



Healthcare Scheme Members' Handbook

Effective from: 01.01.2006

How to make a Claim

Be guided by your General Practitioner (GP). He/she provides a vital link to the private healthcare system and should always be consulted first, except in the case of emergencies, or where you require physiotherapy treatment through The Physiotherapy Network when authorised by the Help Desk.

Remember that some treatments are available through the NHS. If you choose to have your treatment as an NHS patient without charge, you may be entitled to claim a cash benefit. For emergency treatment and more complex surgical procedures, the NHS may provide better facilities than a private hospital.

1 If your GP refers you for diagnostic tests or to see a specialist/therapist

- Explain to your GP that you are a member of The Rank Group Healthcare Scheme.
- Ask your GP for the name of your specialist/therapist.
- Call the Help Desk on 0870 010 6501.

The Help Desk will:

- Confirm whether your specialist/therapist is recognised and approved.
- Confirm whether your proposed treatment is covered.
- Confirm the benefits available to you.
- Issue you with an authorisation letter (or a claim form if required).
Please make a note of your claim reference number.

2 When you see the specialist

- Take this handbook and authorisation letter with you.

3 If your specialist recommends treatment, diagnostic tests or referral to a therapist

- Call the Help Desk on 0870 010 6501.

The Help Desk will confirm:

- Whether your therapist is recognised and approved.
- Whether your diagnostic tests/treatment will be covered.
- The benefits available to you.

4 If you are admitted to hospital

- The Help Desk may arrange to monitor your care and can arrange settlement of the hospital charges direct with the hospital.

5 When you leave hospital

- Ask to see the hospital invoice before you leave, just as you would in a hotel. Whilst you may not understand every detail, some information is easily checked.
- You will need to settle any personal expenses such as newspapers, telephone calls, alcoholic beverages or visitors' meals.
- We will settle the medical and hospital invoices in line with the table of benefits shown on page 12.

6 If your specialist recommends nursing at home or out-patient treatment

- Call the Help Desk on 0870 010 6501 to obtain authorisation.

The Help Desk will confirm:

- Your cover and the benefits available to you.

Please help us to help you get the best from your healthcare scheme

- Always consult your GP first, except in the case of an emergency, or where you require physiotherapy treatment through The Physiotherapy Network when authorised by the Help Desk.
- Remember that certain kinds of treatment are not covered by your scheme.
- Please remember that failure to obtain authorisation for treatment *before* you incur any costs may result in your claim being ineligible.
- All invoices must be forwarded to the administrator within six months of treatment at the following address: The Medisure Group Limited, 100 Temple Street, Bristol BS1 6EN. Please attach a note giving your name, patient's name (if different), healthcare scheme name and claim reference number.
- Please remember to keep copies of all correspondence.

When you call the Help Desk

The Help Desk will need to ask you some questions so that we can confirm your cover. These may include:

- What is your home postcode?
- What medical condition are you suffering from?
- When did your symptoms begin?
- When did you first see your GP in connection with this condition?
- What is the name of your specialist/therapist?
- What treatment has been recommended?
- On what date are you due to have your treatment?
- Where will the treatment take place?
- How long will you be in hospital?

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Welcome to The Rank Group Healthcare Scheme

This handbook explains all the benefits available to you under your healthcare scheme, as well as detailing the procedures you should follow to get the best from it.

The Rank Group recognises that private healthcare is a valuable and important employee benefit. To ensure its continued availability in the face of increasing costs in the healthcare arena, this benefit is being provided under a Medical Benefits Trust arrangement. This means that the costs are being borne directly by the company rather than via a third party insurance contract. This will allow us to control the costs of the scheme more effectively to the mutual benefit of you as a member of the scheme and to the Group as a whole.

The healthcare scheme has been tailored by your company to provide you with fast access to treatment in the event of an illness or injury, with maximum flexibility, choice of specialist and hospital location.

Please remember to call the Help Desk before arranging any treatment. This enables an experienced advisor or nurse to answer any questions you may have, and check that your proposed treatment is covered by the scheme.

Your healthcare scheme does not cover every type of healthcare service and therefore it is important that you read this handbook carefully, as you will have to pay the costs of any treatment that is not covered under the scheme.

Please keep this handbook somewhere safe and refer to it if you need to make a claim.

Whilst every effort is made to give an accurate description of the rules and benefits of the scheme, if there should be any variance between the formal Rules and the descriptions in this handbook, then the Rules will always take precedence. Included in the handbook are the Table of Benefits and the Rules of the Healthcare Trust. If you require any more information then please contact your Human Resources Department.

NHS and Private Treatment

Your healthcare scheme is designed to complement NHS services rather than replace them. In many circumstances, the NHS may be able to meet your healthcare requirements, and for sudden injury or serious illness, the NHS provides the most appropriate treatment.

The scheme entitles you to obtain private treatment where this is preferable either for you or your company. For example, where any delay in the availability of NHS treatment could result in personal discomfort or distress and/or disruption to your work.

Please remember, if you choose to be treated as an NHS patient for which no charge is made, you can claim a cash benefit (currently tax-free) for each night you spend in hospital. This can be claimed by calling the Help Desk to obtain an In-patient Certificate for completion.

Case Management

Medisure employ a team of senior nurses who may become directly involved in certain cases. Their role is to ensure that the most appropriate treatment is given at the right place, at the right time and that where possible the treatment plan remains within the benefit limits of your scheme.

This will in no way interfere with the treatment recommended by your specialist but will ensure that all options available under your healthcare scheme are considered. Case Management aims to facilitate and co-ordinate the various components of the treatment plan and to promote quality of care. Sometimes this may require using a combination of both private and NHS services to ensure that you receive the best of all available options.

If you are referred to the Case Management Team you will be contacted by a nurse who will help you to understand the options available and provide you with additional support and guidance throughout your treatment.

The Physiotherapy Network

Your healthcare scheme has special arrangements for outpatient physiotherapy services, with treatment provided through a nationwide network of physiotherapists, without the need to visit your GP.

Should you feel you require physiotherapy treatment, please call the Help Desk first on 0870 010 6501. The Help Desk staff will ask you some questions about your medical condition and arrange for a physiotherapist to contact you to arrange an appointment near to your home or place of work.

When you see the physiotherapist on the first occasion, he/she will assess your medical condition and determine whether physiotherapy is the correct treatment for you. He/she will then liaise with Medisure on your behalf to obtain authorisation for continued treatment.

As your claim progresses, Medisure will monitor the effectiveness of your treatment to help ensure that physiotherapy is the correct treatment for your medical condition and continues to fall within the benefit limits of your healthcare scheme.

If you have treatment through The Physiotherapy Network, you will not need to be referred by your GP. Furthermore, all invoices for treatment costs will be sent direct to Medisure so there is no need for you to settle physiotherapy invoices yourself. However, any charges the physiotherapist makes for you failing to attend an appointment or giving inadequate notice to cancel will remain your responsibility.

If you are under the care of a specialist, there may be some occasions when referral to a network physiotherapist is not appropriate. In this instance, you must contact the Help Desk, who will provide you with the appropriate advice and guidance.

The Rank Group Healthcare Scheme Help Desk

If you require treatment or care under your healthcare scheme, you should contact the Help Desk before arranging any treatment.

The Help Desk is staffed by experienced advisors and nurses who will be pleased to advise you about the rules and benefits of the healthcare scheme and assist in making arrangements for the treatment you need.

Services provided include:

- Guidance on making a claim and how to arrange treatment.
- Confirmation of which hospitals you can use.
- Confirmation that your specialist/therapist is recognised.
- Authorisation for your treatment.
- Issuing an authorisation letter (or claim form if required).
- Liaison with healthcare providers.
- Monitoring of the cost of treatment.
- Payment of invoices.
- Support and reassurance for you and your family.

Where necessary, the Help Desk will contact your GP, specialist or therapist to seek help with various aspects of your claim.

Please note calls to the Help Desk will be recorded as part of Medisure's training and quality assurance procedures.

Who can join the Healthcare Scheme?

Membership

You will be a member of either the Executive Scheme or the Standard Scheme. The information in this handbook applies to both schemes unless otherwise indicated.

How do I join?

If you are a new employee, or have just become eligible for membership, you will receive an application form from your Human Resources Department. This must be completed and returned to your Human Resources Department as soon as possible. Failure to do so may affect your, or your dependants' eligibility to benefit under either scheme.

The table below summarises the levels of cover under the scheme:

	Executive	Standard
1. Who is eligible for cover?	You, your partner, your unmarried children under 21, or under 25 if in full time education.	You. You may however choose to extend cover to include your partner and immediate family at your own expense. Please contact your Human Resources Department
2. Will I need a medical?	No.	No.
3. Are there any exclusions?	Any eligible medical condition is covered according to the scheme rules.	As Executive Scheme – except for dependants where a 2 year waiting period applies for existing conditions. (See Rule 4.19 on page 19).
4. What is the level of cover?	An overall maximum of £50,000 per person per benefit year. Several other individual benefit limits apply within the overall maximum (see scheme rules and table of benefits or check with the Help Desk).	
5. Who pays for the scheme?	The Rank Group Plc.	The Rank Group Plc. (Except for dependants).

You may decline to join the scheme if for example you wish to reduce your personal tax liability, or because you or your partner already have cover under another scheme. Your request to decline cover must be made in writing.

If you initially decline membership, you may join the scheme, but only at subsequent annual renewal dates, currently 1st January each year.

continued . . .

Who can join the Healthcare Scheme? (continued)

What if my circumstances change?

If any changes occur in your family or personal circumstances, through birth, death, marriage or change of address you should inform your Human Resources Department in writing as soon as possible. Failure to do so could mean that you are not fully covered in some situations.

Adding a Newborn

If eligible for cover, a new born child may be added to your healthcare scheme from their date of birth without the need to provide a health declaration, as long as the administrator has received written notification within three months of their birth.

Maximum Age Dependants

Children registered on the healthcare scheme will be covered until the renewal date following their 21st birthday or marriage, whichever is earlier.

Cover may continue until the renewal date following their 25th birthday if they remain in full-time education and unmarried.

Leaving the Scheme

When leaving the employment of your Company, your membership of the healthcare scheme will automatically cease on the last day of your employment. Membership may be continued after this date, if the Company agrees.

Continuing your Private Healthcare Cover

If you leave the scheme for whatever reason, Medisure may contact you with details of the Pru Health product which would enable you and your dependants to continue to enjoy the benefits of Private Medical Insurance, however we cannot guarantee coverage of ongoing medical conditions. Membership may be continued after this date, if the company agrees.

Alternatively you may wish to contact Pru Health direct for further details of competitively priced individual schemes, on 0800 092 6666. Please quote "Medisure".

Cover for Existing Medical Conditions

All eligible employees and their eligible dependants will be able to join the healthcare scheme without the need to declare their medical history.

Employees

Cover will be provided immediately for any eligible pre-existing conditions in line with the rules and benefits of the healthcare scheme.

Dependants (Standard Scheme)

There are a number of medical conditions for which your healthcare scheme will not provide cover. Dependants will not normally be covered for an illness from which they are suffering from or already had at the date of joining. This is known as a pre-existing condition.

Dependants of newly registered employees where eligible, will not be covered for treatment of a medical condition for which they have sought medical advice, received treatment, or were aware existed in the five years prior to joining the healthcare scheme. This restriction is waived once a continuous period of two years membership has passed, and provided the condition is otherwise eligible for treatment under the rules of the healthcare scheme.

5+2 Moratorium

This means that your dependants cannot claim for any pre-existing condition that occurred during the five years prior to the commencement date of their cover. Cover may be considered for a pre-existing condition after dependants have completed two consecutive years membership of The Rank Group Healthcare Scheme. This rule does not apply to dependants within the Executive Scheme.

Example:

Dependants joining date was 1 January 2006 and on 1 December 2007 they wished to make a claim for a backache, will the claim be accepted?

As the dependant has not completed two consecutive years of membership, the claim would only be eligible if they were previously unaware of any previous problems, and did not receive any treatment, medication, tests or advice between 1 January 2001 and 31 December 2005.

Summary of Cover

Your healthcare scheme is designed to cover treatment for curable short-term illnesses or injuries (known as acute conditions).

The healthcare scheme provides cover, as detailed opposite, in line with the benefit limits of the scheme as shown on page 12.

What is covered?

- ✓ Out-patient consultations with a specialist, providing his/her fees are customary and reasonable (refer to rule 1.12).
- ✓ Specialist's services, providing his/her fees are customary and reasonable.
- ✓ Hospital accommodation and nursing care.
- ✓ Operating theatre charges.
- ✓ Prescribed drugs, dressings and other consumables used during in-patient or day-patient treatment.
- ✓ Out-patient diagnostic tests and treatment.
- ✓ Nursing at home when recommended by your specialist.
- ✓ Private ambulance transport when medically necessary.
- ✓ Physiotherapy with The Physiotherapy Network when authorised by the Help Desk.
- ✓ Physiotherapy, osteopathy and chiropractic treatment when recommended by your GP or specialist.
- ✓ Homeopathic treatment on referral from your specialist.
- ✓ Oncology, including radiotherapy and chemotherapy.
- ✓ Computerised tomographic and magnetic resonance imaging scans (CT and MRI).

What is not covered?

The following services are not normally covered by your healthcare scheme:

- ✗ Transferring to private facilities after admission to an NHS hospital.
- ✗ Chronic conditions (long term conditions).
- ✗ The services of a GP.
- ✗ Drugs and dressings provided whilst an out-patient.
- ✗ Dental treatment unless listed as an oral surgical procedure carried out by a specialist. An oral surgical list is available on request from the Help Desk.
- ✗ Dental appliances.
- ✗ Sight testing or the provision of spectacles or contact lenses.
- ✗ Hearing tests unless recommended by your specialist for diagnostic purposes.
- ✗ Hearing aids.
- ✗ Routine monitoring and examinations or health screenings even if recommended by a GP or specialist.
- ✗ Cosmetic treatment, other than as a result of an accident or illness.
- ✗ Normal pregnancy and childbirth.
- ✗ Infertility treatment.
- ✗ Learning difficulties, behavioural and developmental problems, including dyslexia, Attention Deficit Disorder (ADD), shortness of stature or delayed speech.
- ✗ HIV/AIDS and treatment for sexually transmitted diseases.
- ✗ Gender re-assignment.
- ✗ Donor or autologous organ, bone marrow and stem cell transplantation operations or related treatment.
- ✗ Treatment for self-inflicted illness or injury, drug or alcohol abuse.
- ✗ Injury from engaging in dangerous or professional sports or hobbies.
- ✗ Personal items of expenditure incurred in hospital, such as newspapers, telephone calls, alcoholic beverages or visitors' meals.

A full list of exclusions is found in the scheme rules, see page 18.
For further advice please telephone the Help Desk on 0870 010 6501.

Questions and Answers

Q: Do I need pre-authorisation for my treatment?

A: You must call the Help Desk before arranging any treatment.
The Help Desk will:

- Confirm whether your specialist/therapist is recognised and approved.
- Confirm whether your proposed treatment is covered.
- Confirm the benefits available to you.
- Issue you with an authorisation letter (or a claim form if required). Please make a note of your claim reference number.

Q: Am I covered abroad?

A: The healthcare scheme provides limited benefits for treatment abroad, but it does not cover all treatment and associated costs.

For leisure travel, we recommend you purchase travel insurance. This should cover medical expenses, including emergency repatriation where necessary, and will usually cover cancellation and curtailment, baggage, legal expenses, delays etc.

The company has additional insurance covering all business travel worldwide. You should contact your Human Resources Department for more information of the cover provided.

Repatriation

If seriously ill or injured whilst abroad, you are covered for all travelling expenses required to get you back to the UK but only when travelling on Company business. Once back to the UK, the normal cover limits will apply. Telephone Speciality Assistance Services on +44 020 7939 9645.

Q: What happens in an emergency?

A: If you have an accident or are taken seriously ill, you will automatically receive emergency treatment under the NHS. In these instances, the NHS provides the most appropriate treatment.

Q: Can I move from the NHS to a private room following an accident or emergency?

A: No. If you are required to remain in hospital, you cannot transfer to private facilities.

Q: Do I pay tax if I am a member of the scheme?

A: The amount paid by the company to provide cover for you, and your family if their cover is included, is known as a 'benefit in kind'. The 'benefit in kind' will be declared on each employee's P11D at the end of the tax year. The value of your cover will result in a comparable adjustment to your personal tax code.

You will not pay tax on the provision of your healthcare scheme benefit if your earnings are at a rate of less than £8,500 a year (inclusive of all expense payments and benefits before deduction of allowable expenses for income tax).

Any cash benefits you receive from the scheme are not currently liable to further tax: this includes cash benefits paid to you for treatment received free of charge under the NHS.

Q: Is there a maximum age for membership of the scheme?

A: To join the scheme you must be aged 64 years or under at the start date.

Table of Benefits

Benefits Payable (Effective 1st January 2006) <i>Subject to the rules and the annual maximum</i>		
Annual Maximum	Overall maximum benefit.	£50,000 per member per benefit year
Cash Benefit	When in-patient treatment is received as an NHS patient without charge.	£75 per night subject to an aggregate annual maximum of £2,500 per benefit year
	Maternity	£75 per birth
In-patient and Day-patient Treatment	Charges made by a private hospital for: Accommodation, nursing, operating theatre, drugs, dressings, eligible surgical appliances and prostheses used in connection with treatment, physiotherapy, other ancillary charges and diagnostic tests including pathology, x-rays, ECGs and all medical scanning and imaging techniques.	Full refund subject to an aggregate annual maximum of 90 days
	Accommodation for one parent or guardian accompanying a dependant under 10 years of age who is undergoing eligible in-patient treatment.	Full refund
	Fees for consultations and treatment charged by specialists including surgeons, anaesthetists and physicians.	Full refund for customary fees
	Oncology including radiotherapy and chemotherapy.	Full refund
	Treatment of psychiatric conditions received in a private hospital under the direction of a specialist psychiatrist.	Full refund subject to an aggregate annual maximum of 28 days
Out-patient Treatment	Consultations, treatment, physiotherapy provided by a state registered physiotherapist and diagnostic tests including pathology, radiology, ECGs and ultrasound scans.	Full refund for customary fees subject to an aggregate annual maximum of £750
	Computerised tomographic and magnetic resonance imaging scans (CT and MRI).	Full refund
	Oncology treatment, using radiotherapy and chemotherapy, including chemotherapy given at home when arranged by a specialist.	Full refund
	Chiropractic treatment, osteopathy and podiatry provided by a therapist.	Full refund subject to an aggregate annual maximum of £250
Other Services	Nursing at home arranged by a specialist for medical reasons following in-patient or day-patient treatment.	Full refund subject to an aggregate annual maximum of £1,200
	Transport by private ambulance in the UK when medically necessary for the purpose of treatment.	Full refund subject to an aggregate annual maximum of £150
Overseas	<i>(Aggregate Annual Maximum of £40,000 per member)</i>	
	Maximum contribution to all hospital charges.	Up to £225 per night
	Overseas cover for UK residents is only available for emergency treatment when travelling abroad on business or holiday.	Up to UK entitlement

Notes on Benefits

There may be restrictions or exclusions associated with your treatment and the table of benefits should be read in conjunction with the healthcare scheme rules.

Which hospitals can be used?

Cover is provided for most private hospitals outside London, together with many within the Greater London area. It is important that you contact the Help Desk if you wish to use a London hospital, for confirmation that cover is available for that hospital. If necessary, the Help Desk will try to negotiate a special rate with the hospital on your behalf.

Cover abroad

The healthcare scheme provides limited benefits for treatment abroad, but it does not cover all treatment and associated costs.

For leisure travel we recommend you purchase travel insurance. This will cover any medical expenses incurred, including emergency repatriation where necessary, and will usually cover cancellation and curtailment, baggage, legal expenses, delays etc.

If you are travelling on business, the Company has Business Travel Insurance in place. It is recommended that you contact your Human Resources Department for further details.

Repatriation

If seriously ill or injured whilst abroad, you are covered for all travelling expenses required to get you back to the UK but only when travelling on Company business. Once back to the UK, the normal cover limits will apply. Telephone Speciality Assistance Services on +44 020 7939 9645.

Rules

Introduction

This *scheme* has been specially designed to provide cover for private medical *treatment* following accident, injury or illness. The rules for the *scheme* are intended to be clear in language and layout but it is important that *you* understand the extent of the cover provided by the *scheme* and *your* own obligations in order to receive the full benefits. In these rules and in the *table of benefits* there are many words and phrases, which have a special meaning in the context of this *scheme*. These words and phrases are printed in *italics* and their meaning is set out in the definitions below. These rules and the current *table of benefits* together define the extent and the manner in which the *trustees* will pay for private medical *treatment*.

1. Definitions

1.1 Accident and Emergency Admission

Any admission to *hospital* as a result of a visit to an Accident and Emergency or Casualty Unit of an NHS *hospital*.

1.2 Acute Condition

A disease, illness or injury that is likely to respond quickly to *treatment* which aims to return *you* to the state of health *you* were in immediately before suffering the disease, illness or injury, or which leads to *your* full recovery.

1.3 Administrator

The *trustee's* administrator of this *healthcare scheme* is The Medisure Group Limited, an MMC Company.

1.4 Alternative Therapy

Acupuncture, Chiropractic, Homeopathic and Osteopathic therapies administered by a *therapist*.

1.5 Authorisation

Permission gained from the *healthcare scheme administrator* before the commencement of any consultations, *diagnostic tests* or *treatment*.

1.6 Benefit Year

The period between consecutive *renewal dates* of your *healthcare scheme*, during which benefits are payable, as defined in the *table of benefits*, issued by the *trustees* under the *company's scheme*.

1.7 Chemotherapy

Using drugs for the *treatment* of cancer.

1.8 Chemotherapy at Home

The administration of *chemotherapy treatment* by a *qualified nurse* in the *member's* home. The *treatment* must be actively supervised by a *specialist*.

1.9 Chronic Condition

A disease, illness or injury, which has at least one of the following characteristics:

- continues indefinitely and has no known cure
- comes back or is likely to come back
- is permanent
- means *you* need to be rehabilitated or specially trained to cope with it
- needs long-term monitoring, consultations, check-ups, examinations, or tests.

1.10 Company(s)

The organisation who has established the *scheme* under which medical expenses benefits are provided to all or a selected group of its *employees*, or any other organisation who has agreed to participate in that *scheme*.

1.11 Customary Clinical Practice

Clinical Practice falling within the pattern of care most frequently practiced by the majority of *specialists* for the *treatment of your medical condition*.

1.12 Customary Fees

Fees falling within the range most frequently charged by the majority of *specialists* with similar qualifications and experience for the *surgical procedure* or *treatment* undertaken.

1.13 Day-patient Treatment

Treatment which, for medical reasons, means *you* have to go into a *hospital* or *day-patient* unit because *you* need a period of clinically supervised recovery but do not have to stay in overnight.

1.14 Dependant(s)

For the purpose of this *healthcare scheme* a dependant is defined as:

- the husband, wife or partner who resides with *you*.
- a partner of the same sex who resides with *you*.
- any unmarried children (stepchildren) under the age of 21 at the *renewal date*. They do not have to reside with *you*.
- any unmarried children (stepchildren) under the age of 25, if in full-time education at the

renewal date. They do not have to reside with you.

1.15 Diagnostic Tests

Investigations, such as x-rays or blood tests, to find or assist in finding the cause of *your* symptoms.

1.16 Emergency Treatment when Travelling Abroad on Business or Holiday

Treatment which is medically necessary to enable you to return to the UK.

1.17 Employee(s)

An employee (or ex-employee) of the *company* who is considered by the *company* to be eligible for inclusion in the *healthcare scheme* and is habitually resident in the UK.

1.18 Experimental Treatment and Drugs

Treatment or drugs which, in the opinion of the *administrator's* Chief Medical Officer, the safety and efficacy are unproven based on current and established practice in the UK.

1.19 General Practitioner (GP)

A Medical or Dental Practitioner in general practice who is registered under the Medical Acts and who is not a *specialist*.

1.20 Healthcare Scheme/Scheme

The healthcare trust provided by the *company* for the provision of healthcare benefits.

1.21 Hospital

An independent hospital or nursing home registered in accordance with the Registered Homes Act 1984 or an NHS hospital in the UK with *specialist* facilities for medical and surgical treatment.

1.22 Hospital Charges

Accommodation, nursing care, drugs and dressings, *diagnostic tests*, *prostheses* and operating theatre costs. Accommodation charges for one parent or guardian accompanying a *dependant* under the age of 10 years.

1.23 In-patient Treatment

Treatment which, for medical reasons, means you have to stay in *hospital* overnight or for longer.

1.24 Material Facts

Any information that the *administrator* would regard as likely to influence acceptance of an application for cover or the *authorisation* of any part of a claim. If there is any doubt if certain information is material, it should be declared.

1.25 Medical Condition

Any disease, illness or injury.

1.26 Member

Those *employees* and *employees' dependant(s)* who have been notified to the *administrator* and accepted by the *trustees* as covered under the *scheme*.

1.27 NHS Patient

A patient who is admitted for *treatment* to an NHS *hospital* without charge.

1.28 NHS Pay-bed

A private bed within an NHS *hospital* for which the *member* has signed an "Undertaking to Pay for Private Treatment Form" and for which charges are payable in respect of *in-patient* or *day-patient* treatment.

1.29 Nursing at Home

The services of a *qualified nurse* following *in-patient* or *day-patient* treatment. The services must be actively supervised by a *specialist* and be for medical and not domestic reasons.

1.30 Out-patient Treatment

Treatment given at a *hospital*, consulting room or *out-patient* clinic where you do not go in for *day-patient* or *in-patient* treatment.

1.31 Pre-existing Condition

(standard scheme *dependants* only)

Any disease, illness or injury for which:

a) *Your dependants* have received medication, advice or *treatment*

or

b) *Your dependants* have experienced symptoms; whether the condition has been diagnosed or not in the 5 years before the start of *your* cover.

1.32 Preventative Treatment

Medical services that are used to identify whether you are likely to suffer from an illness, injury or disease in the future, but in a situation where no clinical symptoms are currently present. This includes *treatment* to prevent the occurrence of a specific *medical condition*.

1.33 Private Ambulance

Transport by a registered ambulance on the recommendation of *your specialist* for *your* transfer between *hospitals* to undergo further *treatment* where medically necessary and for which a charge is made.

1.34 Qualified Nurse

A nurse who is on the register of The Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

- 1.35 Radiotherapy**
Using radiotherapy for the *treatment* of cancer.
- 1.36 Rehabilitation**
Medical services aimed at restoring a person's independence immediately following *treatment*.
- 1.37 Related Medical Condition**
Any symptom, disease, illness or injury, which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.
- 1.38 Renewal Date**
The date on which your *healthcare scheme* renews. Currently 1st January each year.
- 1.39 Specialist**
A doctor who
- holds an NHS Consultant Post and
 - is on the Specialist Register held by the General Medical Council and
 - is under the age of 70 when *treatment* is provided.
- or
- has received written confirmation that he/she is currently recognised by the *administrator*.
- 1.40 Start Date**
The date on which *you* joined the *healthcare scheme*.
- 1.41 Surgical Appliance/Prostheses**
Surgical appliances/prostheses generally (but not exclusively) implanted by the *specialist* as an integral part of a *surgical procedure*.
- 1.42 Surgical Procedure**
An operation (including oral surgery) as specified in the current schedule of surgical operations used by the *administrator*.
- 1.43 Table of Benefits**
The current table of benefits which sets out the amounts payable by the *trustees* under this *scheme* for *treatment*.
- 1.44 Therapist**
A therapist is one of the following:
- A State Registered Physiotherapist (SRP).
 - A Chiropractor who is a professionally qualified member of The Statutory Register of Chiropractors administered by the General Chiropractic Council.
 - An Osteopath who is a professionally qualified member of The Statutory Register of Osteopaths administered by the General Osteopathic Council.
 - An Acupuncturist registered with:
 - The British Acupuncture Council or
 - The British Medical Acupuncture Society or
 - The Acupuncture Association of Chartered Physiotherapists.
 - A Homeopath who is a member of the Faculty of Homeopaths and who is medically qualified.
 - A Podiatrist who is a professionally qualified member of the Society of Chiroprodists and Podiatrists carrying out Gait Analysis or Biomechanical Studies on the referral of a *specialist*.
- 1.45 Treatment**
Surgical or Medical service (including *diagnostic tests*), needed to diagnose relieve or cure a disease, illness or injury.
- 1.46 Trustee(s)**
Trustee or Trustees for the time being of the *scheme*.
- 1.47 United Kingdom (UK)**
For the purposes of this healthcare scheme: Great Britain, Northern Ireland, The Channel Islands and The Isle of Man.
- 1.48 You/Your**
The *employee(s)* or *dependant(s)* covered under this *healthcare scheme*.
- ## 2. General Conditions
- 2.1** *Your* cover under the *healthcare scheme* will cease on the day that *you* retire or leave the *company*.
- Cover under the *healthcare scheme* ceases the day prior to the *renewal date* unless it is renewed by mutual agreement between the *company* with the consent of the *trustees*.
 - The *company* may offer to renew the *healthcare scheme* with different rules, benefits or contributions, with the consent of the *trustees*, and will notify the *members* in writing of any changes they propose.
 - The *company* may, with the consent of the *trustees*, discontinue the *healthcare scheme* at the end of any *benefit year*.
 - Any contributions which *you* undertake to pay for *your* own cover or that of *your dependant(s)* must be paid in advance, at such times as the *trustees* require. Entitlement to claim benefit shall commence when a contribution has been received in full and

shall end when the period of entitlement covered by that contribution has expired.

- e) The *trustees* reserve the right to discontinue a *member's* cover if a contribution is more than 31 days in arrears, or if a *member* is in breach of these rules.
- f) There will be no refund of any contribution, paid by *you*, on the death of any *member*.

2.2 The *trustees* reserve the right to refuse to renew, cancel or vary the *healthcare scheme* at any time despite any other terms if:

- a) The *member* and/or *dependants*:
 - (i) not acted in good faith and/or has misled the *administrator* by mis-statement and/or withheld *material facts* or
 - (ii) breached the rules of this *healthcare scheme*.
- b) The *company*
 - (i) has elected to discontinue a *company* paid medical *scheme* or has offered an alternative medical expenses *scheme* to the same *member(s)* covered by this *scheme* either in addition to or in place of this *healthcare scheme*.
 - (ii) refuses or fails to comply with its obligations under this *healthcare scheme* whether demanded or not.
 - (iii) enters into a composition with its creditors, is wound up or goes into liquidation save for the bona fide reconstruction, take-over or amalgamation or where it is an unincorporated body becoming bankrupt.
 - (iv) has not acted in the utmost good faith and has misled the *trustees* or *administrators* by mis-statement and/or concealment of *material facts*.

3. Conditions Relating to Expenditure

3.1 The *trustees* will only pay benefit for *treatment of acute conditions* which satisfy the following conditions:

- a) It must have been given for a specific *medical condition* and have been arranged by the *member's GP*, except where physiotherapy has been received through The Physiotherapy Network when authorised by the Help Desk.
- b) In cases where it was not possible for the *member's GP* to arrange the *treatment* because

of an emergency, the *trustees* will pay benefit provided the *member's GP* has been kept fully informed of the *treatment* undertaken and supports the claim.

- c) It must have been supervised by a *specialist*. In cases where the *treatment* has been given by a *therapist*, the *trustees* will pay benefit for the first eight sessions of *treatment* or as deemed necessary by the *administrator* without them having been supervised by a *specialist*.
- d) It must be given by a *specialist, qualified nurse or therapist*.
- e) If it was for an allergy, it must have been given by a *specialist* who holds a consultant position within that specialty in an NHS *hospital* at the time such *treatment* was provided.

3.2 The *trustees* may not pay *your* claim for *treatment* or may restrict the amount they pay to *you* if:

- a) All reasonable steps were not taken to minimise the cost of the *treatment*.
- b) The expenditure incurred was not:
 - (i) Reasonable,
 - (ii) Necessary for the *treatment* of the *medical condition*, or
 - (iii) Wholly and exclusively for the purpose of providing *treatment*.
- c) The fees charged were not *customary fees*.
- d) The *treatment* provided was not in accordance with *customary clinical practice*.
- e) The *member* has:
 - (i) Not acted in good faith, or
 - (ii) Has misled the *trustees* or a previous medical expenses healthcare scheme by mis-stating or withholding *material facts*, or
 - (iii) Breached the *scheme* rules.

3.3 The *trustees* will pay the actual cost of any *treatment* up to the maximum amount (if any) specified in the *table of benefits* applicable at the time *treatment* was received.

3.4 The *trustees* will retain for their own benefit the cost of any healthcare *treatment*:

- a) recovered as damages; or
- b) refunded by any providers of *treatment*.

3.5 The *trustees* will use the appropriate local equivalents when applying these rules in cases where *treatment* has been received abroad.

4. Exclusions

Your *healthcare scheme* is designed to cover *treatment* for curable, short-term illnesses or injuries (known as *acute conditions*).

The *trustees* will NOT pay benefits for:

4.1 Chronic Conditions

Treatment of chronic conditions.

4.2 Contamination, Wars and Riots

Treatment directly or indirectly arising from or consequent upon nuclear or chemical contamination, civil war, riot, invasion, disturbance, rebellion, revolution, insurrection, military or usurped power.

4.3 Cosmetic Treatment

Cosmetic *treatment*, whether or not for psychological reasons, except where *treatment* is needed as a result of accidental bodily injury or illness sustained during membership.

Breast reduction or augmentation operations, whether or not for psychological reasons, except where the *treatment* is to correct disfigurement caused by an accident or specific disease of the breast.

4.4 Criminal Activity

Treatment of an illness, injury or condition which arises from your own criminal act.

4.5 Dangerous and Professional Sports/Hobbies

Treatment of injuries sustained as a result of engaging in scuba diving, hang gliding, parachuting, mountaineering, motor or professional sports.

4.6 Dental Treatment

Dental *treatment* other than an oral *surgical procedure* carried out by a *specialist* oral surgeon, in a facility which is recognised by the *administrator*.

Removal of impacted wisdom teeth (except where there is a pathological cause necessitating removal).

4.7 Dialysis

Regular and/or long-term dialysis in respect of chronic or end stage renal failure.

4.8 Drug/Alcohol Abuse

Treatment for alcoholism, alcohol abuse, solvent abuse, drug abuse or addictive conditions of any kind, and *medical conditions* arising directly or

indirectly from, or related to, any such abuse or addiction.

4.9 Drugs and Dressings

Drugs, dressings and medicines, except where provided as an integral part of *in-patient* or *day-patient treatment*.

4.10 Experimental Treatment and Drugs

Treatment whose safety and efficacy, in the opinion of the administrator's Chief Medical Officer, is unproven based on current and established medical practice in the UK.

Drugs which have not been fully trialled and are considered by the administrator's Chief Medical Officer to be experimental or unproved based on current and established medical practices in the UK.

4.11 Eye Treatment

Surgery or *treatment* where the sole purpose is to correct short (myopia), or long (hypermetropia) sightedness, astigmatism or any other refractive error.

4.12 Gender Re-assignment

Surgical or medical *treatment* in connection with, or is in any way related to, gender re-assignment whether or not this is for psychological reasons.

4.13 General Practitioner (GP) Services

General practitioner services, or services from any person who is acting in such a capacity.

4.14 HIV/AIDS

Any investigation, test or *treatment* which is directly or indirectly related to Human Immunodeficiency Virus (HIV) and/or any HIV related illness including Acquired Immune Deficiency Syndrome (AIDS) and/or mutant derivatives or variations however caused.

4.15 HRT

Hormone Replacement Therapy except in cases where the *member* has a total hysterectomy and bilateral oophorectomy operation, when benefit will be paid for up to two implants.

4.16 Infertility

Treatment related to infertility or any form of assisted reproduction except for investigations into the causes of infertility.

Treatment received within 91 days of the birth of a *dependant* conceived through any form of assisted reproduction.

- 4.17 Learning Difficulties and Behavioural/Developmental Problems**
The *healthcare scheme* does not cover the cost of *treatment* related to learning difficulties such as dyslexia or behavioural problems such as Attention Deficit Disorder (ADD) or developmental problems such as shortness of stature or delayed speech.
- 4.18 Medical reports**
Charges in obtaining medical reports or for the completion of claim forms.
- 4.19 Moratorium**
Any *treatment* received by a Standard Scheme *dependant* after the commencement of cover for any *medical condition* or *related medical condition(s)* for which the *dependant* had received medical *treatment*, sought medical advice or was aware of the symptoms and/or signs existing during the five (5) years prior to joining the *scheme*.

This rule shall not apply to Standard Scheme *dependant(s)* who have been continuously covered under the *scheme* for two (2) years or more.

This rule shall not apply to Standard Scheme *dependant(s)* who have been accepted into the *scheme* by the *administrator* without any restrictions on pre-existing *medical conditions*.
- 4.20 NHS to Private Transfer**
Continuing private *in-patient treatment* of an eligible *medical condition* where the initial *treatment* was received as a NHS Patient without charge, including *accident and emergency admissions*.
- 4.21 Non Medical Treatment and Additional Care for Domestic Reasons**
Accommodation or *treatment* received in a health hydro, nature clinic or similar establishment even if the establishment is registered as a private *hospital*.

A residential stay in *hospital* wholly or partly for domestic reasons and which is not directly related to the *treatment* of a *medical condition*.
- 4.22 Nursing at Home**
Nursing at home arranged wholly or partly for domestic reasons and which is not directly related to the *treatment* of a *medical condition*.
- 4.23 Obesity**
Surgical or medical *treatment* in connection with, or is in any way related to obesity or weight problems.
- 4.24 Outside of Benefit Year**
Treatment received outside of the *benefit year*.
- 4.25 Outside of Membership**
Treatment received on or after the day you retire or leave the *company* regardless of whether the *treatment* has been authorised.
- 4.26 Overseas Treatment**
Treatment received outside the *United Kingdom* where the purpose of being abroad is wholly or partly to obtain *treatment*.
- 4.27 Physical Aids and Devices**
Spectacles, contact lenses, hearing aids, dentures, oral appliances and orthotics.
- 4.28 Pregnancy and Childbirth**
Treatment arising from pregnancy, childbirth and any *related medical condition* except for:
a) *Treatment* required for an *acute medical condition* that requires hospitalisation or an obstetric procedure recognised by the *administrator* and which arises from and during the antenatal stages of pregnancy before the onset of labour.
b) *Treatment*, including caesarean section, required for a *medical condition* that necessitates a specific obstetric *surgical procedure* arising from and during childbirth.

Contraception, sterilisation or termination of pregnancy.
- 4.29 Preventative Treatment**
a) *Preventative treatment*, for example, sight tests, regular monitoring, consultations, check-ups, examinations or tests to assess *your* state of health, screening and follow up appointments.
b) Preventative surgery or medical *treatment* to prevent the occurrence of a specific *medical condition*.
- 4.30 Self-inflicted Illness and Injury**
Treatment required directly or indirectly as a result of self-inflicted illness or injury, including *treatment* required as a result of attempted suicide.
- 4.31 Surgical Appliances and Prosthesis**
Prosthesis and surgical or dental appliances except when they are used as an integral part of a *surgical procedure* and when, generally but not

always, they are implanted within the body for *treatment* purposes.

4.32 Transplants

Treatment involving

- a) Donor or transplantation operations or *treatment* associated with such operations other than corneal or skin grafting, coronary artery bypass grafts or mosaicoplasty.
- b) Autologous plasmapheresis, transplants of bone marrow or stem cells, autologous blood transfusions or similar procedures.

5. Claims Procedure

- 5.1 If you wish to claim benefit from the *scheme*, you must notify the *administrator* about all consultations, *treatment* and admissions before they occur. The *administrator* will confirm whether the proposed *treatment* is covered by your *scheme*. If you fail to notify the *administrator* about any proposed *treatment*, the *trustees* may not pay your claim.
- 5.2 If treatment happens as a result of an emergency or overseas, it may not be possible to notify the *administrator* in advance, but you must notify the *administrator* as soon as possible after the event. However, your GP must be kept informed of these circumstances to enable him/her to support the claim if required.
- 5.3 You must submit a completed claim form, if required to do so.
- 5.4 Invoices must be submitted within six months of the *treatment* being received.
- 5.5 The *administrator* may require a medical report to be submitted at your expense in respect of any claim you make and may appoint (at their expense) an independent medical examiner.
- 5.6 You must inform the *administrator* at the time you make your claim whether the cost of the *treatment* is covered under any other healthcare trust, scheme or plan, or could be recovered from a third party. The recipients of benefit shall be required to use their best endeavours to recover the amount of benefit paid from any third party against whom a claim for recovery can be made and shall account to the *trustees* for any amount so recovered from a third party. The *trustees* shall also have the right to pursue such third party claim in any way considered fit in the name of the recipient of the benefit. The *member* shall

render all reasonable assistance to the *trustees* in connection with such claim.

- 5.7 The *trustees* will pay benefit in pound sterling. Claims for benefits submitted in other currencies will be converted to pound sterling at the exchange rate prevailing at the date of settlement of the claim.
- 5.8 The *trustees* can pay any benefit due directly to the healthcare provider, to you, your properly appointed nominee, or to a legally appointed representative in the event of your death.

▶ Please read 'How to make a Claim' which is included in the front of the handbook. This details the steps you should take when making a claim.

6. Summary of Benefits

Benefits can only be claimed for *treatment* specified in the *table of benefits* arising during the continuance of the *scheme*.

7. Overriding effect of these Rules

If any of these rules are inconsistent with the current governing documentation of the *scheme*, then these rules amend the *scheme* in accordance with the governing documentation.

No amendments will be made to the *scheme* which are inconsistent with the *scheme* requirements as defined in the governing documentation.

8. Data Protection Act 1998

- 8.1 In order to comply with the obligations of the above Act, we are required to advise you for what purposes any of the personal data held, in respect of yourself and your registered dependants, may be used. This will primarily be to enable Medisure to authorise and administer claims under your company healthcare scheme.
- 8.2 Any information you provide now or in the future or that which Medisure already holds, as well as information about lapsed members, will be used for general insurance and administration purposes, for offering renewal, for research, statistical and quality assurance purposes and for crime prevention. In the course of performing their obligations to you, Medisure may disclose your information to agents and service providers appointed by them or your employer or the

trustees of your scheme including insurers, consultants and internal and external auditors. Such information may include 'sensitive data'.

- 8.3 The Data Protection Act 1998 defines sensitive data as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union membership, physical condition or mental health, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.
- 8.4 You have the right to access (subject to limited exceptions) and, if necessary, rectify the information that we hold about you.
- 8.5 Your information may be held on a group database and may be shared with other Marsh and McLennan group companies. This will allow us to reflect all the connections that you have with the Marsh and McLennan group.
- 8.6 We may use your information to keep you informed by post, telephone, e-mail or other means about products and services which we feel will be of interest to you. This may include products and services offered by other businesses approved by us and to whom we have disclosed your information to enable them to contact you direct. Your information may be disclosed and used for these purposes after your cover has lapsed.
- 8.7 If you do not wish your information to be used for these marketing purpose please write to:

The Medisure Group Limited
100 Temple Street
Bristol BS1 6EN

9. Complaints

We have every reason to believe that you will be totally satisfied with your healthcare scheme. However, should you have cause for concern relating to your healthcare scheme or our service, please write quoting your full name and your company name, together with full details of your complaint, to:

The Operations Manager
The Medisure Group Limited
100 Temple Street
Bristol BS1 6EN
Fax: 0870 908 3333

If you are not satisfied with the manner in which your complaint has been dealt with, please

contact The Rank Group Benefits Department at the following address:

The Rank Group Plc
Statesman House
Stafferton Way
Maidenhead
Berkshire SL6 1AY
Tel: 01628 504 000
Fax: 01628 504 345

10. Law

The contract is governed by and subject to the relevant Laws of England. It is not intended that any provision of this contract confers or purports to confer any rights to enforce any of its terms on any Third Party pursuant to the Contracts (Rights of Third Parties) Act 1999.

The Medisure Group Limited is authorised and regulated by the Financial Services Authority (FSA).

You may check this on the FSA's register by visiting the FSA website:

www.fsa.gov.uk/register/main.html

or by telephoning 0845 606 1234

Administered by:

The Medisure Group Limited
100 Temple Street, Bristol BS1 6EN
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Marsh & McLennan Companies

Telephone calls will be recorded as part of our quality control process.