

HOSPITAL TREATMENT INSURANCE

HEALTH COVER FOR WORKING LIFE AND BEYOND

SURGERY CHOICES 1

SCHEME OVERVIEW

Hospital Treatment Insurance makes private surgery and medical treatment more affordable and accessible, so employees can be treated quicker and get back in the workplace far sooner.

The plan covers over 60 specific surgical procedures for conditions such as:

- ▶ Slipped discs
- ▶ Cataracts
- ▶ Varicose veins
- ▶ Tonsils
- ▶ Hip replacement
- ▶ Prostate problems
- ▶ Knee replacement
- ▶ Gynaecological problems
- ▶ Abdominal hernias
- ▶ Gallstones
- ▶ Sinus problems
- ▶ Carpal tunnel release

KEY FEATURES

- ▶ **Accessible** – quick, easy access to private treatment
- ▶ **Affordable** – private treatment from £5.55 per employee, per month
- ▶ **Inclusive** – no medical required, no excess to pay
- ▶ **Choice** – choose from a wide range of hospitals – private or NHS
- ▶ **Fair** – premiums are community rated so there is one price to pay for all employees regardless of age or location
- ▶ **Simple** – setting up a policy is straightforward



HOW DOES IT WORK?

How it works with private treatment

Arrangements will be made in respect of an employee's private treatment package directly with them, including when and where they undergo the procedure.

Following referral from a consultant, employees will be allocated a case manager who will source a private treatment package to suit their needs. They can choose to receive treatment at any one of the many hospitals in the UK where a fixed price private treatment package is available, rather than simply being restricted to a specified list of private hospitals.

Each surgical procedure is categorised into a band, depending on the complexity of the procedure. Each band has a benefit allowance to cover the cost of private treatment.

Benefit amounts are regularly reviewed as a matter of course to ensure they'll meet the cost of fixed price private treatment at most UK hospitals. Certain hospitals, such as those in Central London, may be an exception to this. But if employees prefer one of these hospitals, they have the freedom to top up the costs and receive treatment if they wish.

HOW IT WORKS WITH NHS

We believe in giving employees as much choice as possible, so if they prefer NHS treatment, or are assessed as being unsuitable for a private treatment package, Hospital Treatment Insurance will pay an NHS benefit.

This is a cash benefit determined by the band for their required medical procedure. As the employer is paying the premium, they will decide at the start of their company scheme whether any applicable NHS benefit is payable to the employer or the employee. The choice will remain in place for 12 months with the opportunity to change it annually at the anniversary of the plan.

Hospital Treatment Insurance covers non-urgent procedures and as such it does not cover surgical procedures for cancer, heart disease or emergency treatment, at which the NHS excels. Although cancer related surgical procedures are excluded, we will cover surgical procedures when cancer is suspected but not confirmed, e.g. biopsies. It's also worth remembering that pre-existing medical conditions and/or planned treatment may be excluded, depending upon the underwriting terms chosen.

THE TREATMENT EMPLOYEES NEED, WHEN THEY NEED IT MOST

Surgery Choices 1 provides employees with immediate cover for new conditions and fast access to fixed price private treatment packages, should they need surgery. So employees benefit from quick treatment and employers benefit from fewer absence days.

Employees are covered for a maximum of three surgical procedures in a consecutive 12-month period, with a maximum benefit of £100,000 during the lifetime of their cover. Chronic conditions are not covered. Please contact us for more information on terms and conditions.

You can view the full list of surgical and medical procedures covered by clicking on the link on the Hospital Treatment Insurance pages on our website.

WHAT IS INCLUDED IN A FIXED PRICE PRIVATE TREATMENT PACKAGE?

With each fixed price treatment package, inclusions will differ depending on the procedure required. What remains the same, is our commitment to providing access to harder working health cover.

The cover would normally access to include:

- ▶ The consultant surgeon/physician fees
- ▶ The anaesthetist fees
- ▶ The private hospital charges relating to the operating theatre, accommodation either as an inpatient or day case, personal meals, drugs and dressings, inpatient tests, x-ray, pharmacy and occasionally physiotherapy
- ▶ The cost of treating any surgical complications relating to the treatment that occur during the operation whilst in hospital or within 30 days of the original surgical procedure
- ▶ Some private treatment packages may also include a specified number of post-operative outpatient physiotherapy sessions

Examples of items that are not covered:

- ▶ Diagnostic tests or consultations prior to admission
- ▶ Ambulance fees
- ▶ Travel costs
- ▶ Car parking
- ▶ Newspapers and other sundry items
- ▶ Telephone calls

PREMIUMS	Premium per Employee	
	Per Month	Per Annum
Moratorium (5-999 employees)	£5.55	£66.60
MHD with evidence (5-499 employees)	£7.21	£86.52
CPME (5-499 employees)	£7.21	£86.52
MHD (500-999 employees)	£6.65	£79.80
MHD (1,000-5,000 employees)	£5.14	£61.68

UNDERWRITING EXPLAINED

Moratorium

Available for all companies whether an existing PMI arrangement is in place or not. Known pre-existing medical conditions (or a related medical condition) will not be covered unless the employee has been free from symptoms treatment or advice in the two year period prior to the start of Surgery Choices 1.

Employees can only have an eligible surgical procedure for a pre-existing condition once they have been free of symptoms, treatment or advice for two continuous years from the registration date of their cover. The moratorium period starts again for a pre-existing condition or related medical condition each time an employee receives treatment, medication or advice. New conditions are covered immediately.

Continuation of Personal Medical Exclusions (CPME)

For companies transferring from PMI to Hospital Treatment Insurance, employees will not be covered for any medical condition which is already excluded from their current PMI cover. Excluding planned and ongoing inpatient/daycare treatment being received at the time of transfer (please refer to the Definitions section in the Hospital Treatment Insurance policy guide terms and conditions). New employees may be covered on a moratorium basis.

Medical History Disregarded (MHD) with evidence

For companies transferring from PMI to Hospital Treatment Insurance, employees will be covered for pre-existing conditions if evidence is provided that the current PMI policy is underwritten on an MHD basis.

Excluding planned and ongoing inpatient/daycare treatment being received at the time of the transfer (please refer to the Definitions section in Hospital Treatment Insurance policy guide terms and conditions). New employees may be covered on a moratorium basis.

Medical History Disregarded (MHD)

Only available for 500 or more employees. All pre-existing medical conditions are covered. Known or planned operations at the time of transfer will also be covered, if eligible under the policy.

EACH SURGICAL PROCEDURE IS CATEGORISED INTO A BAND, DEPENDING ON THE COMPLEXITY OF THE PROCEDURE.



Medical Bands

Each medical procedure is categorised into a band, depending on the complexity of the procedure and each band has a benefit allowance for private treatment and a benefit for NHS treatment.

The private treatment package amount is the maximum amount made available for sourcing a treatment package for private surgery.

NHS Benefit is the amount of money payable to the employer, should their employee receive treatment through the NHS for an eligible procedure. The employer will need to ask their employee to submit a claim following their NHS procedure, so that the employer can receive their Employer NHS Benefit. Alternatively, the NHS benefit payment can be paid directly to employees.

You will decide at the start of your company scheme whether any applicable NHS Benefit should be made payable to the employer or the employee.

Your choice can be changed annually at the anniversary of the plan. Benefit amounts will be reviewed on an on-going basis with the aim of ensuring they are sufficient to meet the cost of an 'all in' private treatment package at most UK hospitals.

KEY BENEFITS

- ▶ Prompt access to private treatment
- ▶ Get staff treated and back to work
- ▶ Choose from a wide range of private or NHS hospitals
- ▶ No medicals required
- ▶ No excess to policy
- ▶ Option to cover different employee groups on different levels

Classification of Surgical Procedure	Private Treatment Package	NHS Benefit
Band A	Up to £3,000	£500
Band B	Up to £6,000	£1,500
Band C	Up to £10,000	£2,500



Talk to a member of our team today

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