



The Catholic Dioceses Healthcare Trust Plan

 0208 481 7733

Section 1. About Your Plan

Chapter 1.1 About your plan

Welcome to The Catholic Dioceses Healthcare Trust **Plan** Guide.

The Catholic Dioceses have appointed **us**, Healix Health Services Ltd, to manage this **plan**. **Our** role is to assess and manage any medical needs that **you** might have as well as any care and **treatment you** receive. Therefore when **you** see the words “**we**”, “**us**” or “**our**” in this guide it means Healix.

The **plan** is designed to cover **employees** for the diagnosis and/or **treatment** of a short term **medical condition**, if the **treatment** is **medically necessary**. **You** will only be covered for eligible **daycase** and/or **inpatient treatment** if it is not available on the NHS to **you** within 6 weeks of the **treatment** being recommended by a **specialist**.

The **plan** is not intended to cover all medical conditions. Chronic conditions, and **treatment** for **cancer** and heart related conditions are not covered under this **plan**. There are other conditions and **treatments** that are excluded from cover (please see [Exclusions and limitations](#) for further details on this).

All **treatment** (including consultations and **diagnostic tests**) should be authorised in advance. Therefore it is essential that **you** call **us** before **you** receive **treatment**, to ensure that **your** proposed **treatment** is eligible for cover under **the plan**.

If **you** do not obtain authorisation from **us** before receiving **treatment**, **your** claim can be denied which means **you** will be liable for all **treatment** costs incurred. If **you** have a medical **emergency** or require immediate **treatment** outside the claims helpline opening hours, please refer to ‘[What happens in an emergency](#)’.

Chapter 1.2 When does cover start?

If **you** have joined **the plan**, **your** cover starts on the day **you** become a **member** of **the plan**. If **you** would like details on how to join the **plan** then please contact **your** Diocese.

The plan applies no upper age limits but is not available to anyone under the age of 18 years or to spouses/dependants.

Chapter 1.3 When does cover end?

We will stop cover for **you** (the employee) in the following situations:

- if **your** ministry or employment with **your** Diocese has come to an end for any reason
- if **you** have given **us** misleading information, have kept something from **us**, or have broken the conditions of this **plan**
- if **you** no longer live full-time in the United Kingdom
- if **you** pass away
- if for any reason **you**, **your** Diocese or the **trustees** of the **plan** ask **us** to end cover

If **treatment** has been authorised, **we** will not be held responsible for any **treatment** costs if **the plan** then terminates or **you** leave the **plan** and **treatment** has not yet taken place.

Chapter 1.4 Your plan underwriting

All clergy (priests and deacons) will be accepted on Medical History Disregarded underwriting. This means **we** will not apply any personal medical exclusions to **your plan**. However **your** cover will still be subject to the general terms of **the plan**. Please refer to the section **Exclusions and limitations** for further information.

All Non-Clergy will be subject to Moratorium underwriting. This means **we** will not pay for **treatment** of a **pre-existing condition**. By this **we** mean any **medical condition** or **related condition** for which **you**:

- have received medical **treatment** for, or
- had symptoms of, or
- have asked advice on, or
- to the best of **your** knowledge were aware existed in the five years before the start of cover.

However, subject to **the plan** terms and conditions, a **pre-existing condition** can become eligible for cover providing that when **you** first receive **treatment** **you** have not: received medical **treatment** for, had symptoms of, or have asked advice on for two continuous years after the start of **your** cover

If **you** receive **treatment**, have symptoms or ask advice for that **medical condition** within the first two years of **your start date**, then the moratorium is not satisfied and **you** will only be covered after there has been a continuous period of two years where **you** have not received **treatment**, had symptoms or asked advice for that condition.

Chapter 1.5 Information for administration

Your Diocese must give **us** all of the written information **we** need to work out the fee and pay any **benefit** provided under **the plan**. The employee is responsible for making sure **we** have all the information **we** need to pay their claims.

Renewing the plan

Depending on changes to the plans' conditions, the **plan** will continue for the period shown in the agreement. It may continue after that if **we** and **your** Diocese agree.

Interpreting plan's rules

The plan's rules are governed by English Law. Words and phrases which have special meanings are shown in bold throughout the document.

Should **you** have any cause for complaint **you** should contact Healix Health Services Ltd, Healix House, Esher Green, Esher, Surrey KT10 8AB.

Chapter 1.6 How to make a complaint

It is always **our** intention to provide a first class standard of service: however, **we** recognise that on occasions, **your** requirements may not have been met.

Should **you** have any cause for complaint, **you** should call the claims helpline on 0208 481 7733 or email cdht@healix.com

How **your** complaint will be handled

Stage 1

You will receive a written acknowledgement of **your** complaint within five business days of receipt. This will include the name and job title of the individual handling the complaint.

Stage 2

Within four weeks of receiving **your** complaint, **you** will receive either:

- A final response or
- A holding response, explaining why **we** are not yet in a position to resolve the complaint and indicating when **we** will be making further contact (this will be within eight weeks from receiving the complaint).

Stage 3

If **you** have not received a final response within four weeks, by the end of eight weeks after receipt of the complaint, **you** will receive either:

- A final response.
- A response explaining why **we** are still not in a position to provide a final response and explaining when **we** believe **we** will be able to do so.
- If **we** are unable to provide a final response, due to the delay which has now occurred, **you** may refer **your** complaint to the **trustees**.

If, during stage 2 or 3, **we** issue **our** final response but **you** remain dissatisfied, **you** may refer **your** complaint to the **trustees**. To do this, please set out **your** reasons fully in writing to the head of operations, asking for referral to the **trustees** for further consideration.

Section 2. What is Covered

Chapter 2.1 What is covered?

The **plan** will cover the cost of **medically necessary treatment**, as shown in the **table of benefits**, if **you** live permanently in **Great Britain** and **you** have an acute surgical or **medical condition**. **You** must be referred to a **specialist** by **your GP** (with the exception of physiotherapy, when **you** may contact **us** without the need for a referral, and **we** will assess **your** symptoms and help organise the most effective **treatment**).

In some circumstances **we** will also accept referrals from a dentist, an optician or an occupational health physician, depending on **your** condition and **benefits** available. If **you** are referred by one of these professionals, please contact **us** to find out if **your** claim is eligible. (with the exception of physiotherapy, when **you** may contact **us** without the need for a referral, and **we** will assess **your** symptoms and help organise the most effective **treatment**).

Chapter 2.2 Facilities covered?

The **plan** will cover authorised **treatment** at the majority of private & NHS Hospitals throughout **Great Britain**, however **treatment** and consultations at some central London hospitals are excluded from cover. Should **you** have any queries regarding this list or **your** chosen **hospital/clinic**, please contact **us** on: 0208 481 7733.

Chapter 2.3 Reasonable and customary fees

We adhere to a schedule of reasonable and customary (R&C) fees for charges made by specialists. **Our** fee levels have been set following careful review by **our** clinical support team and **our** panel of **specialist** advisors, taking into account factors such as complexity, duration, level of skill required, and comparison of one procedure to another.

We have an open referral network which means **you** can be referred to the **specialist** of **your** choice, although please note some London hospitals are excluded from cover, please see [Facilities covered?](#) for further information. Should **you** choose to be referred to a **specialist** who charges above **our** fee schedule **you** can opt to pay the difference, or **we** can assist **you** in identifying an alternative **specialist** that charges within **our** fee schedule.

Chapter 2.4 Table of benefits

Please find the healthcare **benefits** available on **your plan** listed below. The limits shown apply per person, per **plan** year, unless otherwise stated. Please note **your plan** year runs from 1st April 2020 – 31st March 2021.

You will only be covered for eligible **daycase** and/or **inpatient treatment** if it is not available on the NHS to **you** within 6 weeks of the **treatment** being recommended by a **specialist**. **Treatment** for **cancer** and heart related conditions is only available up to diagnosis, any **treatment** required following diagnosis will not be covered and must be carried out under the NHS.

Outpatient Treatment	Level of cover	Benefit note
Outpatient consultations with a specialist Outpatient diagnostic tests and investigations following specialist referral Outpatient therapies on specialist referral (homeopathy, osteopathy, acupuncture, chiropody) Out of network physiotherapy on specialist referral	£3,000 per plan year	1
In network physiotherapy (including self-referral)	Full cover	2
Outpatient mental health treatment following GP, specialist or self-referral	£1,500 per plan year	3
Outpatient MRI/CT/PET scans	Full cover	4

Hospital charges for outpatient surgical procedures	Full cover	5
Inpatient and Daycase Treatment		
Specialist fees for medical and surgical hospital treatment	Full cover	6
Hospital charges for inpatient or daycase treatment	Full cover	7
Inpatient and daycase mental health treatment	Maximum of 28 days per plan year	8
Additional Benefits		
Treatment at home	Full cover	9
Private ambulance	£80 per trip, maximum 4 trips per plan year	10
Convalescence (following inpatient treatment)	Maximum £2,000 per plan year	11

Note: The above **benefits** only apply when the covered person has **treatment** in **Great Britain**.

Benefit limits apply to one employee in any one **year of cover**, unless otherwise stated.

Note 1: **Outpatient** Consultations and Investigations

Please note the below **benefits** listed in Note 1 are subject to an overall limit of £3,000 per **plan** year.

We will pay for:

- **Outpatient** consultations with a **specialist** following **GP** referral
- **Outpatient** diagnostics and investigations following **specialist** referral
- **Outpatient treatment** following **specialist** referral
- **Outpatient** therapies following **specialist** referral. This is limited to homeopathy, osteopathy, acupuncture, and chiropody. **You** must be referred to a **complementary practitioner** **we** have recognised for **benefit** purposes. **We** will pay the costs of an initial assessment followed by three further sessions if required and pre-authorisation has been obtained from **us**. If further sessions are required, **you** must contact **us** on 0208 481 7733 with details of **your** proposed **treatment plan** from the **complementary practitioner** to receive pre-authorisation.
- **Outpatient** physiotherapy following **specialist** referral, if **treatment** takes place outside **our** physiotherapy network. The **physiotherapist** must still be recognised by **us** for **benefit** purposes. **We** will pay the costs of an initial assessment followed by three further sessions if required and pre-authorisation has been obtained from **us**. If further sessions are required, **you** must contact **us** on 0208 481 7733 with details of **your** proposed **treatment plan** from the **physiotherapist** to receive pre-authorisation.

Note 2: In Network Physiotherapy

For conditions relating to muscle, bone or joint pain **we** will pay in full for **outpatient** physiotherapy when **treatment** is provided by **our** physiotherapy network provider. If **you** have self-referred, **we** will arrange a telephone-based clinical assessment with a senior **physiotherapist** who will help organise the most effective **treatment** for **you**. This could include face to face physiotherapy, guided self-management or **specialist** referral. The telephone-based

clinical assessment will not be subject to any excess (if one applies) however it will be applied to subsequent **treatment** should this be required. **We** will continue to monitor **your** progress by liaising with **your treatment** provider and authorise additional **treatment** where necessary and **eligible**.

For further information on how to access this **benefit** please [click here](#).

Note 3: **Outpatient** Mental Health **Treatment**

We will pay up to £1,500 per **plan** year, for **outpatient** consultations for eligible mental health conditions following **GP**, **specialist** or self-referral. If **your** referral is to a **psychological therapist** **we** will arrange a telephone-based clinical assessment with a senior **psychological therapist** from **our** mental health network provider who will help organise the most effective **treatment** for **you**. This could include face to face therapy, guided self-management or **specialist** referral. Where **treatment** with a **psychological therapist** occurs outside **our** network provider it must be delivered under the direct supervision of a consultant psychiatrist.

Please note: **Your** cover is designed to provide help for short or medium-term medical **treatment** that restores **you** back to health. Mental health conditions are often long term in nature and may become chronic conditions, for which on-going cover will not be available on **your** scheme. Should **your specialist/psychological therapist** recommend that **treatment** will be required in excess of 10 sessions the nursing team will provide guidance on making other arrangements for continued **treatment** after this period. Any extension in cover will be subject to a full clinical review and assessed on a case by case basis – full clinical details will be required from **your** treating **specialist**.

For further information on how to access this **benefit** please [click here](#).

Note 4: **Outpatient** MRI/CT/PET Scans

We will pay for MRI, CT and PET scans on **specialist** referral.

Note 5: **Hospital** Charges for **Outpatient** Surgical Procedures

We will pay **hospital** charges for **outpatient** surgical procedures, and drugs and dressings used during an **outpatient** appointment.

Note 6: **Specialist** Fees for Medical and Surgical **Hospital** Treatment

We will pay for **specialist** fees for **inpatient** and **daycase** treatment.

Note 7: **Hospital** Charges for **Inpatient** or **Daycase** Treatment

We will pay **hospital** charges in full for the following:

- accommodation and nursing care for **inpatient** or **daycase** treatment
- operating theatre and recovery room
- prescribed medicines and dressings, for use whilst an **inpatient** or for **daycase** treatment
- eligible surgical appliances - for example, a knee brace following ligament surgery
- **prosthesis** or device which is inserted during eligible surgery
- pathology, radiology, **diagnostic tests**, MRI, CT and PET scans

- physiotherapy received during **inpatient** or **daycase treatment**
- intensive care
- short-term **dialysis** when needed temporarily for sudden kidney failure resulting from an eligible condition or **treatment**
- skin and corneal grafts

Please note, **you** will only be covered for eligible **daycase** and/or **inpatient treatment** if it is not available on the NHS to **you** within 6 weeks of the **treatment** being recommended by a **specialist**.

Note 8: **Inpatient** and **Daycase** Mental Health **Treatment**

We will pay up to a maximum of 28 days per **plan** year for eligible **inpatient** and **daycase** mental health **treatment**. All **treatment** must be under the direct control and supervision of a consultant psychiatrist, and must be authorised by **us** in advance and in writing.

Please note mental health conditions are often long term in nature and may be classed as chronic conditions. If after a full review of all the medical information available, the condition is considered to be chronic the **plan** will not pay **benefits** for continuing or recurrent **treatment** of that condition (please refer to **exclusions and limitations** for full details on chronic conditions). Where possible, the nursing team will also provide guidance on making other arrangements for continued **treatment**.

Please note, **you** will only be covered for eligible **daycase** and/or **inpatient treatment** if it is not available on the NHS to **you** within 6 weeks of the **treatment** being recommended by a **specialist**.

Note 9: **Treatment** at Home

We will pay in full for **home nursing** charges for **registered nurses** if recommended by a **specialist** and where **treatment** is:

- as a result of eligible private **inpatient hospital treatment**
- **medically necessary** and without it **you** would be required to remain as an **inpatient**.
- needed for medical reasons. (i.e. not social or domestic)
- under the direct supervision of a **specialist**

We will need full clinical details before **we** give **our** authorisation and **you** must have **our** written agreement before **treatment** starts.

Home nursing provided by a community mental health team is not covered by **the plan**.

Note 10: **Private Ambulance**

We will pay up to £80 per trip for transport by a **private ambulance**, operated by a recognised **private ambulance** service, to or from a **hospital** when ordered for medical reasons. Please note this **benefit** is limited to a maximum of 4 trips per **plan** year.

Note 11: Convalescence (Following **Inpatient Treatment**)

In the event that **you** are admitted to a hospice or convalescence facility, **we** will make a donation of up to £2,000 per **plan** year towards the cost of **your** stay in the facility.

Chapter 2.5 What happens in an emergency?

In the event of an **emergency** you should:

- call for an NHS ambulance
- visit the accident and **emergency** department at the local NHS **hospital**.

You will not be covered for:

- the cost of **emergency treatment** in a private walk-in centre, accident and **emergency** department or urgent care centre
- the cost of **treatment** in an intensive care or **high dependency unit** if **you** have been transferred specifically to receive this care
- the costs of the transfer to a private facility specifically to receive **treatment** in an intensive care or **high dependency unit**

If **you** would like to be transferred to a private facility, please contact **us** to discuss this. **We** will then be able to confirm whether **your** proposed **treatment** is eligible under the healthcare **plan**. Please note **you** must contact **us** before **you** transfer to a private facility.

Chapter 2.6 Exclusions and limitations

Chronic conditions

The **plan** is designed to cover the costs of **treatment** of an acute illness or injury, not to control or treat a long term (**chronic condition**).

We define a **chronic condition** as any **medical condition** which has at least one of the following characteristics:

- it needs ongoing or long term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long term control or relief of symptoms
- it continues indefinitely
- it comes back or is likely to come back
- **you** need to be rehabilitated or specially trained to cope with it
- it has no known cure.

Please note: this will apply to all medical conditions, whether or not a diagnosis has been made.

We will pay for eligible acute conditions related to a **chronic condition** (this does not apply to mental health conditions). However, many chronic conditions are of a relapsing and remitting nature, requiring management of recurrent episodes where symptoms deteriorate - e.g. multiple sclerosis, Crohn's disease, long-term depressive illness, psoriasis etc. The relapses are part of the normal illness course and therefore cannot be classed as acute complications of the disease and are not eligible for **benefit**.

Please note: in some cases it might not be clear at the time of **treatment** that the condition being treated is chronic. **We** may not pay the ongoing costs of continuing, or similar **treatment** even where **we** have previously paid for this type of or similar **treatment**. As **we** expect an **acute condition** to resolve completely within three months, **we** would begin to consider any condition lasting longer than this as chronic.

Exclusions and Limitations

The following are conditions and **treatments** which are not covered under **your plan**. If **you** are unsure about anything in this section, please contact **us** on 0208 481 7733.

1 Ageing, menopause and puberty

We do not pay for **treatment** to relieve symptoms commonly associated with or caused by ageing, puberty or other natural physiological cause.

Exception: **we** will pay for one hormone implant when carried out during or immediately following eligible surgery.

2 Alcohol abuse, substance abuse and addiction

We do not pay for any **treatment** required for alcohol, solvent or drug abuse, or any **treatment** arising from such abuse or addiction.

3 Allergies and allergic disorders

We do not pay for **treatment** to desensitise or neutralise any allergic condition or **disorder**.

4 Appliances, physical aids and devices

We do not pay for the supply or fitting of appliances, physical aids or devices (such as hearing aids, spectacles, contact lenses, crutches, walking sticks, external prostheses and orthotics etc) which do not fall within **our** definition of **surgical appliance**. Any consultations relating to these are also not covered.

Exception: **We** will pay for appliances that fall under **our** definition or a **surgical appliance**.

5 Artificial life maintenance

We do not pay for **artificial life maintenance** (including mechanical ventilation) where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health.

6 Birth control & contraception

We do not pay for:

- birth control
- sterilization and reversal
- termination of pregnancy

7 Cancer

We do not pay for **treatment** of **cancer** or **diagnostic tests** required to stage **cancer** (check for **cancer** spread).

Exception: **we** will pay for **diagnostic tests** required to confirm an initial **cancer** diagnosis.

8 Cardiovascular disease

We do not pay for any consultations, tests or **treatment** following the diagnosis of cardiovascular disease.

9 Chronic conditions

We do not pay for **treatment** of chronic conditions. By this **we** mean any **medical condition** which has at least one of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires rehabilitation or for **you** to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

We will pay for eligible **treatment** arising out of a **chronic condition**, or for **treatment** of acute symptoms of a **chronic condition** that flare up. However, **we** only pay if the **treatment** is likely to lead quickly to a complete recovery or to **you** being fully restored to **your** previous state of health, without **you** having to receive prolonged **treatment**. This does not apply to **treatment** of a **mental health condition**.

At the time of **your treatment** it may not always be clear that **your** condition is chronic, however when it becomes clear that **your** condition is chronic, **we** are not obliged to continue paying the ongoing costs of **treatment**, even where **we** have previously paid for **treatment**.

10 Congenital conditions

We do not pay for **treatment** for condition which **you** have had from birth, whether or not these were diagnosed or evident at birth.

11 Contamination, wars, riots and terrorist acts

We do not pay for **treatment** of any **medical condition** which is caused or contributed to by; nuclear, radioactive, biological or chemical contamination, war (whether declared or not), act of foreign enemy, riot, revolution, invasion, civil war, rebellion, insurrection, overthrow of a legally constituted government, explosions of war weapons, terrorist act or military activity. **We** do not pay for **treatment** of any **medical condition** which is received while **you** are carrying out army, naval or air services duties.

12 Convalescence, rehabilitation and general nursing care

We do not pay for **treatment** if it is primarily used for any of the following purposes:

- convalescence or rehabilitation, (including **treatment** with a **physiotherapist** or **complementary practitioner**)
- **home nursing**
- for domestic and/or social reasons

Exception: **we** will pay for convalescence or nursing at home, if **we** have authorised this as part of **your**

convalescence or nursing at home **benefits**.

13 Cosmetic surgery

We do not pay for any form of plastic or reconstructive surgery, or scar revision, even when required for psychological reasons.

We will not pay for breast enlargement or reduction or any **treatment** or procedure to change the shape or appearance of **your** breast(s) whether or not it is required for medical or psychological reasons, for example backache or enlarged breasts in males.

We do not pay for any **treatment**:

- which is for or involves the removal of healthy tissue (i.e. tissue which is not diseased), surplus or fat tissue.
- where the intention of **treatment**, whether directly or indirectly, is the reduction or removal of surplus or fat tissue
- for scar revision or keloid scarring

Exception: **We** will pay for post-traumatic or post-surgical reconstruction to restore function or appearance if it is **medically necessary** as a direct result of **you** having an accident or because of other surgery, which itself would have been covered under the scheme.

14 Dangerous or high risk activities

We do not pay for any **treatment** which is directly or indirectly arising from participation in hazardous or dangerous sports. For example, **treatment** resulting from high-risk activities such as mountaineering, rock climbing, parachuting, hang-gliding, potholing, bungee jumping, racing of any kind, skiing or snowboarding off the designated course (off-piste), scuba diving (unless **you** have recognised diving qualifications or are accompanied by someone with them). This list is not exhaustive, please contact **us** if **you** need further information.

15 Deafness

We do not pay for **treatment** for or arising from deafness caused by a congenital abnormality, maturing or ageing.

Exception: **We** will pay for **treatment** for hearing impairment or deafness that arises as a result of an **acute condition** diagnosed within the previous 12 months. For example, glue ear or perforated eardrum.

16 Dental or oral **treatment**

We do not pay for:

- dental check ups
- fillings, simple extractions and **treatment** of gum disease
- root canal **treatment**
- consultations with dental specialists such as periodontists, orthodontists, endodontists, and hygienists
- the provision of dental implants, or veneers, repair or replacement of damaged teeth (including crowns, bridges, dentures or any dental prostheses), or orthodontic braces (whether fixed or removable)
- restoration of minor enamel, dentine and incisal edge fractures
- the management of or **treatment** (including surgical operations) of jaw shrinkage or loss as a result of dental

extractions or gum disease

- **treatment** required for cosmetic reasons (for example orthognathic surgery and teeth whitening)
- procedures to prepare for orthodontics or prosthetic surgery
- mouth guards, gum shields, or dental appliances of any kind

Exception: **we** will pay for surgical operations carried out by a **specialist** when treating an **acute condition** such as:

- surgically remove a complicated, buried, infected or impacted tooth root
- apicectomy or removal of the tip of a tooth's root
- enucleation of a cyst of the jaw (removing a cyst from the jaw bone)
- surgical drainage of a fascial space (tracking) abscess
- putting a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident
- **treatment** of facial and mandibular fractures

17 Developmental problems, behavioural problems or learning difficulties

We do not pay for developmental problems, behavioural problems or learning difficulties such as but not limited to dyslexia, dyspraxia, autism and ADHD. **We** do not pay for **treatment** which is in any way related to learning difficulties, or behavioural problems or delay in a child's development. This includes any **diagnostic tests**.

18 Dialysis

We do not pay for **treatment** for or associated with **dialysis** haemodialysis, (meaning the removal of waste matter from **your** blood by passing it through a kidney machine or dialyser). **We** do not pay for **treatment** for or associated with peritoneal **dialysis** (meaning the removal of waste matter from **your** blood by introducing fluid into **your** abdomen which acts as a filter).

Exception: **We** will pay for eligible **treatment** for short-term **dialysis** when needed temporarily for sudden kidney failure resulting from an eligible condition or **treatment**.

19 Drugs and dressings for **outpatient** or take-home use

We do not pay for drugs and dressings provided or prescribed for use as an **outpatient** or for **you** to take home.

20 Eating disorders

We do not pay for any **treatment** of eating disorders such as anorexia or bulimia, or any kind of **medical condition** arising from such disorders.

21 Emergency treatment

We do not pay for:

- the cost of **emergency treatment** in a private walk-in centre, accident and **emergency** department or clinic
- the cost of an **emergency** admission into a private **hospital**
- the cost of **treatment** in an intensive care or **high dependency unit** if **you** have been transferred specifically to receive this care

- the costs of the transfer to a private facility specifically to receive **treatment** in an intensive care or **high dependency unit**.

22 End of life care (terminal care)

We do not pay for **treatment** required to relieve symptoms at the end stage of **cancer**, or for any other life limiting condition.

23 Experimental drugs and **treatment**

We do not pay for **treatments** (including medication) which in **our** reasonable opinion are experimental or not yet approved by the National Institute for Health and Care Excellence, are being researched or lack sufficient evidence to conclude that:

- the harmful effects are outweighed by the beneficial effects
- they are likely to lead to the same or better outcomes than available alternatives
- they are based on established medical practice in the United Kingdom.

Examples of the criteria **we** use for considering a **treatment** as experimental include:

- the **treatment** is still undergoing clinical trials and/or yet to undergo a phase III clinical trial for the indication in question
- the **treatment** does not have approval from the relevant government body
- the **treatment** does not conform to usual clinical practice in the view of the majority of medical practitioners in the relevant field
- the **treatment** is being used in a way other than that previously studied or that for which it has been granted approval by the relevant government body
- the **treatment** is rarely used, novel, or unknown and there is a lack of authoritative evidence of safety and efficacy.

We do not pay for any **treatment** required for complications arising or resulting from experimental **treatment** that **you** receive or for any subsequent **treatment you** may need as a result of **you** undergoing any experimental **treatment**.

24 Eyesight correction

We do not pay for **treatment** to correct **your** sight. This includes routine eye examinations, contact lenses (including lenses following cataract surgery), spectacles or laser eye procedures.

We do not pay for ongoing or long-term **treatment** of eye conditions. This includes but is not limited to:

- Glaucoma
- Diabetic retinopathy
- Occlusion therapy for squint
- Astigmatism
- Myopia
- Amblyopia

Exception: **We** will pay for eligible acute **treatment** of the following conditions:

- Cataracts
- Detached retina

- Surgical correction of a squint
- Drooping Eyelids (ptosis) – **We** will only provide **benefit** for ptosis (drooping eyelids), if **your** optometrist identifies visual impairment and **you** are in turn referred by **your General Practitioner** or optician to a consultant ophthalmologist. **We** will only fund surgery if visual field tests and medical photographs confirm the ptosis is at risk of threatening the visual field testing for safe driving
- Wet aged related macular degeneration, where **we** will pay for a short course of **treatment** following initial diagnosis

25 Fertility **treatment**

We do not pay for:

- infertility or any type of investigations into or **treatment** of infertility or any pregnancy arising from any fertility **treatment**
- assisted reproduction, surrogacy, harvesting of donor eggs or donor insemination
- sperm collection and storage

26 Gender dysphoria

We do not pay for **treatment** of gender dysphoria

27 **General practitioner** consultations

We do not pay for **GP** consultations or **GP** charges for the completion of claim forms or referral letters.

Exception: **we** will pay reasonable charges for completion of claim forms if **we** have requested these specifically to assess **your** claim.

28 Holistic and alternative medicine

We do not pay for holistic or alternative medicine or therapies, unless these are specifically listed in **your** table of **benefits**. For example yoga, massage, spas and health resorts.

29 Illegal activity

We do not pay for:

- any **treatment** caused by or resulting from **you** carrying out an illegal act
- any **treatment** resulting from a road accident where **you** were not wearing a seat belt (as required by law).

30 Intensive care

We do not pay for **treatment** received in intensive care, unless the **treatment** immediately follows and is required as a result of eligible pre-authorized **treatment**.

31 Obesity

We do not pay for any weight loss **treatment** including **treatment** required as a result of obesity.

32 Overseas **treatment**

We do not pay for **treatment** outside the United Kingdom including evacuation or repatriation.

33 Personal comfort and convenience items

We do not pay for personal comfort and convenience items or services such as television, WIFI, telephone costs, newspapers, and guest meals.

34 Pregnancy and childbirth

We do not pay for **treatment** for pregnancy or childbirth such as:

- hyperemesis (excessive and prolonged nausea and vomiting)
- pelvic girdle pain (pelvic pain in pregnancy)
- diastasis recti (abdominal separation)
- pregnancy induced hypertension (high blood pressure in pregnancy)
- pre-eclampsia
- **treatment** of a foetus or embryo
- antenatal care
- termination of pregnancy
- any **treatment** arising from assisted conception
- any complications arising from the above condition

Exceptions: **We** will pay for eligible **treatment** of the following conditions:

- miscarriage or when the foetus has died and remains with the placenta in the womb
- still birth
- hydatidiform mole (abnormal cell growth in the womb)
- ectopic pregnancy (foetus growing outside the womb)
- post-partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- retained placental membrane (afterbirth left in the womb after the delivery of the baby)
- eligible mental health **treatment** for post-natal depression subject to the conditions and limitations set out in the mental health **benefit**.
- medically essential caesarean section where this is an inevitable consequence of a complication to the current pregnancy.

complications following any of the above conditions.

We will require full clinical details from **your specialist** before **we** can give **our** decision. **We** do not pay for any of the above if the pregnancy is a result of assisted conception.

Eligible **treatment** will only be authorised if it takes place in one of the following facilities:

- The Lindo Wing at St Mary's **Hospital**, Paddington, London
- The Sir Stanley Clayton Ward at Queen Charlotte's and Chelsea **Hospital**, London
- The Westminster Suite at St Thomas' **Hospital**, London
- The Kensington Wing at Chelsea and Westminster **Hospital**, London
- The Fitzrovia Suite at University College **Hospital**, London
- John Radcliffe **Hospital** Women's Centre, Oxford

35 Professional sports injuries

We do not pay for **treatment** required as a consequence of injury sustained whilst training for, or participating in, sport for which **you** receive payment or sponsorship (other than travel costs).

36 Screening and preventative **treatment**

We do not pay for any form of genetic testing or screening, health screening, health checks or preventative **treatment**, procedures or medical services where no disease is present.

We do not pay for **treatment**;

- recommended because of a genetic predisposition towards developing a **medical condition**
- recommended because of a family history of a **medical condition**

37 Self-inflicted illness or injury

We do not pay for any **treatment** required directly or indirectly as a result of self-inflicted illness, or injury, or suicide attempt.

38 Sexual dysfunction

We do not pay for any **treatment** required due to sexual dysfunction or sexual problems, whatever the cause.

39 Sleep disorders

We do not pay for **treatment** for or arising from sleep disorders, such as sleep apnoea, snoring, insomnia, sleep walking, narcolepsy, and night terrors.

40 Speech disorders

We do not pay for **treatment** for or relating to any speech **disorder** such as stammering.

Exception: **we** will pay for short term speech therapy for an **acute condition** immediately following eligible **treatment**. The speech therapy must be recommended by the **specialist** in charge of **your treatment**.

41 Surrogacy

We do not pay for **treatment** required by a mother or child as a result of a surrogate pregnancy.

42 Telephone consultations

We do not pay for any consultation with a **specialist**, when the consultation is not carried out on a face-to face basis, for example, if it is carried out by telephone or any other remote medium.

Exception: **We** will consider cover for remote consultations, on a case by case basis, if there is evidence to suggest that this is clinically appropriate and **we** have agreed this in advance. For example, telephone assessments when carried out by **our** preferred network providers.

43 Temporary relief of symptoms

We do not pay for **treatment** intended to provide temporary relief of symptoms or for the ongoing management of a condition.

44 Transplants and adoptive cell transfer therapies

We do not pay for:

- transplants
- adoptive cell transfer therapies (CAR T cell therapy, tumour infiltrating lymphocyte therapy)
- complications related to, or resulting from these **treatments**

Exception: **we** will pay for recipient costs for skin or corneal grafts when eligible for **benefit**.

45 Travel expenses

We do not pay for travel costs to and from medical facilities such as parking costs.

46 **Treatment** for which others may be responsible

We do not pay for any expenses which **you** have claimed or can claim from any other insurance or source. If another insurer provides cover, **we** will negotiate with them to make sure both companies pay their share of the claim.

You must tell **us** in writing as soon as possible about any claim or right of legal action, against any other person that arises from the claim under this policy. **You** must keep **us** fully informed of any developments.

If **we** ask **you**, **you** must take all steps to include the amount of **benefit you** are claiming from **us** under this policy in **your** claim against the other person. **We** can take over and defend or settle any claim or prosecute any claim, in **your** name for **our** own **benefit**.

We will decide how to carry out any proceedings and settlement.

47 **Treatment** that is based on a referral route, place of **treatment** or type of **treatment** that is not covered by **the plan**

We do not pay for any **treatment** that has not been referred by:

- **your GP**
- an optician for eye **treatment**
- an occupational health physician or **GP** for mental health conditions.

Please note, **we** do not pay for **daycase** and/or **inpatient treatment** if it is available on the NHS to **you** within 6 weeks of the **treatment** being recommended by a **specialist**.

48 **Treatment** that is not **medically necessary**

We do not pay for **treatment** that does not fall within **our** definition of **Medical Necessity**.

49 Unrecognised providers

We do not pay for **treatment** carried out by a provider who **we** do not recognise as being qualified and/or registered to provide the type of **treatment you** need or for treating the **medical condition you** have.

We do not pay for **treatment** with sports therapists, massage therapists, or anyone who does not meet **our** definition of a **physiotherapist** or **complementary practitioner**.

50 Vaccinations

We do not pay for any vaccinations or immunisations.

51 Varicose veins of the leg

We do not pay for **treatment** of varicose veins.

Exception: **We** will pay for **treatment** when:

- they are causing ankle oedema of venous origin
- there is established lipodermatosclerosis or progressive skin change
- there have been recurrent episodes of superficial thrombophlebitis
- a trial of continuous compression therapy prescribed by **your GP** for at least 6 months has failed
- there is active or healed venous ulceration.

Section 3. Making a Claim

Chapter 3.1 Making a claim

How to make a claim

Always call the claims team before arranging or receiving any **treatment**.

Claims Helpline

0208 481 7733

Monday - Friday: 8am-6pm (excl. bank holidays)
Saturday: 8am-1pm (excl. bank holiday weekends)

We will confirm:

- whether **your** proposed **treatment** is eligible for cover under **the plan**
- whether **your** proposed **treatment** costs will be covered under **the plan**
- any **benefit** limits or excess that may apply to **your** claim

To help **you** make the best possible use of **the plan**, **we** have provided **you** with a [How to claim summary](#)

Chapter 3.2 Requests for additional information

We may ask **you** to provide information to help **us** assess **your** claim. For example **we** may ask **you** for one or more of the following:

- Medical reports and other information about the **treatment** for which **you** are claiming. If **we** request a medical report from **your specialist** and they charge for providing this **we** will pay the cost.
- Original accounts and invoices in connection with **your** claim.
- Results of an independent medical examination or second opinion **we** may ask **you** to undergo with a **specialist**. **We** will pay for the cost of any independent medical examination or second opinion **we** require **you** to have and **we** will authorise this in writing, in advance.
- Results of any second opinion **you** have independently sought to obtain eligible **treatment** under the care of another **specialist**. On such occasions **we** may additionally request **our** own, independent, second opinion from an expert in that field to assess eligibility of cover. **We** will pay the costs of any second opinion **we** organise on **your** behalf, this includes the cost of the consultation and any tests undertaken as a result of that consultation.

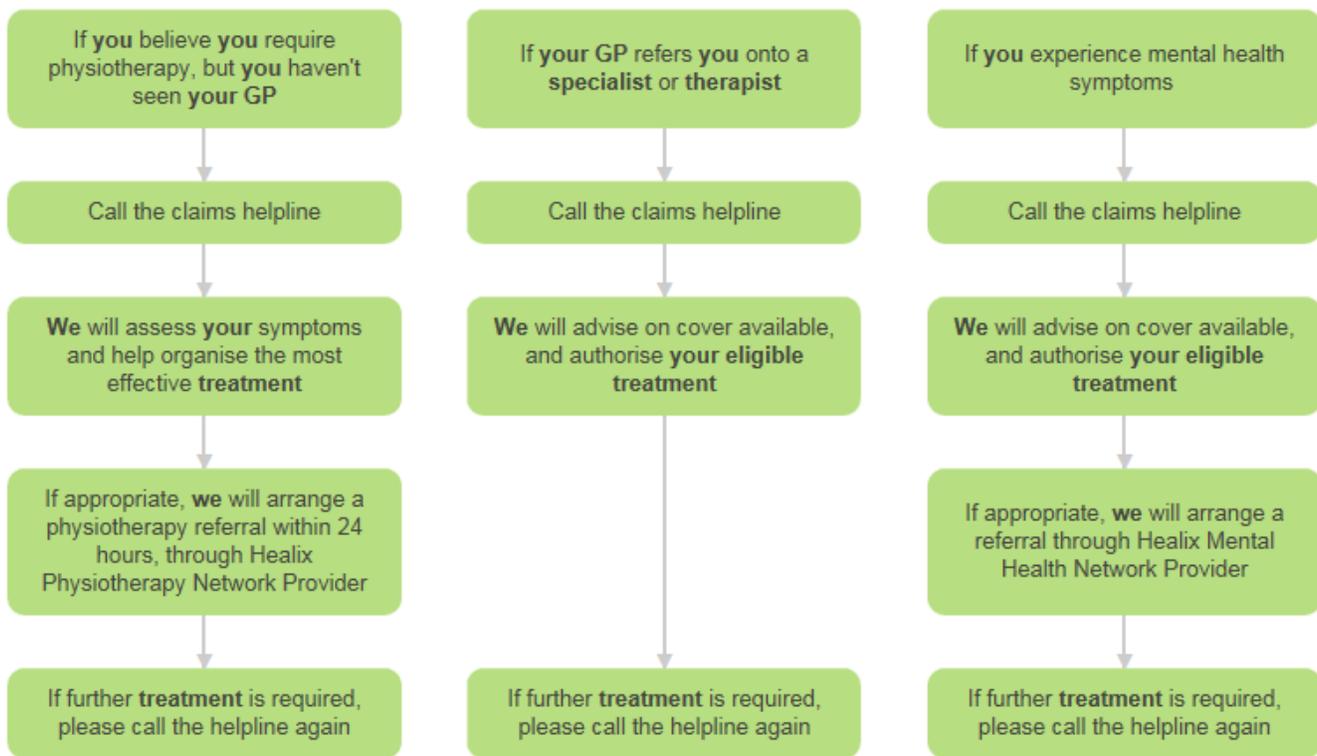
We will liaise with **you** and **your** medical specialists throughout **your treatment** and will request medical information, when **we** deem that this is required for the assessment of **your** claim. **You** will be asked for **your** consent before **we** do this.

As **you** undergo **treatment**, **we** will make **you** aware of the options that are open to **you**. If **your** medical **specialist** recommends **treatment**, **you** should contact the helpline as soon as possible to be sure that continued **treatment** is covered.

Our team of nurses will assess the level of cover available to **you** for planned **treatment** within the terms and conditions of **the plan**. In some instances it may be necessary to refer **your** claim to **our** clinical support team, along with **our** panel of independent **specialist** advisors, will advise on the level of cover available for (said) recommended **treatment**.

Chapter 3.3 How to claim summary

*Please note, **you** will only be covered for eligible **daycase** and/or **inpatient treatment** if it is not available on the NHS to **you** within 6 weeks of the **treatment** being recommended by a **specialist**.



Chapter 3.4 Second opinion

Should **you** decide that **you** would like to receive a second opinion to ensure **you** are fully confident with **your** specialists recommendations please contact **us** on 0208 481 7733 to discuss pre-authorisation. **Our** team of nurse case managers will be able to advise and support **you** through this process. Second opinions will be arranged with a **specialist** who is an expert in their field and whom **we** have recognised for the purposes of providing such second opinions.

Following **your** second opinion one of **our** nurse case managers will contact **you** to discuss the suggested **treatment plan** and eligibility for **benefit**. Without written authorisation for a second opinion **benefit** will not be payable for any resulting **treatment**.

Chapter 3.5 Are you insured elsewhere?

You must tell **us** if **you plan** to make a claim for any of the cost of **treatment** from anyone else either under another healthcare **plan** or under an insurance policy. For example, if **you** received an injury that was caused by someone else such as a road traffic accident in which **you** are a victim, the scheme will only pay a share of the total costs as appropriate.

If **benefits** are claimed for **treatment** to **you** when the injury or **medical condition** was caused by a third party, **the plan** shall, at its own expense, have the right to pursue such claims in any way considered fit in **your** name. **You** must co-operate with all reasonable requests in this respect and advise **us** of any amount **you** recover directly from the third party.

Chapter 3.6 Payment of invoices

In most cases, **we** will settle all pre-authorised bills (up to agreed limits) directly with **your** medical **specialist** or **hospital**; or if **you** pay for pre-authorised **treatment**, please provide **your** bank account details in writing (via email/post), in order for **us** to reimburse **you** by bank transfer.

If **you** pay for pre-authorised **treatment** **you** must send all bills or invoices to **us** within six months from the date of **your** **treatment**. **We** will only accept original bills; **we** cannot accept photocopies or originals with alterations on them. Failure to submit original invoices within six months of the date of **treatment** will result in the claim being denied.

We will not pay for claims:

- if the **treatment** takes place after **you** have left **the plan**
- if **you** break any terms and conditions of **your** membership
- for any fee incurred for non-attendance or late cancellations

Section 4. Contact Us

Chapter 4.1 The Healix Team

Contact us

We have a team of nurses available to advise and help **you**, who can be contacted on the helpline number below:

Tel: 0208 481 7733

Email: CDHT@healix.com

Monday-Friday 08:00-18:00 (excl. bank holidays)

Saturday 08:00-13:00 (excl. bank holiday weekends)

Telephone calls to and from **our** organisation are recorded for the purposes of quality and training. Any correspondence, including claims should be sent to the following address:

The Catholic Dioceses Healthcare Trust Plan

Claims Administration Department

Healix Health Services

Healix House

Esher Green, Esher

Surrey

KT10 8AB

Section 5. Privacy Notice's

Chapter 5.1 Healix Privacy Notice

The purpose of this Privacy Notice is to describe how **we** collect, use, retain and disclose **your** personal information.

We will process **your** personal data for the purpose of providing Corporate Healthcare Trust services.

How We Collect Personal Information

For the purpose of setting up this **plan your employer** will provide **us** with all of the relevant information **we** need to be able to identify **you** as an employee. **Your employer** is the Data Controller for this information.

If **you** need to make a claim **we** will collect information directly from **you** to ensure **we** have all the relevant information for the purpose of helping **you** and providing the best service. **We** may need to collect additional information from **your** treating medical professionals in order to process **your** claim. If this is necessary, **we** will require additional consent from **you**.

Legal Basis

We rely on the following legal basis for processing **your** personal and sensitive personal data for the purpose of providing Corporate Healthcare Trust Services:

- For the purpose of management of health systems and services;
- Where processing is necessary for the establishment, exercise or defence of legal claims;
- Processing data may be required in the public interest, such as detection and prevention of fraud.

Healix rely on **your** consent to:

- Initially open a claim and start specific processing activities (i.e. assess cover);
- Obtain additional medical records from **your** treating medical professional;
- Share **your** personal data with the **employer**;
- Discuss **your** case with a family **member** or friend.

You should know that consent can be withdrawn at any time by sending an email containing the relevant information to the **Healix claims team**. **We** will endeavour to stop the processing activity but **you** should be aware that where a claim has been opened or where information has been disclosed the processing activity cannot be reversed or stopped. **We** will retain a copy of **your** data for evidence and compliance with applicable legal obligations.

What Information, Purpose and Disclosure

The following table lists the types of personal information collected by **us**, the purposes for which it is used and who it is disclosed to.

Personal Information	What it is used for (Purpose)	Who it is disclosed to
Contact information such as name, address, email address, telephone number, date of birth, reference numbers, other contact or identification information.	<ul style="list-style-type: none">• To positively identify and communicate with you in order to provide the service requested.• Compliance with our legal obligations, including in relation to	<ul style="list-style-type: none">• Persons or organisations involved in providing you with services, or components of services, employees, agents, sub-contractors, professional advisors (and any other persons or bodies having a legal right or duty to have access to or knowledge of personal data).• Companies in the Healix Group.

	<p>the administration of public health.</p>	<ul style="list-style-type: none"> • Persons/organisations involved in provision of medical treatment, hospital accommodation, public health administration and disease control. • Organisations involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including maintaining or upgrading our computer systems. • Organisations involved in the payments systems including financial institutions, merchants and payment organisations.
<p>Health information including your medical history, vaccination history, any current conditions you may be suffering, your diagnosis and prognosis, and details of medical treatment received or recommended.</p>	<p>To enable us to provide the requested service and to confirm applicable cover where required.</p>	<ul style="list-style-type: none"> • Persons or organisations involved in providing you with services, or components of services, employees, agents, sub-contractors, professional advisors (and any other persons or bodies having a legal right or duty to have access to or knowledge of personal data). • Companies in the Healix Group. • Persons/organisations involved in provision of medical treatment, hospital accommodation, public health administration and disease control. • Organisations involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including maintaining or upgrading our computer systems.
<p>Details of treating medical professionals, any associated reports or information</p>	<p>To enable us to provide the requested service and to confirm applicable cover where required.</p>	<ul style="list-style-type: none"> • Persons or organisations involved in providing you with services, or components of services employees, agents, sub-contractors, professional advisors (and any other persons or bodies having a legal right or duty to have access to or knowledge of personal data). • Companies in the Healix Group. • Persons/organisations involved in provision of medical treatment, hospital accommodation, public health administration and disease control. • Organisations involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including maintaining or upgrading our computer systems.
<p>Costs associated with medical treatment.</p>	<p>To enable us to provide the requested service, confirm eligibility of services or applicable cover where required.</p>	<ul style="list-style-type: none"> • Persons or organisations involved in providing you with services, or components of services employees, agents, sub-contractors, professional advisors (and any other persons or bodies having a legal right or duty to have access to or knowledge of personal data). • Companies in the Healix Group. • Organisations involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including maintaining or upgrading our computer

Sharing Personal Information

We will only share personal information with third parties for the purposes described in the table above. **We** will not disclose medical information about **you** or **your** dependants to **your employer** or **Trustee** without **your** consent. Only in exceptional circumstances where there is a legal requirement will **we** disclose medical information to third parties or family members without explicit consent.

How We Store Data

Personal information is held on **our** secure servers in the UK.

We always aim to minimise the amount of data processed and in particular sensitive personal data. **We** have strict organisational and technical measures in place to protect **your** data at all times in compliance with **our** ISO27001 Certification, best practice information security, the GDPR and Medical Confidentiality Guidelines.

Your Rights

You have the right to:

- Access a copy of the personal information held by **us**.
- Correct the information if it is inaccurate.
- Complete or clarify the information if it is incomplete or equivocal.
- Erase the information if it has been collected without adherence to legal requirements.
- Complain if **you** consider **we** have breached **our** privacy obligations.

Subject Access Right

You have the right to access Personal Information held about **you**. To do so **you** must provide a written request to **us** including as much information as possible (reference number, dates, specific issue etc.) to enable **us** to comply with **your** request as quickly as possible. Please see contact details below.

Contacting the Healix Data Protection Officer

If **you** have queries regarding **your** data protection rights please contact the [Healix claims team](#) or contact the Healix Data Protection Officer:

privacy@healix.com

Healix Global Data Protection Officer,
Healix House,
Esher Green, Esher,
Surrey,
KT10 8AB,
United Kingdom.

Chapter 5.2 Howden's Privacy Notice

Please find a link below to the privacy notice for Howden's Group:

Chapter 5.3 Catholic Insurance Services Privacy Notice

Please find a link below to the privacy notice for the Catholic Insurance Services:

<https://catholicinsuranceservice.co.uk/privacy/>

Section 6. Plan Changes

Chapter 6.1 Plan Year 2020

The below changes will come into effect for the new **plan** year from 1st April 2020.

Benefit Changes	Previous Benefit Note	New Benefit Note
Outpatient consultations, investigations and treatment	<p>Please note the below benefits listed in Note 1 are subject to an overall limit of £1,500 per plan year.</p> <p>We will pay for:</p> <ul style="list-style-type: none"> • Outpatient consultations with a specialist following GP referral • Outpatient diagnostics and investigations following specialist referral • Outpatient treatment following specialist referral • Outpatient therapies following specialist referral. • Outpatient physiotherapy following specialist referral 	<p>Please note the below benefits listed in Note 1 are subject to an overall limit of £3,000 per plan year.</p> <p>We will pay for:</p> <ul style="list-style-type: none"> • Outpatient consultations with a specialist following GP referral • Outpatient diagnostics and investigations following specialist referral • Outpatient treatment following specialist referral • Outpatient therapies following specialist referral. • Outpatient physiotherapy following specialist referral
Policy amendment to coverage	The above benefits only apply when the covered person has treatment in the United Kingdom	The above benefits only apply when the covered person has treatment in Great Britain .

Chapter 6.2 Plan Year 2019

The below changes have come into effect for the new **plan** year from 1st April 2019.

Benefit Changes	Previous Benefit Note	New Benefit Note
In-network physiotherapy	<p><i>This benefit was previously included in the £1,500 per plan year outpatient limit.</i></p> <p>Outpatient therapies following specialist referral.</p>	<p><i>This benefit is now covered in full when treatment is provided by our physiotherapy network provider:</i></p>

	<p>This is limited to physiotherapy, homeopathy, osteopathy, acupuncture, and chiroprody. You must be referred to a physiotherapist or complementary practitioner we have recognised for benefit purposes. We will pay the costs of an initial assessment followed by three further sessions if required and pre-authorisation has been obtained from us. If further sessions are required, you must contact us on 0203 819 7161 with details of your proposed treatment plan from the therapist to receive pre-authorisation.</p>	<p>In network physiotherapy (including self-referral)</p> <p>For conditions relating to muscle, bone or joint pain we will pay in full for outpatient physiotherapy when treatment is provided by our physiotherapy network provider. If you have self-referred, we will arrange a telephone-based clinical assessment with a Senior Physiotherapist who will help organise the most effective treatment for you. This could include face to face physiotherapy, guided self-management or specialist referral. The telephone-based clinical assessment will not be subject to any excess (if one applies) however it will be applied to subsequent treatment should this be required. We will continue to monitor your progress by liaising with your treatment provider and authorise additional treatment where necessary and eligible.</p>
Out of network physiotherapy	<p><i>This benefit is still included within the £1,500 outpatient limit, but the wording has been amended to make the cover clearer.</i></p> <p>Outpatient therapies following specialist referral. This is limited to physiotherapy, homeopathy, osteopathy, acupuncture, and chiroprody. You must be referred to a physiotherapist or complementary practitioner we have recognised for benefit purposes. We will pay the costs of an initial assessment followed by three further sessions if required and pre-authorisation has been obtained from us. If further sessions are required, you must contact us on 0203 819 7161 with details of your proposed treatment plan from the therapist to receive pre-authorisation.</p>	<p><i>The below benefit is included within note 1 and subject to an overall limit of £1,500 when treatment is provided outside our physiotherapy network:</i></p> <p>Out of network physiotherapy on specialist referral</p> <p>Outpatient physiotherapy following specialist referral, if treatment takes place outside our physiotherapy network. The physiotherapist must still be recognised by us for benefit purposes. We will pay the costs of an initial assessment followed by three further sessions if required and pre-authorisation has been obtained from us. If further sessions are required, you must contact us on 0203 819 7161 with details of your proposed treatment plan from the physiotherapist to receive pre-authorisation.</p>
Outpatient Mental Health Treatment following GP, Specialist or Self-referral	<p>We will pay up to £1,000 per plan year, for outpatient consultations for mental health conditions when referred by a GP. Treatment with a Psychological Therapist must be under the direct supervision of a Consultant Psychiatrist.</p>	<p><i>The benefit limit has been increased to £1,500 per plan year, and the benefit now also includes self referral via our mental health network provider.</i></p> <p>We will pay up to £1,500 per plan year, for outpatient consultations for eligible</p>

	<p>Please note: Your cover is designed to provide help for short or medium-term medical treatment that restores you back to health. Mental health conditions are often long term in nature and may become chronic conditions, for which on-going cover will not be available on your scheme. Should your specialist/therapist recommend that treatment will be required in excess of 10 sessions the nursing team will provide guidance on making other arrangements for continued treatment after this period. Any extension in cover will be subject to a full clinical review and assessed on a case by case basis – full clinical details will be required from your treating specialist.</p>	<p>mental health conditions following GP, Specialist or self-referral. If your referral is to a Psychological Therapist we will arrange a telephone-based clinical assessment with a senior therapist from our mental health network provider who will help organise the most effective treatment for you. This could include face to face therapy, guided self-management or specialist referral. Where treatment with a psychological therapist occurs outside our network provider it must be delivered under the direct supervision of a Consultant Psychiatrist.</p> <p>Please note: Your cover is designed to provide help for short or medium-term medical treatment that restores you back to health. Mental health conditions are often long term in nature and may become chronic conditions, for which on-going cover will not be available on your plan. Should your specialist/therapist recommend that treatment will be required in excess of 10 sessions the nursing team will provide guidance on making other arrangements for continued treatment after this period. Any extension in cover will be subject to a full clinical review and assessed on a case by case basis – full clinical details will be required from your treating specialist.</p>
<p>Treatment at Home (previously Home Nursing)</p>	<p>We will pay up to £600 per scheme year for home nursing charges for registered nurses if recommended by a specialist and where treatment is:</p> <ul style="list-style-type: none"> • as a result of eligible private inpatient hospital treatment • medically necessary and without it you would be required to remain as an inpatient. • needed for medical reasons. (i.e. not social or domestic) • under the direct supervision of a specialist <p>We will need full clinical details before we give our authorisation and you must have our written agreement before treatment starts.</p>	<p><i>The benefit limit has been removed, and the benefit is now covered in full. The benefit name has been changed to treatment at home.</i></p> <p>We will pay in full for home nursing charges for registered nurses if recommended by a specialist and where treatment is:</p> <ul style="list-style-type: none"> • as a result of eligible private inpatient hospital treatment • medically necessary and without it you would be required to remain as an inpatient. • needed for medical reasons. (i.e. not social or domestic) • under the direct supervision of a specialist <p>We will need full clinical details before we give our authorisation and you must have our written agreement before treatment starts.</p> <p>Home nursing provided by a community mental health team is not covered by the scheme.</p>
<p>Exclusion</p>	<p>Previous exclusion wording</p>	<p>New exclusion wording</p>
<p>Transplants</p>	<p>Transplants</p>	<p>Transplants and adoptive cell transfer</p>

exclusion	<p>We do not pay for any transplants and/or complications related to, or resulting from transplants. We also do not pay for</p> <ul style="list-style-type: none"> • donor costs • harvesting • storage • administration • and/or any complications/treatment arising from any of the above <p>Exception: we will pay for recipient costs for skin or corneal grafts when eligible for benefit.</p>	<p>therapies</p> <p>We do not pay for any transplants and/or adoptive cell transfer therapies, complications related to, or resulting from these treatments. This includes, but is not limited to CAR T cell therapy, Tumour Infiltrating Lymphocyte therapy and stem cell/bone marrow treatments.</p> <p>We also do not pay for</p> <ul style="list-style-type: none"> • donor costs • harvesting • storage • administration • and/or any complications/treatment arising from any of the above <p>Exception: we will pay for recipient costs for skin or corneal grafts when eligible for benefit.</p>
Cancer exclusion	We do not pay for any consultations, tests or treatment following the diagnosis of cancer .	We will pay for diagnostic tests and investigations required to diagnose cancer . Once a diagnosis has been confirmed, we will not pay for any treatment of cancer . This includes any diagnostic tests required to stage the cancer (check for cancer spread).
Wording Changes	Updates to wording	Effective from
General exclusions	Updates will be made to the general exclusions and content to ensure it remains up to date and appropriate.	1st April 2019
Spouses cover	Spouses will no longer be covered under The Trust. Updates will be made to the booklet wording to remove references to spouses cover.	1st April 2019

Chapter 6.3 September 2018

With effect from 29th September 2018, the below **benefit** is no longer covered by **the plan**.

Benefit	Benefit limit	Benefit note
Supply Priest Benefit	£60 per mass, maximum £5,000 per scheme year	We will pay up to £60 per mass for a supply priest to cover the administration of a Parish, if this is required due to the eligible clergy member being unable to perform their Parish duties, because they are undergoing eligible treatment privately under this scheme or via the NHS. Please note this benefit is limited to £5,000 per plan year.

Chapter 6.4 May 2018

The below changes have come into effect from May 2018.

	Amendment
Data Protection	<p>The Data Protection page has been updated in line with the new General Data Protection Regulation (GDPR) legislation that came into effect on 25th May 2018.</p> <p>The Data Protection page has been changed to Healix Privacy Notice.</p>
Phone Line	<p>The claims line is now closed on a Saturday during bank holiday weekends.</p> <p>The new opening hours are:</p> <p>Monday-Friday 08:00-18:00 (excl. bank holidays) Saturday 08:00-13:00 (excl. bank holiday weekends)</p>

Chapter 6.5 Plan Year 2018

The below changes have come into effect for the new **plan** year, from 1st April 2018.

Benefit Change	Previous Benefit Limit	New benefit Limit
<p>The combined Outpatient limit has been increased for-</p> <p>Outpatient Consultations with a specialist</p> <p>Outpatient diagnostic tests and investigations following specialist referral</p> <p>Outpatient Therapies on Specialist referral (physiotherapy, homeopathy, osteopathy, acupuncture, chiropody)</p>	£1,000 per plan year	£1,500 per plan year

Section 7: Glossary

The words and phrases below have the following meanings. They will appear in bold in this guide, the list of 'How to Claim' in Section 4

Active treatment

- **Treatment** of an acute **medical condition** that leads to recovery or restoration of a previous state of health.

Acute condition

- a disease, illness or injury which responds quickly to **treatment** that aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **you** recovering fully. **We** would consider that an **acute condition** would resolve within three months or less.

Annual renewal date

- the anniversary of the **start date** each year or any other date which **we** and **your employer** may agree to in writing.

Artificial life maintenance

-any medical procedure, technique, medication or intervention delivered to a patient in order, to maintain life after the failure of one or more vital organs.

Benefit

- the **benefits** for which **you** are entitled as an individual under the **plan** subject to the terms and conditions that apply to **your** membership including all exclusions.

Benefits

-the **benefits** for which **you** are entitled as an individual under the **scheme** subject to the terms and conditions that apply to **your** membership including all exclusions.

Cancer

- a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Chronic condition

- a disease, illness or injury which has at least one of the following characteristics:

- it needs ongoing or long term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long term control or relief of symptoms
- it continues indefinitely
- it comes back or is likely to come back
- **you** need to be rehabilitated or specially trained to cope with it
- it has no known cure.

Please note: this will apply to all medical conditions, whether or not a diagnosis has been made. As **we** expect an **acute**

condition to resolve completely within three months, **we** would begin to consider any condition lasting longer than this as chronic.

Complementary practitioner

- a practitioner who specialises in homeopathy or acupuncture or a practitioner in osteopathy or chiropody who is registered under the relevant Act; and who, in all cases, meets **our** criteria for **complementary practitioner** recognition for **benefit** purposes in their field of practice, and who **we** have told in writing that **we** currently recognise them as **complementary practitioner** for **benefit** purposes in that field for the provision of **outpatient treatment** only.

- Acupuncture practitioners must be registered with the BMAS (British Medical Acupuncture Society), or BacC (British Acupuncture Council) or AACP (Acupuncture Association of Chartered Physiotherapists)
- Osteopaths must be registered with the GOsC (General Osteopathic Council)
- Chiropodist must be registered with the HCPC (Health and Care Professions Council).

Daycase

- if **you** are required to occupy a **hospital** bed for one day, for medical reasons

Daycase treatment

- **Treatment** for which **you** are required to occupy a **hospital** bed for one day, for medical reasons.

Detoxification

- **treatment** for withdrawal symptoms after **you** have been abusing drugs or alcohol or both.

Diagnostic tests

- investigations such as x-rays or blood tests required by **your specialist**, to find the cause of **your** symptoms.

Dialysis

- haemodialysis **dialysis** – the removal of waste matter from **your** blood by passing it through a kidney machine or dialyser.

peritoneal **dialysis** – the removal of waste matter from **your** blood by introducing fluid into **your** abdomen which acts as a filter.

Disorder

- a disturbance of function, structure or behaviour, resulting from genetic or environmental factors such as disease, illness or injury.

Emergency

- a serious **medical condition** or symptoms resulting from a disease, illness or injury which arises suddenly and requires immediate **treatment**, generally within hours of onset, and which would otherwise put **your** health at risk

Employer

- Diocese who is named as **your employer**

End of life care

– **treatment** for patients with advanced, progressive, and incurable illness that is aimed solely at the management of symptoms and the provision of psychological, social, spiritual and practical support.

General Practitioner

- a registered medical practitioner in general practice.

GP

- a registered medical practitioner in general practice

High dependency unit

– special department within a **hospital** designed for patients who require advanced post-operative care and/or support for a single failing organ system.

Home nursing

- visits from a qualified nurse to **your** home to give **you** expert/skilled nursing services immediately following eligible **inpatient treatment** in **hospital** under the control of a **specialist**.

Hospital

- NHS **hospital** - a National Health Service **hospital** with facilities for medical and surgical **treatment**, as defined in Section 1.28 of the National Health Service Act 1977 or in any future law.

Private **hospital** - an independent **hospital** which can provide acute medical, surgical or psychiatric care. It must be registered under The Registered Homes Act (1984) and approved by the Healthcare Commission or any future law. It may also include a private bed in an NHS **hospital**.

Inpatient

- if **you** are required to occupy a **hospital** bed for one night or more, for medical reasons

Inpatient treatment

- **treatment** for which **you** are required to occupy a **hospital** bed for one night or more, for medical reasons.

Intensive Care Unit

- a specialised department within a **hospital** designed for patients support for two or more organ systems and advanced respiratory support.

Medical Condition

– any physical, mental or psychological **disorder**, including disease, illness, injury, genetic disorders and behavioural conditions.

Medical Necessity

- healthcare services necessary to evaluate, diagnose or treat an illness, injury, disease or its symptoms, which are:

- in accordance with generally accepted standards of medical practice
- clinically appropriate, in terms of type, frequency, extent, site and duration and thought to be effective for the patient's illness, injury or disease
- not primarily for the patient's or **specialist's** convenience; and
- no more costly than an alternative service(s) at least as likely to produce the same therapeutic or diagnostic results.

Medically necessary

- healthcare services necessary to evaluate, diagnose or treat an illness, injury, disease or its symptoms, which are:

- in accordance with generally accepted standards of medical practice
- clinically appropriate, in terms of type, frequency, extent, site and duration and thought to be effective for the patient's illness, injury or disease
- not primarily for the patient's or **specialist's** convenience; and

- no more costly than an alternative service(s) at least as likely to produce the same therapeutic or diagnostic results.

Member

- a **member** of the clergy or employee covered under **the plan**.

Employees

- a **member** of the clergy or employee covered under **the plan**.

Mental Health Condition

- a **disorder** that affects **your** mind, mental function, emotions or behaviour whether the cause is organic, traumatic or reactive.

Outpatient

- If **you** do not require a **hospital** bed for **your treatment** or consultation.

Outpatient treatment

- **treatment** for which **you** do not require a **hospital** bed

Physiotherapist

- a **physiotherapist** regulated by and registered as practicing with the Health Professions Council and recognised by **us**.

Pre-existing condition

- any **medical condition** for which, in the five years before **you** joined **the plan**:
 - **you** have received medication, advice or **treatment**, or
 - **you** have experienced symptoms whether the condition was diagnosed or not.

Private ambulance

- a purpose-built vehicle run by a recognised **private ambulance** service.

Prosthesis

- an artificial body part or device which is inserted during surgery.

Psychological therapist

- **we** recognise the following as psychological therapists.
 - a psychologist who is:
 - Registered with the Health and Care Professions Council (HCPC);
 - Registered with the British Psychological Society (BPS) as a chartered Psychologist
 - a therapist who is:
 - An accredited **member** of the British Association of Counselling and Psychotherapy (BACP); or
 - An Accredited **Member** of the British Association for Behavioural and Cognitive Psychotherapies (BABCP); or
 - An Accredited **Member** of Scotland's Professional Body for Counselling and Psychotherapy (COSCA); or
 - A practitioner who is registered with the United Kingdom Council for Psychotherapy (UKCP) under one of the following Modality Sections:

1. Behavioural & Cognitive;

2. Psychotherapies
3. Humanistic & Integrative
4. Psychotherapeutic
5. Counselling
6. Psychoanalytic & Psychodynamic

Registered Nurse

- a nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

Registered Nurses

- a nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

Related condition

- any **medical condition** which is reasonably considered to be related to another **medical condition**.

Plan

- The Catholic Dioceses Healthcare Trust **Plan**, in which **you** are enrolled.

Specialist

- **we** consider a **specialist** to be:

- a medical practitioner with full current registration with the General Medical Council or
- a dentist with full current registration with the General Dental Council

and

- a **specialist** in the **treatment you** are referred for
 - has a certificate of Higher **Specialist** Training in their specialty that is issued by the Higher **Specialist** Training Committee of the appropriate Royal College or Faculty
 - is or has been a National Health Service consultant or dentist
 - has been recognised for **benefit** purposes as a **specialist** by Healix.
-

Start date

- the date the **plan** starts as shown in the scheme schedule.

Surgical appliance

- an artificial device or an artificial body part which is a necessary part of **your treatment** immediately after surgery - for example a knee brace after **you** have had ligament surgery. This does not include wheelchairs, crutches and other similar appliances.

The Plan

- The Catholic Dioceses Healthcare Trust **Plan**

Treatment

- surgical or medical services (including **diagnostic tests** and consultations). This includes but is not limited to **diagnostic tests**, scans, and surgical procedures.

Treatments

- surgical or medical services (including **diagnostic tests** and consultations). This includes but is not limited to **diagnostic tests**, scans, and surgical procedures.

Trust Deed

- the **trust deed** (including the rules of the scheme) constituting the healthcare scheme, as amended from time to time.

Trustee, Trustees

- any **trustee** or **trustees** for the time being of the healthcare **plan**.

Great Britain

- England, Scotland and Wales.

Waiting Period

- a specified period of time that must pass before a **benefit** becomes eligible. The **waiting period** is calculated from the joining date of **the plan**.

We, Us, Our

- Healix Health Services Ltd, Healix House, Esher Green, Esher, Surrey KT10 8AB.

Year of cover

- the 12 month period starting on the **start date** or **annual renewal date**.

You, Your

- the eligible employee enrolled into **the plan**.