

| ASSOCIATE MEMBER DISCRETIONARY BENEFIT SCHEDULE 2023 | | Scheme Cover Maximum of £30,000 per claim year | | Additional Conditions relating to cover Maximum of £17,500 per claim |
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| In-patient and Day Care 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 | Excluding all joint replacements, reconstruction or refashioning, all spinal surgery/fusions, applying 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 Care Benefit for Treatment NOT at a Preferred Provider Hospital Preferred ProviderHospital | | 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 | £3,000 | Maximum benefit payable in each claim | Consultations in relation to a specific condition or complaint, when referred by a GP or GDP will be limited to two specialists per condition except at the discretion of the Directors. |
| Consultations | Out-patient | £1,500 | Maximum benefit payable in each claim | |
| Physiotherapy, Chiropractic treatment, Osteopathy, on referral by General Practitioner (GP) or Consultant. | Out-patient | £750 | Maximum benefit payable in each claim | |
| 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 Not payable if other benefit limits have been reached, as a patient in an NHS bed without charge OR For each treatment undertaken on a planned Day Care basis in the NHS without charge Emergency admissions to the NHS are not eligible for benefit but NHS benefit may be payable for the fourth and subsequent nights of a continuous in-patient stay directly following on from an emergency admission. |

