a registered friendly society authorised and regulated by the Financial Services Authority (FSA) reg. no. 205346. Our products are covered by the Financial Services Compensation Scheme (FSCS). [^]In the interest of continuously improving our services to members, your call may be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime. Effective from 1st March 2012.

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