

MEMBER DISCRETIONARY BENEFIT SCHEDULE

2025

MEMBER DISCRETIONARY BENEFIT SCHEDULE 2025		Scheme Cover Maximum of £35,000 per claim year		Additional Conditions relating to cover Maximum of £35,000 per claim year
<p>In-patient and Day Case Benefit for Treatment at Preferred Provider Hospital in connection with a specified medical procedure or procedures for authorized treatment</p> <p>In-patient and Day Case Benefit for Treatment NOT at a Preferred Provider Hospital - Members may be asked to obtain self-pay patient costs and obtain cash benefit from the scheme</p>	Hospital Accommodation & Nursing	Full Cover	Maximum of £35,000 per claim year	<p>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.</p>
	Operating Theatre & Recovery Room	Full Cover	Maximum of £35,000 per claim year	
	Prescribed Drugs & Dressings for in-patient treatment.	Full Cover	Maximum of £35,000 per claim year	
	Surgeons & Anaesthetists Fees	Full Cover	Maximum of £35,000 per claim year	
	Pathology, Radiology, Consultations, Consultations, Pathology, X-Rays, ECG's and other diagnostic procedures.	Full Cover	Maximum of £35,000 per claim year	
	Physiotherapy	Full Cover	Maximum of £35,000 per claim year	
	CT scans, MRI scans, endoscopies etc., when requested by a consultant physician/surgeon.	Full Cover	Maximum of £35,000 per claim year	
	Theatre based diagnostics	Full Cover	Maximum of £35,000 per claim year	
	Parent accompanying child under 12 max 10 days	Full Cover	Maximum of £35,000 per claim year	
Specialist Physician Fees - for regular attendance in a hospital for up to 14 days			Maximum of £35,000 per claim year	
Consultations	Out-patient	£1,750	Maximum benefit payable in each claim	
Diagnostic procedures including (but not limited to) MRI & CT Scans, Pathology, Radiology, Angiography, Maximum of 3 Injections	Out-patient	£3,500	Maximum benefit payable in each claim	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.
Physiotherapy, Chiropractic treatment, Osteopathy, on referral by General Practitioner (GP) or Consultant.	Out-patient	£750	Maximum benefit payable in each claim	
Optical Cash Benefit – Reimbursement is payable for prescription lenses or prescription contact lenses.		£75	Maximum benefit payable in each Scheme Year	Not payable for any eye test or specialist examination. Reimbursement if available up to £75.
Cancer Treatment Follow Up	5 year follow up plan post treatment	£1,500	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	
	£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 Case basis in the NHS without charge Emergency admissions to the NHS are not eligible for the 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 (this is not available for treatments not covered by scheme).