



Innovative employee health cover that works for your business

Private Health Insurance Surgery Choices 1 and 2

Private Health Insurance makes private surgery and medical treatment more affordable and accessible, so your employees can be treated quicker and back in the workplace sooner. With two options available, you can choose exactly the right level of cover to suit the needs of your business.

Key features

- Accessible – quick, easy access to private treatment. No medical required to join
- Affordable – private treatment from £7.04 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 Private Health Insurance works

How it works with private treatment

Following a GP referral to a specialist consultant, your employees can choose to seek private treatment. The employee will contact us and our dedicated claims team will assess the eligibility of the claim and arrange payment with the hospital. Your employees can choose to receive treatment at any one of the many hospitals in the UK where a fixed price private treatment package is available and they won't be restricted to a specified list of private hospitals.

Each surgical procedure has a maximum benefit allowance to cover the cost of private treatment. We regularly review the benefit allowances 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 cost and receive treatment wherever they wish.

How it works with the NHS

We believe in giving employees as much choice as possible, so if they prefer NHS treatment, we will pay an NHS benefit. The NHS benefit is 25% of the monetary amount for the private treatment package. As the employer paying the premium, you will decide at the start of your company scheme whether any applicable NHS benefit is payable to you or the employee. Your choice will remain in place for 12 months and you'll have the opportunity to change it annually at the anniversary of the plan.

Private Health 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 your employees need, when they need it most

Surgery Choices 1 and 2 provide 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 you benefit from fewer absence days.

Depending on the plan chosen, cover is available for a wide range of procedures such as:

Surgery Choices 1 Over 60 procedures covered

- Slipped discs
- Varicose veins
- Hip replacement
- Knee replacement
- Abdominal hernias
- Cataracts
- Prostate problems
- Gynaecological problems
- and more

Surgery Choices 2 Over 1,300 procedures covered

Procedures covered in Surgery Choices 1, plus additional which include:

- Colonoscopy
- Skin biopsies
- Haemorrhoidectomy
- Appendectomy
- Bunion repair
- YAG laser
- and more

Employees are covered for a maximum of three surgical procedures in a consecutive 12 month period, with a maximum benefit of £100,000 or £250,000 during the lifetime of their cover, depending on the plan chosen.

Chronic conditions are not covered. Please refer to the Definitions section in the Surgery Choices plan guide terms and conditions.

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 health cover that supports your employees and your business.

The cover would normally include:

- The consultant surgeon/physician fees
- The anaesthetist fees
- The private hospital charges relating to:
 - pre-admission tests
 - the operating theatre
 - accommodation either as an inpatient or day case
 - personal meals
 - drugs and dressings
 - inpatient tests
- 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. Your employee's dedicated case team will carefully explain the full details of their private treatment package, so they know exactly what is included.

Some examples of items that are not covered in a fixed price private treatment package are:

- 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			
	Surgery Choices 1 Per month	Surgery Choices 1 Per annum	Surgery Choices 2 Per month	Surgery Choices 2 Per annum
Moratorium (5-999 employees)	£7.04	£84.48	£20.96	£251.52
MHD with evidence (5-499 employees)	£9.14	£109.68	£27.24	£326.88
CPME (5-499 employees)	£9.14	£109.68	£27.24	£326.88
MHD (500-999 employees)	£8.43	£101.16	£25.14	£301.68
MHD (1,000-5,000 employees)	£6.52	£78.24	£20.96	£251.52



The right cover for you and your people

As you'd expect with Westfield Health everything is straightforward and easy to understand. Your Consultant/Advisor will discuss the underwriting options with you to ensure you're getting the right cover for you and your employees.

Moratorium

Available for all companies whether an existing Private Medical Insurance (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 or three year period prior to the start of the Surgery Choices plan (depending on which plan is chosen.) 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/day care 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.

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 the 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.

For companies with less than 500 employees, we will allow a maximum of 10% of the total employees covered on Private Health Insurance 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.

Private Health Insurance is available for five employees or more and must be purchased for all employees, or for a specific group of employees not selected on the basis of 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 cover 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.

Our friendly Customer Care Team is here to help



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