



**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.

Medical Scheme Office:

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Alex.Hooseman@polfed.org

Opening hours
The Leicestershire Police Federation
Medical Scheme Office is open:
Monday to Friday 9.00am to 4.00pm

The Medical Scheme phone line is open:
Monday to Friday 11.00 am to 4.00pm

Tel: 0116 2759930
Fax: 0116 2759949
Email: medical@lpf.polfed.org

1. INTRODUCTION AND PRICING

Leicestershire Police Federation Medical Scheme is a Trust and therefore not here to make a profit. Our aims and values are always to put our members and their wellbeing first.

MEDICAL SCHEME RATES

	1st year FREE	
	2nd year at 50% of age banded rate	
STUDENT OFFICERS		
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	£47.00	£94.00
61–65	£49.00	£98.00
66–70	£50.00	£100.00
70+	£51.00	£102.00

These rates apply as of 1 January 2022
*Married refers to any co-habiting partnership
NB: Applications will only be accepted for applicants under 60 years of age

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

2. MEMBERSHIP INFORMATION

2.1 The Scheme is open to any Leicestershire Police Officer, Police Staff Employee, Retired Police Officer, Retired Police Staff Employee and serving or retired Police Officers or Police Staff Employees of any other Police Force the Trustees may decide from time to time, and

2.1.1 Any spouse/co-habiting partner, child, or grandchild.

2.2 All members must complete an application form and provide a clinical summary to the Scheme in order to become a Member. Student Officers are not required to provide a clinical summary providing that:

2.2.1 The application is submitted within the first 2 weeks of commencing service.

2.2.2 The applicant does not have any pre-existing health issues to declare.

2.3 The Trustees refuse the right to refuse membership to any individual.

2.4 Any member may amend or cancel their membership at any time by giving 30 days notice in writing to the Scheme provided that:

2.4.1 There are no ongoing claims for that member and/or

2.4.2 There are no outstanding invoices that require payment and/or

2.4.3 There is no planned treatment under an existing claim.

2.5 The Trustees may cancel the 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 All new applicants must submit their application prior to their 60th birthday.

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 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 the date specified by the Trustees.

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

2.17 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.

2.18 Where a Member's 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.

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

2.20 Membership subscriptions are subject to a yearly review and may be increased to reflect inflation and/or medical costs.

2.21 If a member has cause to make a civil claim for an injury, illness or condition and they have sought treatment for that issue via the Medical Scheme, the member must apply for reimbursement of these costs under 'special damages' as part of their civil claim.

Should a member receive a reimbursement for these treatment costs, they must refund the costs to the Scheme in full.

3. BENEFITS AND SCHEME LIMITS

The Medical Scheme claim limits are outlined below and are subject to claim authorisation. Each limit below is applicable per claim. In the case of limits that are applicable for the lifetime of the membership, this is outlined against the relevant limit. Each new issue will require a new claim and will be subject to the below limits. There is a limit of £20,000 per claim and an overall claim limit of £30,000 per year, per member across all open claims.

All treatment must be pre-authorized by the Scheme.

3.1 Consultations 1 new and up to 4 Follow-ups or £800

3.1.1 Psychological Consultations

1 Initial and up to 4 Follow-ups or £800

3.1.2 Psychiatric Consultations

2 consultations or £800 - cases requiring the prescribing or titration of medication will need to be assessed prior to authorisation

3.2 Counselling

Up to 10 sessions or £500

3.3 Physiotherapy Adult and

Paediatric Musculoskeletal physiotherapy
Up to 8 Sessions or £500

3.3.1 Women's and Pelvic health physiotherapy Up to 4 Sessions

3.3.2 Vestibular physiotherapy

Up to 6 Sessions (subject to consultant referral)

3.4 Pathology (Outpatient blood tests)
£500

3.5 Specialist Diagnostic Tests (Outpatient)

ENT scope Investigations - 3 per claim

Nerve conduction - 1 per claim

Diagnostic scopes - 3 per claim

Ophthalmology visual tests - 2 per claim

Audiology tests - 2 per claim

Vestibular testing - 1 per claim

3.6 Imaging MRI and/or CT Scans

Up to 3 scans or £1600 – for multiple area imaging, each area is deemed as 1 scan.

3.7 Image Guided Injections

(eg epidural or root block) 2 per body area
for the lifetime of the membership

3.8 Outpatient Injections (eg Steroid)

3 per body area **for the lifetime of the membership**

3.9 Orthotics

3 consultations and 1 set

3.10 Polysomnography - 1 for the

lifetime of the membership - only authorised with a suitable referral from a consultant when there is a contraindicated condition

3.11 Shockwave Treatment £350

3.12 Inpatient Surgery Covered in full subject to authorisation

3.13 Day Case Surgery Covered in full subject to authorisation

3.14 NHS CLAIMS

£100 per night with a maximum of £500 per year

3.14.1 Claims are subject to receipt of a Hospital Discharge letter.

4. CLAIMS INFORMATION

4.1 CLAIMS INFORMATION

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.

4.2 ADMINISTRATION FEE

An Administration fee will apply to all claims:

£30.00 for members that are treated at Spire Hospital Leicester

£250.00 for members that reside outside of Leicester, Leicestershire or Rutland and do not wish to travel to Spire Hospital Leicester for treatment.

MAKE A GP APPOINTMENT

If you have a medical issue, arrange an appointment with your registered GP in the first instance. Your GP will evaluate your symptoms, carry out preliminary diagnostic tests and possibly prescribe a course of treatment.

This initial stage of treatment is also known as **primary care** and is not covered as part of your membership.

GET AN OPEN REFERRAL

If your GP has assessed your condition and wants to refer you to see a specialist, please obtain a copy of the referral letter and email this through to us.

Ask your GP for an **open referral**. This means that your GP will refer you to the specialism that you require and not a named consultant.

CONTACT THE MEDICAL SCHEME

Once you have a copy of your referral letter, please send this through to the Medical Scheme. Once the team have received your referral letter, they will ensure that your treatment can be covered and contact you with authorisation and provide you with the details you need to arrange a suitable appointment.

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 to ensure that all treatment and investigations are authorised 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 that are self-referral).

5. CLAIMS PROCEDURE



GP Referral Claims

Contact your GP who will carry out all primary care investigations



Obtain an Open Referral Letter and send this to the Medical Scheme at medical@lpf.polfed.org and await authorisation



Arrange an appointment with a suitable specialist



Self-Referral Claims

Physiotherapy and Counselling claims do not require a GP referral letter. Please contact the Medical Scheme directly to start a claim for these services.

APPENDIX 1. TERMS

A1.1 MEMBER: Any person over the age of 18 on a Scheme policy i.e. partner, child over 18, grandchild over 18

A1.2 CHILD: Any person on a Scheme policy under the age of 18 being paid for by a Member

A1.3 CHRONIC CONDITION: A disease, illness or health condition of long duration that requires continuous or ongoing management or treatment

A1.4 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

A1.5 NHS HOSPITAL: A National Health Service hospital in the United Kingdom

A1.6 APPROVED HOSPITAL: The Hospital currently under contract with the Scheme

A1.7 IN-PATIENT: A patient who occupies a bed overnight in a hospital

A1.8 NHS CASH BENEFIT: Benefit payable for each pre-authorised night spent in an NHS hospital without charge for conditions covered by the Scheme

A1.9 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

A1.10 SCHEME: The Leicestershire Police Federation Medical Scheme

A1.11 SCHEME RENEWAL DATE: Triennially

A1.12 SCHEME YEAR: January to December

A1.13 SECOND OPINION: Obtaining an alternative view of a medical condition from a second specialist

A1.14 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

A1.15 CLINICAL SUMMARY: Clinical overview provided by your GP of your medical history. This is not your full medical record

A1.16 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

A1.17 ADMIN FEE: A fee is payable for all claims (excluding NHS Claims) to cover administration costs

A1.18 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 LPF using the format shown in Appendix 3: Appeals and Complaints.

The decision of the Trustees will be final

A1.19 SCHEME BENEFICIARY: The initial Scheme Member from Leicestershire Police or other police force, whether Police, Staff or Retired. Not a family member of the above

A1.20 IN WRITING: Either a letter or an email

A1.21 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

A1.22 PRIMARY DIAGNOSTICS: Initial diagnostic tests such as X-ray, Blood Tests, Ultrasound Scans arranged by your GP prior to referral to a specialist

A1.23 PRE-EXISTING: A known illness, injury or health condition that existed prior to application to the Scheme

APPENDIX 2. WHAT IS NOT COVERED

TREATMENT

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

A2.4 Revision Surgery – Including any change of alignment, replacement of cement, conversion or amendment to prosthetic of a previously replaced joint. (Including articulation of bone)

A2.5 Any chronic or long term condition.

A2.6 Pain Management.

A2.7 Dermatology for repeated excisions and checks for the same dermatological problem. Maximum of two claims for removal of recurrent lumps and cysts.

A2.8 Repeated surgery for recurring conditions.

A2.9 More than 1 spinal surgery/intervention regardless of timeline or spinal area.

A2.10 Injuries relating to or derived from, semi-professional or professional sporting activity.

A2.11 Multi stage surgery following initial procedure (subject to Scheme consideration).

A2.12 Any cosmetic surgery/treatment including for psychological or medical reasons.

A2.13 Varicose veins.

A2.14 Repeated investigations for ongoing symptoms.

A2.15 Any claims that are over 6 months old and have had no activity on them within 6 consecutive months.

A2.16 Costs incurred as the result of a Member not turning up for an appointment or surgery.

A2.17 Joint replacements due to degenerative changes or osteoarthritis within the first 2 years of membership.

A2.18 More than 1 surgery to digits (fingers or toes) on each hand or foot.

SPECIALIST TREATMENT

A2.19 Gender reassignment and/or reversal, including surgery, treatment, psychological support and gender confirmation.

A2.20 Supportive treatment for renal failure including dialysis.

A2.21 Treatment for obesity including weight loss surgery or post loss surgery.

A2.22 Treatment for iatrogenic disease e.g. keloid scarring, lymphoedema, side effects or drugs.

A2.23 Treatment for any visual correction including optical checks and monitoring.

A2.24 Any treatment relating to pregnancy, childbirth (including assisted conception), termination of pregnancy and any subsequent issues which may arise.

A2.25 Infertility (including investigations), sexual dysfunction, contraception and sterilization (including reversal).

A2.26 Neurological disorders undertaken as an inpatient.

A2.27 Psychiatric assessment or treatment as an in-patient.

A2.28 Any treatment for learning and developmental disorders Including dyslexia and dyspraxia, whether physical or psychological including speech therapy.

A2.29 Any screening or preventative treatment/surgery.

A2.30 Genetic testing or screening.

A2.31 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).

A2.32 Alcoholism, drug abuse, self-harm or harm caused by another with the members consent, eating disorders or conditions arising therefrom or associated therewith.

A2.33 Natural aging Including menopause and puberty.

A2.34 Dentistry treatment (including orthodontist).

A2.35 Allergy testing.

A2.36 Ear syringing and hearing aids.

A2.37 Chiropody.

A2.38 Vaccinations and Immunisations.

A2.39 Inpatient treatment undertaken as a private patient at an NHS facility – including private wings at NHS Hospitals.

A2.40 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.

GENERAL MEMBERSHIP

A2.41 Cost of any Post-Operative complications.

A2.42 Any costs per claim over £20,000.

A2.43 Any cost across all claims over £30,000 per Scheme year.

A2.44 In-patient treatment for medical investigations or monitoring.

A2.45 Transfer from NHS to private in-patient facility once treatment has commenced as an NHS in-patient.

A2.46 Private ambulance.

A2.47 Private GP, routine medical check-ups, screening and annual consultations.

A2.48 Any treatment that has been refused by the NHS or Is a direct result of medical advice not being followed.

A2.49 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.

A2.50 A second opinion from another consultant, specialist or healthcare provider.

A2.51 Any treatment that is not recognised by NICE guidelines.

A2.52 Outpatient dressings, prescriptions, boots, braces and splints are the liability of the member.

A2.53 Any care provisions at a nursing home or rehabilitation centre or any other similar location.

A2.54 Enhanced treatment or recovery package to regain previous athletic baseline - Including treatment beyond rehabilitation to a day to day level of fitness.

A2.55 Any treatment, consultations, Investigations, surgery and the like where prior approval from the Scheme has not been sought.

A2.56 Personal costs while in Approved Hospital i.e. extra meals, phone calls etc.

A2.57 Any treatment or costs incurred if a Member has requested to cancel their membership and the 30 days notice period has passed.

A2.58 Any treatment where the Member has not returned their claim form and admin fee within 14 days of it being sent.

A2.59 Any treatment if the Member has not paid their relevant subscriptions.

A2.60 Any costs above BUPA rates.

A2.61 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.

A2.62 Treatment costs once membership has been cancelled.

A2.63 Treatment costs that are being claimed under another healthcare policy for a dual reimbursement.

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, Suite 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 the 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 & 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. Claim Administration Fees are payable via Square Payments that are a secure online payment platform. Your personalised payment link will be emailed to you once your claim has been approved by the Medical Scheme.

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.

MEDICAL SCHEME NURSE

As a member of the Leicestershire Police Federation Medical Scheme, you and your family benefit from the unique service of a dedicated Scheme Nurse. With a wealth of experience in the NHS, Hannah can offer a wide range of support and advice in a variety of areas.



CLAIM SUPPORT

Here to offer support with either starting a claim or throughout your claim journey



PRACTICAL SUPPORT

On hand to offer handy tips and tools of how to adjust prior to and following your treatment



MENTAL HEALTH SUPPORT

Assisting you and your family with any concerns and signposting to the relevant services

Providing support and advice following a difficult diagnosis

Offering help during a bereavement



COMPASSIONATE SUPPORT

To offer emotional support and be by your side throughout difficult times

Please feel free to contact Hannah on Monday, Tuesday or Friday on 0116 275 9930 or Hannah.Williams@lpf.polfed.org

APPENDIX 6.

LEICESTERSHIRE POLICE FEDERATION TRUSTS

HOW WE USE YOUR DATA

The Leicestershire Police Federation Medical Scheme takes the privacy of its members seriously and will only use your personal information to administer your membership and to provide the services you have requested from us.

How do we collect information from you?

We collect personal information about you when you apply to join the Medical Scheme and when a claim is registered. We may also obtain personal information from the Medical facility at which you are treated or your GP Practice where required for the purpose of claim administration.

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, 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.

Leicestershire Police Federation Medical Scheme, Lancaster House,
Suite B, Grange Business Park, Enderby Road, Whetstone, Leicester LE8 6EP



LPF Medical Scheme

Suite B, Lancaster House
Grange Business Park • Enderby Road
Whetstone • Leicester LE8 6EP

T: 0116 275 9930

E: medical@lpf.polfed.org

W: lpf-trusts.org