

Benefits At A Glance - Business Healthcare

In-Patient Benefits	Business Prime	Module 1	Module 2	Business Elite
Accommodation, Nursing Care, Surgeon & Anaesthetist Fees	✓	✓	✓	✓
Theatre Costs, Intensive Care Costs, Drugs, Dressings & Consumables	✓	✓	✓	✓
Diagnostics including MRI & CT Scans	✓	✓	✓	✓
Physiotherapy	✓	✓	✓	✓
Oro-surgical operations/procedures	✓	✓	✓	✓
Treatment for Cardiovascular conditions	✓	✓	✓	✓
Parent accompanying child	✓	✓	✓	✓
Treatment for Cancer				
Treatment for Cancer whether or not relating to an in-patient admission. Includes Radiotherapy, Chemotherapy, Post Cancer Services, Advice on Cancer Treatment, Artificial Feeding, Speech Therapy & Monitoring	✓	✓	✓	✓
Cosmetic or Aesthetic Treatment				
Anti-Cancer Drugs, Preventative Treatment, Biological Therapies, Genetic Testing, Bone Strengthening Drugs & Bone Marrow or Stem Cell Transplants	✓	✓	✓	✓
External prosthesis and wigs relating to a claim for cancer		✓	✓	✓
Experimental Drugs as part of an ethics committee approved randomised clinical trial pre agreed with us			✓	✓
Hospice Care	✓	✓	✓	✓
Palliative Treatment (where medically necessary, whilst in a Participating Hospital)	£7,500	£7,500	£7,500	£10,000
Out-Patient Benefits				
Initial consultation & specialist fees including diagnostics & initial MRI & CT Scans	✓			
Subsequent consultation & specialist fees	(Relating to an in-patient admission only)	£1,500	✓	✓
Subsequent diagnostics inc MRI & CT Scans				
Physiotherapy & Complementary medicine	£500 (Relating to an in-patient admission only)	£500	£1,000	£1,500
Treatment for Cardiovascular conditions	✓	✓	✓	✓
Out-patient Psychiatry		£1,000	£1,000	£2,000
Maternity				
Complications of Pregnancy (defined conditions only)		✓	✓	✓
Maternity Benefit			£150	£250
Private Maternity				£5,000
Dental				
Routine Consultations & Treatment, including Emergency Accident/Injury Benefit				£400
NHS Charges				£200
Optical				
Consultations & Eye Tests				£200
NHS Charges				£200
Cash Benefits				
NHS Cash Benefit	£250 per night up to a maximum of £7,500 per membership year			
Life Cash Benefit		£1,000	£1,000	£2,000
Personal Accident Cash Benefit			£1,000	£2,000
Temporary Disablement Cash Benefit			£100 per month for up to 6 months	
Critical Illness Cash Benefit		£1,000	£1,000	£1,000
Cover for Boarding Pets Cash Benefit				£250
Other Benefits				
Health & Wellbeing Services/Stress Counselling Helpline	✓	✓	✓	✓
Home Nursing		✓	✓	✓
Private Ambulance		✓	✓	✓
24 hr GP advice line	✓	✓	✓	✓
Prescription Costs				£100
GP Minor Surgery				£500
Private GP Services				£300
Non UK Medical Cover			✓	✓
Monitoring of a pre-cured eligible condition			£1,500 during a 24 month period	
Lifestyle Rewards	✓	✓	✓	✓

✓ Full refund subject to any limits or eligibility criteria as detailed in the Certificate of Cover Policy Document Part 1 of 2 and 'the Guide to your Health Scheme' Policy Document Part 2 of 2.

* Business Prime has an annual overall maximum benefit limit of £50,000 per person. **Note:** Unless stated otherwise, any limits shown are per membership year.

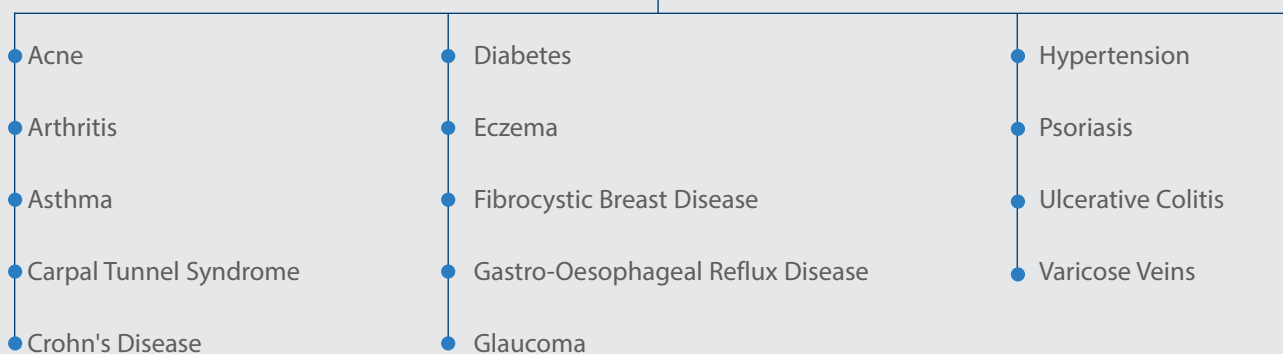
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Ways to Enhance your Scheme

You can enhance your scheme by, for example, choosing Module 1 instead of Business Prime or Freedom Hospitals instead of First Choice Hospitals. You should select the level of cover and hospital choice that best suits your needs and budget, but you can also choose to add any of the following options to enhance the benefits available from your healthcare scheme.

Cover for pre-existing conditions

Cover for up to two pre-existing conditions, chosen at outset from the following list of defined conditions:



For an additional premium, you can extend members' cover for up to two of the pre-defined conditions. The cover is subject to an annual limit of £1,000 which rolls up year on year to a maximum of £10,000 after 10 years, provided cover has been continuous and there have been no claims relating to the pre-existing condition.

This option has helped some people to consider Private Health Insurance for the first time and has caused others with cover elsewhere, to switch to General & Medical.

Cover for In-patient Psychiatry

For individuals or groups of up to 5 adults, cover is on a 50% co-share basis, to a maximum of £20,000 or 35 days treatment per membership year. For groups of 6 adults or more, full cover is given for up to £24,000 or 28 days followed by up to an additional 12 days on a 50% co-share basis. A 12 month qualifying period applies.

Channel Islands Cover

If you reside in the Channel Islands you can choose this upgrade specifically designed to offer additional benefit to supplement the treatment available to you.

For an additional premium we will cover the services provided by your Channel Islands G.P, including prescription costs, consultations and routine minor surgery. Cover is available for return travel costs to another Bailiwick or the UK, where you require medical treatment unavailable in the Bailiwick of your residency. The cover will also provide benefit for travel and accommodation costs for parents or a qualified nurse accompanying a child for treatment. Benefit limits will be shown in your Certificate of Cover if you have selected this upgrade.

Enhanced Benefit Option

This is available to schemes with more than 100 adults on cover. This option is useful where you feel the standard limits on our schemes should be extended or relaxed to better suit your requirements.

Benefits associated with this option are:

- 50% increase in limit on Therapies benefit where applicable to the cover chosen.
- We will allow charges from Consultants and Anaesthetists to exceed our published limits for treatment costs from Consultants and Anaesthetists by up to 20%, where necessary.
- We will extend our standard 90 day limit for receipt of invoices after treatment to 120 days.
- We will allow self referral to a consultant for a consultation without the need to see a GP first.

Claim 24-7 - For groups of 100 or more members

There may be times when a claim needs to be authorised for a diagnosis to be undertaken almost immediately. As a standard offering for groups of 100 or more members, Claims 24-7 gives you the ability to pre-authorise one claim. You must then complete and follow the normal claims process. We will confirm the claim has been fully authorised by our underwriters and we will "reset the clock" enabling you to pre-authorise another claim.

Please however read and understand your policy documents, so you do not inadvertently authorise an ineligible claim. If the claim is found to be ineligible by our underwriters you have two options: We will pay the ineligible claim on an ex-gratia basis up to the pre determined limit of £500, however the ability to pre-authorise a claim will be withdrawn and the normal claims procedure will resume, or, you pay for the ineligible claim and the process of pre-authorisation will resume.