

## THE BLULINE GLOUCESTERSHIRE 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
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