Cover guide

Summary

Optimum Referral for Pearson Plc - Core
Policy Number - 961BMD

This summary has been designed to provide you with the key information about the product and it is important that you read this section. The summary does not, however, contain the full standard terms and conditions that apply to the product. These are contained in the policy wording, a copy is available from your group administrator. Non-standard terms may apply.

What is covered

Benefit limits shown below apply per person per policy year and all treatment must be referred by, and under the care of, a specialist (see definitions in the policy wording under specialist) unless otherwise stated.

In-patient or day-patient treatment of acute conditions by the specialist and hospital selected by us

- Hospital accommodation charges
- Prescribed medicines, drugs and dressings
- Operating theatre fees
- Nursing care including intensive/high dependency care
- Specialists' fees including surgeons', anaesthetists' and physicians' fees
- Diagnostic tests, for example X-rays, CT, MRI and PET scans, blood tests and ECGs
- Radiotherapy and chemotherapy
- Treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) through the BacktoBetter service

Out-patient treatment of acute conditions by the specialist and hospital selected by us

- Radiotherapy/chemotherapy
- CT, MRI and PET scans at a diagnostic centre recognised by us
- Treatment for cancer
- Physiotherapy for pain in your back, neck, muscles or joints (musculoskeletal conditions) - see member guide
- Pre-admission tests required within 14 days of an admission to check that you are fit to undergo surgery and anaesthesia

The following benefits are subject to an overall combined maximum of £2,000

- Consultations with a specialist
- Treatment by a specialist as an out-patient (including hospital fees and equipment charges)
- Charges for diagnostic tests, for example x-rays, blood tests and ECGs
- Treatment (other than physiotherapy) for pain in your back, neck, muscles or joints . Osteopathy and chiropractics (if agreed) up to 10 sessions per condition, per person, per policy year
- Physiotherapy, chiropractics, osteopathy and acupuncture for conditions other than pain in your back, neck, muscles or joints (if directly referred by your GP), up to 10 sessions in combined total, per condition, per person, per policy year

Additional benefits

- Level 3 cancer benefit (please see attached leaflet for full details of your benefits)
- Nursing at home following eligible in-patient or day-patient treatment
- Private ambulance where medically necessary for transportation to the nearest available hospital in connection with eligible in-patient or day-patient treatment
- Parent accommodation costs when staying with a child of 11 or under receiving eligible treatment, one parent only
- Minor surgery by a GP up to £100 per procedure (payable to the GP)
- Hospice donation of £70 per day up to 10 days' care maximum; donation to the hospice
- Treatment for complications of pregnancy and childbirth as detailed in the policy wording
- NHS cash benefit of £100 per night where eligible NHS in-patient treatment takes place as an NHS patient without charge. Benefit is limited to 35 nights. Cash benefit is not payable where you have been admitted to an NHS hospital as a fee-paying patient of any kind, for cancer treatment or if you claim for the cost of an NHS amenity bed for the same treatment
- Stress counselling helpline - available to members aged 16 and over
- Mental health benefits, through the mental health pathway, consisting of
  - In-patient and day-patient treatment up to 28 days per person per policy year
  - Out-patient treatment by a psychiatric specialist or psychiatric therapist
  - Mental health treatment is not available under any other benefit on this policy except for gender identity benefit. If private in-patient treatment is not available where the member lives, (such as the Channel Islands, Isle of Man, Isle of Wight or Northern Ireland), support will be provided by clinical transfer to a state in-patient facility in their local area
- The out-patient limit doesn't apply to treatment received through the mental health pathway or gender identity benefit
- Gender Identity benefit - see separate leaflet
- Family planning and fertility benefit. Please see separate flyer.
- If you have family cover, your children can be covered up to 21 years of age or up to 24 years of age if in full time education.

Excess

An excess of £50 per person per policy year applies to all members. Benefits will only be paid once the excess amount has been exceeded and this should be settled directly with the relevant provider (for example the hospital or specialist). The excess does not apply to physiotherapy for pain in the back, neck, muscles or joints (musculoskeletal conditions) managed through BacktoBetter, to treatment received through the mental health pathway, to treatment for gender dysphoria received through the mental health provider or to out-patient therapy received under the Talking Through Cancer benefit.

The excess is applied on the date treatment takes place and not on the date we pay the bill. If you claim for a benefit that has a monetary limit, the excess amount will not contribute to the monetary limit.

Medical History Disregarded

This means that any pre-existing conditions you have will be covered providing they fall within the terms and conditions of the policy.

What isn't covered?

There are some things which aren't covered by your policy, so it's important that you speak to the customer service helpline before receiving any treatment. Some examples of what is not covered by the policy are:

- Long term or chronic conditions
- Treatment undertaken by a specialist without GP referral (except through BacktoBetter, the Mental Health Pathway or under the Gender Identity benefit)
- Seeing a GP privately
- Prescription charges
- Charges by a GP, medical practitioner or specialist for completion of a claim form if the claim is not covered by the policy
- Take home drugs and dressings
- Cosmetic treatment (except following an accident, or surgery for cancer)
- Routine medical examinations including eye tests, health screens etc
- Sports related treatment (if you are paid or personally funded/sponsored)
- Convalescence
- Experimental treatment (limited benefit may be available - please contact us)
- Incidental hospital expenses such as newspapers and telephone calls
- Varicose veins of the leg, unless they meet the criteria specified in the policy wording
- Surgical and medical appliances such as neurostimulators (for example cochlear implants) and crutches
- Kidney dialysis
- Self-inflicted injury
- Sleep disorders and sleep problems such as snoring and sleep apnoea
- Treatment for warts, verrucas and skin tags
- Weight loss surgery and non-surgical treatment such as injections, medications or drugs
- Any musculoskeletal, mental health or gender identity treatment that has not been pre-authorised by us
- Routine dental treatment
- Treatment for pregnancy and childbirth, but we do cover related conditions that can also be experienced outside of pregnancy and childbirth, and the specific complications detailed in the policy wording
- Alcoholism, alcohol misuse, solvent misuse, drug misuse and other addictive conditions
- Psycho-geriatric conditions
- Overseas treatment
- Treatment required as a result of war, terrorism, or contamination by radioactivity, biological or chemical agents
- Treatment that is not by a specialist and hospital selected or authorised by us, except as provided for under the fertility treatment benefit
- Treatment for lipoedema
- Treatment by providers (such as specialists, practitioners, hospitals and/or facilities) that are not recognised by us, except as provided for under the fertility treatment benefit

Your questions answered

How to claim

Making a claim

Once your GP has recommended you see a specialist, all you need to do is call the customer service helpline on 0800 092 7774. Further details can be found in your member guide. Calls may be monitored and/or recorded

BacktoBetter and mental health claims

For back, neck, muscle or joint pain and for mental health claims, the claims journey is even easier than the standard process. You don’t need to see your GP, just contact the customer service helpline and describe your symptoms.
Further details can be found in your member guide.
Members aged 11 and under should obtain a GP referral and contact the customer service helpline.

For all other claims

For all other conditions you need to consult your GP. Once they've recommended you see a specialist, just call the customer service helpline. Further details can be found in your member guide.

Can the policy be cancelled?

The policy can only be terminated by the policyholder. There's no cooling off period.

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