



LPFT MEDICAL SCHEME

TERMS AND CONDITIONS



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Please read this guidance carefully so you fully understand the terms and conditions. If you have any queries, please do not hesitate to contact the Scheme Office.

Opening hours and contact details:
The LPF Trusts Medical Scheme Office is open:
Monday to Thursday from 9.00am to 4.00pm
Friday 9.00am to 3.00pm

Tel: 0116 275 9930
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Email: Medical@lpf-trusts.co.uk

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1. INTRODUCTION AND PRICING

This document details the guidelines and current subscription costs for the LPF Trusts Medical Scheme.

We are a Trust and therefore not here to make a profit. Our aims and values are always to put our members, their families and their wellbeing first. We strive to make sure you get the best care we can offer at the most affordable price.



LPFT MEDICAL SCHEME RATES

	STUDENT OFFICERS	
	1st year FREE	
2nd year at 50% of age banded rate		
CHILDREN	First child	£10.00
	Additional children	£5.00
	SINGLE	MARRIED*
18–24	£21.20	£42.40
25–31	£30.10	£60.20
32–40	£31.60	£63.20
41–45	£34.10	£68.20
46–50	£37.00	£74.00
51–55	£44.50	£89.00
56–60	£45.00	£90.00
61–65	£47.00	£94.00
66–70	£47.50	£95.00
70+	£48.00	£96.00

These rates apply as of 1 October 2019
* Married refers to any co-habiting partnership

Married	£42.40
1st child	£10.00
2nd child	£5.00
Total	£57.40

2. MEMBERSHIP OF THE SCHEME

- 2.1** The Scheme is open to any Police Officer, Police Staff Employee, Retired Police Officer or Retired Police Staff Employee, and
- 2.1.1** Any spouse/co-habiting partner, child, grandchild, niece, nephew, or sibling of any of the above.
- 2.2** Any member must complete an application form and provide a clinical summary to the Scheme in order to become a Member. (Student Officers do not need to provide a clinical summary)
- 2.3** LPFT Medical Scheme reserves the right to refuse membership to any individual.
- 2.4** Any member may cancel their membership any time by giving 30 days notice in writing to the Scheme provided that:
- 2.4.1** There is no ongoing claim for that member and/or
- 2.4.2** There is no outstanding invoices that require payment and/or
- 2.4.3** There is no treatment currently going ahead.
- 2.5** LPFT Medical Scheme may cancel membership of any individual if they;
- 2.5.1** Fail to pay any admin fee due within 30 days
- 2.5.2** Fail to pay their usual membership fee on time
- 2.5.3** Fail to return any claim form required by the Scheme and supporting referral letter
- 2.5.4** Makes a fraudulent claim or provides incorrect information in order to start the claim.
- 2.6** Membership is for the life of the member for as long as they remain a paying individual.
- 2.7** If a member dies, their family may remain in the Scheme should they wish to provided they arrange for payments to continue.
- 2.8** Children if enrolled within 3 months of birth, will be accepted without evidence of health.
- 2.9** All and any changes to a Members policy must be made in writing as soon as possible.

3. BENEFITS AND SCHEME LIMITS

- 3.1** Benefits of the Scheme are explained below as detailed with their individual limits
- 3.1.1** Consultations – 1 new and up to 4 Follow-ups or £800
- 3.1.2** Psychiatric and psychological treatment – 1 new and up to 4 follow-ups or £800
- 3.1.3** Pathology (outpatient) £500
- 3.1.4** Physiotherapy at Approved Hospital – up to 8 sessions (we can only get members back to a suitable level of fitness and will not cover enhanced rehabilitation). Limit of £500
- 3.1.5** Specialist Diagnostic Tests (Outpatient) – 1 test per claim or up to £800
- 3.1.6** Imaging – MRI and/or CT – Up to 3 scans. For multiple area imaging, each area is classed as 1 scan or up to £1000
- 3.1.7** Image guided injections – Maximum of 2 per area or up to £1500
- 3.1.8** Steroid Injections – 2 or up to £600
- 3.1.9** Counselling – Up to 10 sessions or £500 whichever comes first
- 3.1.10** Splints and orthotics if part of treatment and approved – 3 appointments and 1 set
- (* where there is a monetary amount, whichever comes sooner)
- 3.2** The following are covered by the Scheme subject to referral letter and claim approval. Each item will be looked at on its own merit and limited accordingly
- 3.2.1** Polysomnography (sleep study)
- 3.2.2** Post treatment/surgery in-patient stay at Approved Hospital if clinically necessary
- 3.2.3** Fixed cost surgery
- 3.2.4** Drugs, dressings and medicines prescribed for in-patient treatment
- 3.2.5** Spinal surgery – limited to 1 surgery regardless of location
- 3.2.6** Benevolent payment for members
- 3.3 NHS CLAIMS – UNPLANNED ADMISSION**
- 3.3.1** £50.00 per night with a maximum of £250 per claim
- 3.3.2** Claim subject to receipt of Hospital discharge papers
- 3.4 NHS PRE-PLANNED ADMISSION**
- 3.4.1** £100 per night with a maximum of £500 per claim
- 3.4.2** Must meet the following criteria:
- Must see a consultant
- Member put on NHS waiting list
- Member must seek Scheme approval prior to treatment
- Treatment or condition for this claim must be one already covered by the Scheme.

4. CLAIMS

4.1 PHYSIOTHERAPY CLAIM

You can self-refer for physio. Please contact the Scheme and request a claim.

A claim form will be sent to the Member along with all details on how to book, claim number and how to pay the admin fee

Member can then book their appointment and must ensure they keep the Scheme updated at all times as to treatment and outcome to ensure Scheme Limits are not exceeded

Any extra treatment or investigation aside from the physio required needs approval from the Scheme

Physio sessions restricted as per Scheme Limits

Member must ensure the claim form and admin fee is sent/paid within 14 days of it being sent

We use Docusign to send out claim forms which is a simple way to get them to you to sign in a secure manner.

4.2 ANY OTHER CLAIM

Member must visit GP for their condition/concern. If necessary, they will issue a referral letter to see a specialist after carrying out all relevant preliminary tests

Once the Member has the referral they should contact the Scheme to request a claim. The Scheme require a copy of the referral letter for any claim to be approved and created

A claim form will be sent to the Member along with all details on how to book, claim number and how to pay the admin fee

Member can then book their appointment and must ensure they keep the Scheme updated at all times as to treatment and outcome to ensure Scheme Limits are not exceeded

Prior authority is required for any investigations, scans, treatment, surgery and the like

Member must ensure the claim form and admin fee is sent/paid within 14 days of it being sent

We use Docusign to send out claim forms which is a simple way to get them to you to sign in a secure manner

4.3 CIVIL CLAIMS

If a Member has cause to make a civil claim for an injury/illness/condition, that requires them to use the Scheme the Member is required, under the terms of the Scheme to apply for reimbursement of medical costs under special damages as part of any civil claim.

If the Member receives a payment as a result of a civil claim, the Member must repay the Scheme any such amount that has been paid by the Scheme without any deductions.

4.4 NHS CLAIMS

As detailed in Section 3.3 a Member is entitled to make a claim for an overnight stay in an NHS Hospital subject to the claim meeting the criteria laid out in 3.4.2.

No admin fee necessary for NHS Claims



5. GENERAL INFORMATION

- 5.1** To enable the Scheme to keep its records up to date members shall notify the Scheme immediately of any changes in circumstances. The Scheme will be allowed to use this information to advise members of any changes or benefit.
- 5.2** The member is not automatically entitled to private medical provision and all benefits provided by the Scheme are at the absolute discretion of the Trustees. No third party shall be entitled to enforce any provision of the Scheme rules to obtain any medical provision detailed in the rules. No provision of these rules is enforceable by any third person other than the member or the Trust and Trustees.
- 5.3** The rules and provisions may be revoked, supplemented or varied from time to time or new rules introduced in their place by resolution of the Trustees
- 5.4** Any changes made shall take effect from any date specified by the Trustees but not less than 28 days' notice will be given to the member; save in the case of minor alterations or alterations that the trustees consider in their absolute discretion to be necessary or desirable so as to comply with law and they may effect such changes immediately
- 5.5** If the Member has more than one policy whereby they could make a claim for any condition also covered by the Scheme, the Member must only claim from once policy. Failure to adhere to this is a fraudulent claim and will result in removal from the Scheme
- 5.6** Any fraud, misstatement or concealment made on the member's claim or application to join the Scheme made by or on behalf of a Scheme member shall render the membership void and all claims thereunder shall be forfeited
- 5.7** Any changes to a Policy must be made in writing or via email provided that email address has already been registered with the Scheme to ensure data compliance. All changes will be acknowledged by the Scheme
- 5.8** Changes to address or other personal information must be made immediately to ensure the data held by the Scheme is accurate at all times
- 5.9** If a Member cancels their membership during a period of treatment the Scheme will not pay for any further treatment. Further costs will become the Members responsibility
- 5.10** Any claim that has lay dormant for 6 months will be closed. If the issue that lead to the initial claim arises again, the Member will require a new claim being opened with a new claim form and admin fee payable
- 5.11** Failure to abide by the Scheme Rules may lead to removal of that Member, and any family for which that Member is paying, from the Scheme
- 5.12** Where a Members behavior and/or actions is deemed to be unreasonable and likely to damage the reputation of the Scheme or its Trustees, that Member, and any family for which that Member is paying, may be removed from the Scheme
- 5.13** Any behavior that is deemed unreasonable towards the Staff will not be tolerated and may result in that Member, and any family for which that Member is paying, being removed from the Scheme.

APPENDIX 1. TERMS

MEMBER: Any person over the age of 18 on a Scheme policy i.e. partner, child over 18, grandchild over 18

CHILD: Any person on a Scheme policy under the age of 18 being paid for by a Member

CHRONIC CONDITION: A health condition or disease that is persistent or otherwise long-lasting in its effects or constantly recurring. The term chronic is usually applied when the course of the condition lasts for more than three months

GENERAL PRACTITIONER (GP): A physician whose practice consists of providing ongoing care covering a variety of medical problems in patients of all ages, often including referral to appropriate specialists

NHS HOSPITAL: A National Health Service hospital in the United Kingdom

APPROVED HOSPITAL: The Hospital currently under contract with the Scheme

IN-PATIENT: A patient who occupies a bed overnight in a hospital

NHS CASH BENEFIT: Benefit payable for each pre-authorised night spent in an NHS hospital without charge for conditions covered by the Scheme

OUT-PATIENT: A patient who receives care at a medical facility but is not admitted to the facility overnight or for 24 hours or less. The term may also refer to the healthcare services that such a patient receives

SCHEME: The LPFT Medical Scheme

SCHEME RENEWAL DATE: Triennially

SCHEME YEAR: January to December

SECOND OPINION: Obtaining an alternative view of a medical condition from a second specialist

TREATMENT: The management and care of a patient with the purpose of curing or substantially relieving a medical condition under the direction of a specialist

CLINICAL SUMMARY: Clinical overview provided by your GP of your medical history. This is not your full medical record

CLAIM FORM: We require a claim form to be completed for each and every claim. A simple form for you to complete, sign and return to us within 14 days.

ADMIN FEE: A £30 fee is payable for all claim (excluding NHS Claims) to cover administration costs

REMOVAL FROM THE SCHEME: Before a Member is removed from the Scheme, written notice shall be served detailing the reasons for the removal. At this point the Member can accept the notice or appeal to the LPFT using the format shown in Appendix 3: Appeals and Complaints. The decision of the Trustees will be final

SCHEME BENEFICIARY: The initial Scheme Member from Leicestershire, whether Police, Staff or Retired. Not a family member of the above.

IN WRITING: Either a letter or an email

PAIN MANAGEMENT: Pain management encompasses different approaches to prevent, reduce or stop pain sensation.

Pain can be categorised into 2 DOMAINS:

ACUTE: associated with injury, headaches, disease and other conditions

CHRONIC: endures beyond a normal healing time; identifiable as unremitting pain that lacks physical cause; pain that lasts longer than 12 weeks

Any treatment provided by a pain consultant is deemed as pain management

APPENDIX 2. WHAT IS NOT COVERED

A2.1 Outpatient dressings, take home drugs, boots or braces

A2.2 Costs of any post-operative complications

A2.3 Any costs per claim over £20,000

A2.4 Any cost across all claims over £30,000 per Scheme year

A2.5 Any emergency treatment

A2.6 Any chronic or long term condition

A2.7 More than 1 joint replacement on same joint regardless of whether it was a full or partial initially, including tibial osteotomy

A2.8 Any care provisions at a nursing home or rehabilitation centre or any other similar location

A2.9 Any treatment relating to pregnancy, childbirth (including assisted conception), termination of pregnancy and any subsequent issues which may arise

A2.10 Infertility (including investigations), sexual dysfunction, contraception and sterilization (including reversal)

A2.11 Gender reassignment and/or reversal, including surgery, treatment, psychological support etc

A2.12 Neurological disorders undertaken as an inpatient

A2.13 Alcoholism, drug abuse, self-harm or harm caused by another with the Members consent and eating disorders or conditions arising therefrom or associated therewith

A2.14 Any further treatment beyond diagnosis for any condition involving heart disease, cancer or any other malignant condition

A2.15 Injury or disablement directly or indirectly caused by or contributed to, by war, invasion or while engaged or taking part on active service in military, naval or air services or operations arising from any reserve military duty

A2.16 Supportive treatment for renal failure including dialysis

A2.17 Treatment directly or indirectly related to Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any syndrome or condition of a similar kind howsoever it may be named including any Sexually Transmitted Infection (STI)

A2.18 Pain management

A2.19 Psychiatric assessment or treatment as an in-patient

A2.20 Any treatment outside the EU. Treatment in the EU is only for those Members who permanently reside in an EU State. *Subject to EU Policy.

A2.21 More than 1 spinal surgery/intervention regardless of timeline or spinal location

A2.22 Any cosmetic surgery/treatment including for psychological or medical reasons

A2.23 Private ambulance

A2.24 Private GP , routine medical check-ups, screening and annual consultations

A2.25 Transfer from NHS to private in-patient facility once treatment has commenced as an NHS in-patient

A2.26 Treatment for iatrogenic disease e.g. keloid scarring, lymphoedema, side effects or drugs

A2.27 In-patient treatment for medical investigations or monitoring

A2.28 Any treatment that has been refused by the NHS or is a direct result of medical advice not being followed

A2.29 Any condition that existed prior to joining the Scheme until such time as 24 consecutive months has lapsed without such condition requiring any treatment, medical advice or attention.

A2.30 A second opinion from another consultant, specialist or healthcare provider

A2.31 Any costs above BUPA rates

A2.32 Injuries relating to, or derived from, semi-professional or professional sporting activity

A2.33 Repeated investigations for ongoing treatment

A2.34 Revision surgery

A2.35 Repeated surgery

A2.36 Enhanced treatment or recovery package

A2.37 Any treatment for learning and developmental disorders including dyslexia and dyspraxia, whether physical or psychological

A2.38 Natural aging including menopause and puberty

A2.39 General dental and optical checks and prescriptions

A2.40 Varicose veins

A2.41 Allergy testing

A2.42 Gender reassignment or gender confirmation

A2.43 Genetic testing or screening

A2.44 Any screening or preventative treatment

A2.45 Treatment for obesity including weight loss surgery or post loss surgery

A2.46 Chiropraxy

A2.47 Vaccinations and immunisations

A2.48 Any treatment/surgery for short or long sightedness either alone or as part of another optical operation

A2.49 Any treatment if the Member has not paid their relevant subscriptions

A2.50 Any treatment where the Member has not returned their claim form and admin fee within 14 days of it being sent

A2.51 Personal costs while in Approved Hospital i.e. extra meals, phone calls etc

A2.52 Costs incurred as the result of a Member not turning up for an appointment or surgery

A2.53 Any treatment, consultations, investigations, surgery and the like, where prior approval from the Scheme has not been sought

A2.54 Any claims that are over 6 months old and have had no activity on them within 6 consecutive months

A2.55 Any treatment or costs incurred if a Member has requested to cancel their membership and the 30 days notice period has passed

A2.56 Cardiology including Cardio Version, Angiogram, Stent, Pacemaker

A2.57 Ear syringing and hearing aids

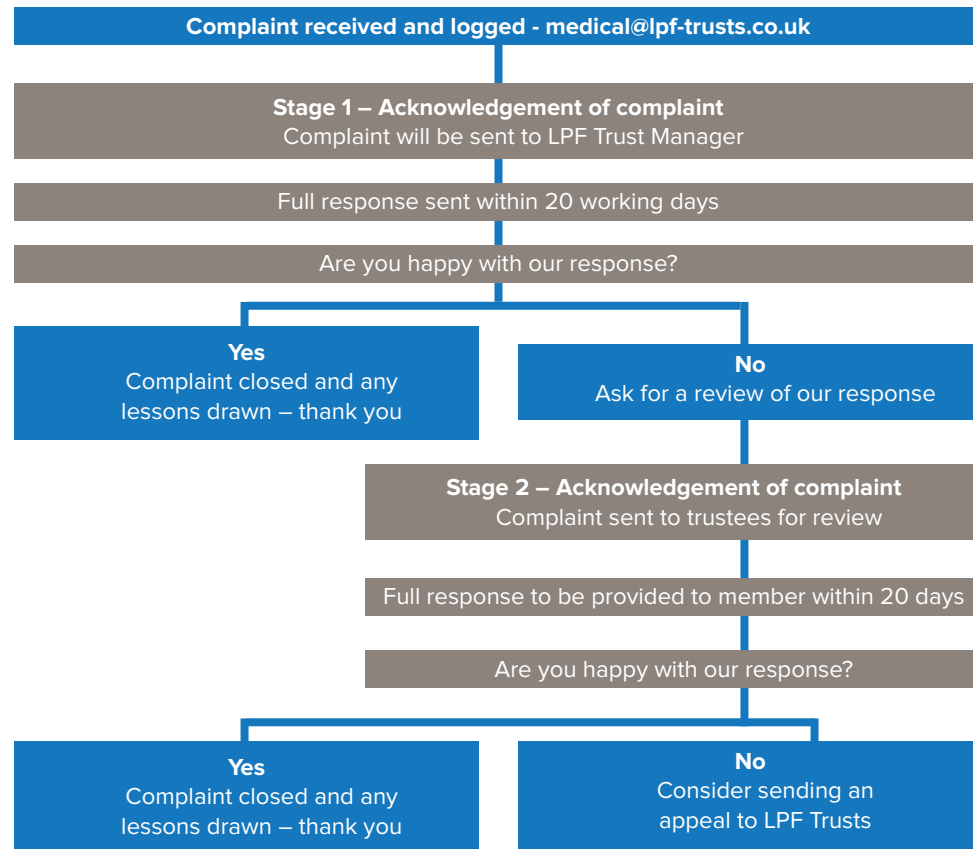
A2.58 Dermatology for repeated excisions and checks for the same dermatological problem. Maximum of two claims for repeat removal of recurrent lumps and cysts.

*Contact office for EU Policy.

APPENDIX 3. APPEALS AND COMPLAINTS

Any appeal or complaint should in the first instance be brought to the attention of the Trust Manager, LPF Trusts, Unit B, Grange Business Park, Enderby Road, Whetstone, Leicestershire LE8 6EP. Telephone No. 0116 275 9930.

Should the matter not be adequately resolved for either party then the trust manager will prepare such documents to be given to the trustees for them to form a decision in regard to any appeal or complaint. The person appealing or making a complaint will be invited to supply the trustees with any documentation that they feel would assist their appeal or complaint.



APPENDIX 4. SUBSCRIPTIONS, PAYMENTS, DIRECT DEBIT AND GO CARDLESS

4.1 SUBSCRIPTIONS

4.1.1 Subscription fees to the LPF Trusts Medical Scheme shall be paid by instalments on a monthly basis via the agreed payment method

4.1.2 Failure to pay any subscriptions or administration fees to the LPF Trusts Medical Scheme shall void your membership

4.1.3 Contributions will be held in trust by the LPFT Medical Scheme for the benefit of the Scheme Beneficiary

4.1.4 You must give 30 days notice to withdraw from the Scheme to allow the Scheme time to make the changes necessary. The request must be in writing or email.

4.2 PAYMENTS

4.2.1 Payments for Police are taken on from their salary on or around the 15th of each month

4.2.2 Payments for Staff are taken from their salary on or around the penultimate working day of every month

4.2.3 Payments for retired members is taken from their pension on or around the 1st of each month

4.3 DIRECT DEBIT/GO CARDLESS

4.3.1 Please note that any member or dependant who has had continuing membership of the Scheme whose circumstances alter e.g. change of employment, may make application to pay premiums by Direct Debit/ Go Cardless and continue as a Scheme member. All such applications must be approved by the Scheme.

4.3.2 Any failed Direct Debit/Go Cardless payments and returned cheques are liable for an extra administration charge

APPENDIX 4.

SUBSCRIPTIONS, PAYMENTS, DIRECT DEBIT AND GO CARDLESS

THE DIRECT DEBIT AND GO CARDLESS GUARANTEE

This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits/ Go Cardless payments.

If there are any changes to the amount, date or frequency of your Direct Debit/ Go Cardless payment, LPF Medical Scheme will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request LPF Medical Scheme to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit/Go Cardless, by LPF Medical Scheme or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. – If you receive a refund you are not entitled to, you must pay it back when LPF Medical Scheme asks you to. You can cancel a Direct Debit/Go Cardless payment at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



APPENDIX 5.

LPF TRUSTS HOW WE USE YOUR DATA

Here at LPF Trusts we take your privacy seriously and will only use your personal information to administer your membership and to provide the services that you have requested from us.

How do we collect information from you?

We will collect personal information about you when you join the Scheme and register a claim. We also obtain personal information from the contracted providers of your services such as the Medical Facility at which you are treated and the underwriter of your insurance policy.

What type of information is collected?

We collect personal information such as your name, address, contact information and personal medical information pertaining to your claims.

How will we use this information?

We use the information provided to administer your membership and to provide the services you have requested from us. We will never pass on your information to any other external organisation for the purpose of marketing.

Scheme Marketing and Updates

We will never pass on your personal information to any other organisation for the purpose of marketing; however, from time to time we would like to contact you with details of internal promotions special offers and upcoming events. If you consent to us contacting you for this purpose, please tick the relevant boxes to say how you would like to be contacted:

Post Email Telephone SMS/Text Message

We will contact you with any updates or changes to the service provided as part of your membership.

How to contact us

Please contact us if you have any questions about our privacy policy or information we hold about you.

LPF Trusts, Lancaster House, Grange Business Park,
Enderby Road, Whetstone, Leicester LE8 6EP

Our full Privacy Policy can be found on our website lpf-trusts.co.uk



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