

# private health insurance

surgery choices 1



## overview

When employees require the need for health care, our Private Health Insurance is the ideal solution providing private medical treatment and surgery in an affordable and accessible way.

## product features

- ✓ Accessible - quick and easy access to private treatment
- ✓ Affordable - private treatment from £5.83 per employee, per month
- ✓ Inclusive - no medicals required and no excess to pay
- ✓ Choice - employees can choose from a wide range of hospitals - private or NHS
- ✓ Fair - premiums are community rated, so there is only one price to pay for all employees, regardless of age or location
- ✓ Simple - setting up a policy is simple and straightforward
- ✓ Supportive - support employees to get quicker treatment and back to work sooner
- ✓ Options - choose to cover different employee groups on different levels

## procedures

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

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

Private Health Insurance covers non-urgent procedures and does not cover surgical procedures for cancer, heart disease or emergency treatment. It does cover surgical procedures when cancer is suspected but not confirmed, e.g. biopsies. Pre-existing medical conditions and/or planned treatment may be excluded depending upon the underwriting terms chosen.

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## treatment when its needed 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. 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 Private Health Insurance pages on our website.



## how does it work

### private treatment

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

Following a referral from a consultant, the employee 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 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 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. If employees prefer to be treated in one of these hospitals, they can opt to top up the costs.

### NHS

At Bravo Benefits, we believe in giving employees as much choice as possible, so if employees prefer NHS treatment, or are assessed as being unsuitable for a private treatment package, the Private Health Insurance policy will pay an NHS benefit.

This is a cash benefit determined by the band for an employee's required procedure. As this is an employer-funded benefit, at the start of your policy, you will determine whether any applicable NHS benefit is payable to you or the employee. The choice will remain in place for 12-months with the opportunity to change it annually at renewal.

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## included in a fixed-price 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.

### Usually included:

- ✓ Consultant surgeon/physician fees
- ✓ Anaesthetist fees
- ✓ 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. Surgical complications that arise more than 30 days after the operation will only be covered if they qualify as a separate surgical procedure and will be treated as a separate claim.
- ✓ Some private treatment packages may also include a specified number of post-operative outpatient physiotherapy sessions

### Examples of items not covered:

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

## premiums

Cover	Premium per employee	
	Per month	Per annum
Moratorium (5-999 employees)	£5.83	£69.96
MHD with evidence (5-499 employees)	£7.57	£90.84
CPME (5-499 employees)	£7.57	£90.84
MHD (5-999 employees)	£6.98	£83.76
MHD (1,000-5,000 employees)	£5.40	£64.80

## 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 Private Health 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 Private Health Insurance policy guide terms and conditions). New employees may be covered on a moratorium basis.

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## Medical History Disregarded (MHD) with evidence

For companies transferring from PMI to Private Health 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 Private Health 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.

## 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 policy whether any applicable NHS benefit should be made payable to you or the employee.

Your choice can be changed annually at renewal. 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.

## transfer from PMI

For companies with less than 500 employees, we will allow a maximum of 10% of the total employees covered on PHI to have 'switch' terms, provided they are not selected on the basis of risk. We will also require to see the previous claims data, as well as the PMI certificates.

## who is PHI available for?

Private Health Insurance is available for five employees or more and must be purchased for all employees, or for a specified group of employees, not selected on the basis or risk. As long as the whole group is more than five, you can combine different levels of cover and different underwriting options.

(Please note: if switching over from PMI, a minimum of five employees should be switching cover to each Private Health Insurance level if you wish to have cover on more than one level.)

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