

THE BLULINE WEST YORKSHIRE HEALTHCARE SCHEME RULES

APPENDIX 1: MEMBERS

There is an overall maximum of £17,500 per claim and an overall maximum of £30,000 per person in any scheme year which runs from 1st September: **in all cases if NHS treatment or investigation is available within a similar timeframe members will only be able to claim for NHS cash benefit**

MEMBER DISCRETIONARY BENEFIT SCHEDULE 2018		Scheme Cover Maximum of £30,000 per claim year		Additional Conditions relating to cover Maximum of £17,500 per claim
In-patient and Day Case Benefit for Treatment at Preferred Provider Hospital in connection with a specified medical procedure or procedures for authorized treatment	Hospital Accommodation & Nursing	Full Cover	Maximum of £17,500 per claim	Joint replacements are limited to one replacement per joint (no refashioning of a previously replaced joint). In the case of spinal surgery, this will be considered as joint replacement. The rule will apply to each of three regions of the spine - the cervical spine, the thoracic spine and the lumbar-sacral spine.
	Operating Theatre & Recovery Room	Full Cover	Maximum of £17,500 per claim	
	Prescribed Drugs & Dressings for in-patient treatment.	Full Cover	Maximum of £17,500 per claim	
	Surgeons & Anaesthetists Fees	Full Cover	Maximum of £17,500 per claim	
	Pathology, Radiology, Consultations, Consultations, Pathology, X-Rays, ECG's and other diagnostic procedures.	Full Cover	Maximum of £17,500 per claim	
	Physiotherapy	Full Cover	Maximum of £17,500 per claim	
	CT Scans, MRI Scans, endoscopies etc., when requested by a consultant physician/surgeon.	Full Cover	Maximum of £17,500 per claim	
	Theatre based diagnostics	Full Cover	Maximum of £17,500 per claim	
	Parent accompanying child under 12 max 10 days	Full Cover	Maximum of £17,500 per claim	
	Specialist Physician Fees - for regular attendance in a hospital for up to 14 days		Maximum of £17,500 per claim	
In-patient and Day Case Benefit for Treatment NOT at a Preferred Provider Hospital Preferred Provider Hospital		Full Cover	Maximum of £17,500 per claim	Members may be asked to obtain self-pay patient costs and obtain cash benefit from the scheme
Diagnostic procedures including (but not limited to) MRI & CT Scans, Pathology, Radiology, Angiography, Maximum of 3 Injections	Out-patient	£2,000	Maximum benefit payable in each Scheme Year	Consultations in relation to a specific condition or complaint, when referred by a GP will be limited to two specialists per condition except at the discretion of the Directors.
Consultations	Out-patient	£1,000	Maximum of £17,500 per claim	The consultation limit applies to each claim The consultation limit applies to each claim
Physiotherapy, Chiropractic treatment, Osteopathy, Acupuncture on referral by General Practitioner (GP) or Consultant.	Out-patient	£500	Maximum benefit payable in each Scheme Year	
Cancer Treatment Follow Up	5 year follow up plan post treatment	£1,000	Max 12 consultations over 5 years within above limits	
Charges for transport by a registered ambulance service to or from a hospital or nursing home		£150	Maximum benefit payable in each Scheme Year	When required for medical (not domestic) reasons only
Home Nursing by a registered Nurse recommended by a Specialist for medical (not domestic) reasons		£1,000	Maximum benefit payable in each Scheme Year	
NHS Cash Benefit - Payable for each pre-authorized night spent in an NHS hospital without charge (for treatment of conditions that would otherwise be covered for private treatment).	£200 per Treatment or £200 per Night	£2,000	Maximum benefit payable in each Scheme Year	Not available for treatments not covered by scheme