



**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 Medical Scheme Office is open:

Monday to Thursday from 9.00am to 4.00pm

Friday 9.00am to 3.00pm

Tel: 0116 275 9930

Fax: 0116 275 9949

Email: medical@lpf.polfed.org

1. INTRODUCTION AND PRICING

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

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
 NB: Age limit for new joiners 60 years of age

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

2. MEMBERSHIP INFORMATION

MEMBERSHIP INFORMATION

- 2.1** The Scheme is open to any Leicestershire Police Officer, Police Staff Employee, Retired Police Officer or Retired Police Staff Employee, and
- 2.1.1** Any spouse/co-habiting partner, child, or grandchild.
- 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** LPF 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** LPF 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** Make 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.
- 2.10** Age limit for new applicants is 60 years of age.
- 2.11** 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.
- 2.12** 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.
- 2.13** 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

2.14 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.

2.15 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.

2.16 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.

2.17 Changes to address or other personal information must be made immediately to ensure the data held by the Scheme is accurate at all times.

2.18 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.

2.19 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.

2.20 If there is a dispute as to the interpretation of any of these rules, the decision of the Trustees shall be final and binding.

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 consultation – 1 new and up to 4 follow-ups or £800

3.1.3 Counselling – Up to 10 sessions or £500 whichever comes first

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 Pathology (outpatient) £500

3.1.6 Specialist Diagnostic Tests (Outpatient) – 1 test per claim or up to £800

3.1.7 Imaging – MRI and/or CT – Up to 3 scans. For multiple area imaging, each area is classed as 1 scan or up to £1000

3.1.8 Daycase injections – Maximum of 2 per area or up to £1500

3.1.9 Outpatient Injections – 2 or up to £600

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)

3.1.11 Polysomnography (sleep study) where there is a contraindicated condition

3.1.12 Spinal surgery – limited to 1 surgery for the lifetime of the membership, regardless of spinal area

3.1.13 Benevolent payment for members

3.2 NHS CLAIMS – UNPLANNED ADMISSION

3.2.1 £50.00 per night with a maximum of £250 per claim

3.2.2 Claim subject to receipt of Hospital discharge papers

3.3 NHS PRE-PLANNED ADMISSION

3.3.1 £100 per night with a maximum of £500 per claim

3.3.2 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.

SCHEME NURSE

As a member of the LPF Medical Scheme, you have direct access to our Scheme Nurse. Please feel free to email her directly at Hannah.Williams@lpf.polfed.org if you would like to have a confidential discussion.

4. CLAIMS INFORMATION

- 4.1** The LPF Medical Scheme will advise you of the approved hospital for your claim. Members are not authorised to seek treatment at a chosen facility based on specialism.
- 4.2** Should a member seek a consultation or treatment without first receiving authorisation from the Scheme, the Medical Scheme shall be under no obligation to fund any costs incurred.
- 4.3** 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.
- 4.4** 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.
- 4.5** 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.

In order to process your Medical Claim fairly and efficiently, it may be necessary for the Medical Scheme to obtain a copy of your Medical Report or Clinic Letter from your GP or Specialist. The obtaining of such Medical Reports is governed by the Medical Reports Act 1988. If the Member refuses to give consent by signing the declaration section of the Claim Form, this may affect Claim eligibility.

Please remember...

- All members must ensure that the completed Claim Form and Administration Fee is returned within 14 days.
- It is the members responsibility to keep the Scheme updated at all times to ensure that all treatment and investigations are authorised and are within Scheme limits.
- The Scheme will require a copy of all pages of your GP Referral Letter prior to starting your claim. (With the exception of Physiotherapy and Counselling claims)

5. CLAIMS PROCEDURE

GP REFERRED CLAIMS

Members must visit their GP regarding their symptoms/concern. If necessary, they will issue a referral letter to see a specialist after carrying out all relevant preliminary tests and primary diagnostics.

Once the member has obtained a copy of the referral letter, they should contact the Scheme to request a claim. The Medical Scheme require a copy of all pages of the referral letter prior to approving a claim.

The member will be sent a Claim Form via Signable along with details of how to arrange an appointment at the approved Hospital.

The member must keep the Medical Scheme updated at all times in regard to any investigations or treatment that may be required to obtain authorisation and to ensure that Scheme limits are not exceeded.

PHYSIOTHERAPY AND COUNSELLING CLAIMS

Members can self-refer for Physiotherapy and Counselling services with our approved providers. Please contact the Medical Scheme to request a claim.

Once authorised, a Claim Form will be sent to the claiming member via Signable along with details of how to arrange an appointment at our approved facility.

The member must keep the Medical Scheme updated at all times in regard to any investigations or treatment that may be required to obtain authorisation and to ensure that Scheme limits are not exceeded.

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.



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 Leicestershire Police Federation 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

PRIMARY DIAGNOSTICS:

Initial diagnostic tests such as X-ray, Blood Tests, Ultrasound Scans arranged by your GP prior to referral to a Specialist.

APPENDIX 2. WHAT IS NOT COVERED

A2.1 Oncology – Treatment beyond Cancer diagnosis inclusive of – Chemotherapy, Radiotherapy, Bone Marrow Transplant, Immunotherapy, Hormone Therapy, Targeted Drug Therapy and Clinical Trials.

A2.2 Cardiology - Treatment beyond Cardiac diagnosis, Including procedures such as Cardioversion, Angiogram, Stents, Pacemakers and Angioplasty.

A2.3 Cost of any Post-Operative complications.

A2.4 Any costs per claim over £20,000.

A2.5 Any cost across all claims over £30,000 per Scheme year.

A2.6 Any Emergency treatment or treatment at a Private Urgent Care Hospital or Clinic including treatment undertaken at a Fracture Clinic.

A2.7 Revision Surgery – Including any change of alignment, replacement of cement, conversion or amendment to prosthetic of a previously replaced joint. (Including articulation of bone)

A2.8 Any chronic or long term condition.

A2.9 Pain Management.

A2.10 Dermatology for repeated excisions and checks for the same dermatological problem. Maximum of two claims for removal of recurrent lumps and cysts.

A2.11 Repeated surgery for recurring conditions.

A2.12 More than 1 spinal surgery/intervention regardless of timeline or spinal area.

A2.13 Injuries relating to or derived from, semi-professional or professional sporting activity.

A2.14 Multi stage surgery following initial procedure. (Subject to Scheme consideration)

A2.15 Any cosmetic surgery/treatment including for psychological or medical reasons

A2.16 Gender reassignment and/or reversal, including surgery, treatment, psychological support and gender confirmation.

A2.17 Supportive treatment for renal failure including dialysis.

A2.18 Varicose veins.

A2.19 Treatment for obesity including weight loss surgery or post loss surgery.

A2.20 Treatment for iatrogenic disease e.g. keloid scarring, lymphoedema, side effects or drugs.

A2.21 Treatment for any visual correction including optical checks and monitoring.

A2.22 Any visual correcting lens that is additional to the standard Cataract procedure. If the member wishes to opt for a specialist lens, the liability and cost will be the member's responsibility.

A2.23 Any treatment relating to pregnancy, childbirth (including assisted conception), termination of pregnancy and any subsequent issues which may arise.

A2.24 In-patient treatment for medical investigations or monitoring

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

A2.26 Private ambulance

A2.27 Private GP, routine medical check-ups, screening and annual consultations.

A2.28 Infertility (including investigations), sexual dysfunction, contraception and sterilization (including reversal)

A2.29 Neurological disorders undertaken as an inpatient.

A2.30 Psychiatric assessment or treatment as an in-patient.

A2.31 Repeated investigations for ongoing symptoms.

A2.32 Any treatment for learning and developmental disorders Including dyslexia and dyspraxia, whether physical or

psychological including speech therapy.

A2.33 Any screening or preventative treatment/surgery.

A2.34 Genetic testing or screening.

A2.35 Symptoms 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)

A2.36 Alcoholism, drug abuse, self-harm or harm caused by another with the members consent, eating disorders or conditions arising therefrom or associated therewith.

A2.37 Any treatment that has been refused by the NHS or is a direct result of medical advice not being followed.

A2.38 Natural aging Including menopause and puberty.

A2.39 Dentistry treatment (including orthodontist).

A2.40 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.

A2.41 A second opinion from another consultant, specialist or healthcare provider.

A2.42 Any treatment that is not recognised by NICE guidelines.

A2.43 Allergy testing.

A2.44 Ear syringing and hearing aids.

A2.45 Chiropody.

A2.46 Vaccinations and Immunisations.

A2.47 Outpatient dressings, prescriptions, boots, braces and splints are the liability of the member.

A2.48 Any care provisions at a nursing home or rehabilitation centre or any other similar location.

A2.49 Enhanced treatment or recovery package to regain previous athletic baseline - Including treatment beyond rehabilitation to a day to day level of fitness.

A2.50 Any treatment, consultations, Investigations, surgery and the like where prior approval from the Scheme has not been sought.

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

A2.52 Any treatment or costs incurred if a Member has requested to cancel their membership and the 30 days notice period has passed.

A2.53 Any claims that are over 6 months old and have had no activity on them within 6 consecutive months.

A2.54 Any treatment where the Member has not returned their claim form and admin fee within 14 days of it being sent.

A2.55 Any treatment if the Member has not paid their relevant subscriptions.

A2.56 Costs incurred as the result of a Member not turning up for an appointment or surgery.

A2.57 Any costs above BUPA rates

A2.58 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.

A2.59 Inpatient treatment undertaken as a private patient at an NHS facility – including private wings at NHS Hospitals.

APPENDIX 3.

APPEALS AND COMPLAINTS

Any appeal or complaint should in the first instance be brought to the attention of the Leicestershire Police Federation Medical Scheme, 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, the member can send their written complaint to the Chief Operating Officer as detailed below.

Complaint received and logged – medical@lpf.polfed.org

Stage 1 – Acknowledgement of complaint
Complaint will be sent to Chief Operating Officer

Full response sent within 14 working days

APPEAL PROCESS

If a member wishes to make an appeal for treatment that is not referenced in the Scheme Benefits, this should be sent to the Scheme by email to Medical@lpf.polfed.org or in writing to: LPF Medical Scheme, Suite B, Lancaster House, Grange Business Park, Enderby Road, Whetstone, Leicester, LE8 6EP.

The appeal will be anonymised and sent to the Trustees of the Medical Scheme and a response will be provided within 14 days.

Please note that members cannot appeal to the Trustees for treatment over and above the limits outlined in the current Scheme Benefits.

APPENDIX 4.

SUBSCRIPTIONS, PAYMENTS AND DIRECT DEBIT

4.1 SUBSCRIPTIONS

4.1.1 Subscription fees to the LPF 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 Medical Scheme shall void your membership

4.1.3 Contributions will be held in trust by the LPF 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 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 are taken from their pension on or around the 1st of each month

4.3 DIRECT DEBIT

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 and continue as a Scheme member. All such applications must be approved by the Scheme.

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

The LPF Medical Scheme does not accept Cash or Cheque as a form of payment.

Members can opt to pay their claim Administration Fee securely over the telephone. Should you wish to use this service, please have your card details ready when you make a claim.

APPENDIX 4.

SUBSCRIPTIONS, PAYMENTS, AND DIRECT DEBIT

THE DIRECT DEBIT GUARANTEE

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

If there are any changes to the amount, date or frequency of your Direct Debit 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, 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 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 Medical Scheme, Lancaster House, Grange Business Park,
Enderby Road, Whetstone, Leicester LE8 6EP

Our full Privacy Policy can be found on our website [lpf-trusts.org](https://www.lpf-trusts.org)

LPF Medical Scheme

Suite B, Lancaster House
Grange Business Park • Enderby Road
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T: 0116 275 9930

E: Medical@lpf.polfed.org

W: lpf-trusts.org