



Your Benefits Table



Groupama

Healthcare

Benefits Table

IP = Inpatient or Daypatient
OP = Outpatient

Group Members:

- = This benefit is included. ■ = This is an optional benefit – check your Membership Certificate to see if you have this benefit.
- ◆ = This is a flexible optional benefit – check your Membership Certificate to see if you have this benefit.

Individual Members:

- = This benefit is included. □ = This is an optional benefit – check your Membership Certificate to see if you have this benefit.

Benefit Group	Benefit	Standard Benefit	Couture	Carte Blanche	Classic	Club	Notes
A Core: Your essential Inpatient, Outpatient and Daypatient costs	1. Accommodation and theatre charges	FULL REFUND	●	● ○	● ○	● ○	p4
	2. IP Consultant/Specialist fees	FULL REFUND	●	● ○	● ○	● ○	15
	3. IP/OP Radiotherapy, Chemotherapy, Oncology	FULL REFUND	●	● ○	● ○	● ○	15
	4. CAT/MRI/PET scans	FULL REFUND	●	● ○	● ○	● ○	15
	5. IP Physiotherapy	FULL REFUND	●	● ○	● ○	● ○	15
	6. IP Diagnostic Tests	FULL REFUND	●	● ○	● ○	● ○	15
	7. OP Consultant fees linked to hospital stay	FULL REFUND	●	● ○	● ○	● ○ £1,500	1 & 15
	8. Out of hospital band contribution	AVAILABLE	●	● ○	● ○	● ○	5
B The Groupama Healthcare Difference: what makes Us unique	1. Online health & travel information database	AVAILABLE	●	● ○	● ○	● ○	
	2. Stress advice & information helpline	AVAILABLE	●	● ○	● ○	● ○	
	3. RN Qualified nurses on claims helpline	AVAILABLE	●	● ○	● ○	● ○	
	4. GP payment for completion of claim forms and medical reports	£25 per form/report	●	● ○	● ○	● ○	14
	5. Any medical exclusion reviewed annually on request	AVAILABLE	●	● ○	● ○	● ○	
	6. Dependant children cover up to the age of 25	AVAILABLE	●	● ○	● ○	● ○	16
	7. Eligible invoices paid to members in 7 working days	AVAILABLE	●	● ○	● ○	● ○	
	8. Cash payment in case of death or redundancy of Member	AVAILABLE	◆	● ○ £1,450	● ○ £600	● ○ £1,000	
	9. A choice from over 460 hospitals nationwide	AVAILABLE	◆	● ○	● ○	● ○	
	10. A range of optional excesses from £100-£1,600	AVAILABLE	◆	● ○	● ○	● ○	
	11. No GP referral required	AVAILABLE	◆	● ○	● ○	● ○	
	12. A range of optional co-insurance levels up to 30% NEW!	AVAILABLE	◆	● ○	● ○	● ○	
	13. 6-week option NEW!	AVAILABLE	◆	● ○	● ○	● ○	30
C Hospital expenses: additional cover for expenses linked to Inpatient stays	1. NHS hospital cash (except Maternity)	AVAILABLE for 28 days	◆	● ○ £200 per night	● ○ £150 per night	● ○ £100 per night	
	2. IP Psychiatry	FULL REFUND for 35 days	◆	● ○	● ○	● ○	6 & 9
	3. Hospital accommodation for parental stay	AVAILABLE for 13 weeks	◆	● ○ £80 per night	● ○ £80 per night	● ○ £80 per night	7
	4. Private Ambulance	FULL REFUND	◆	● ○	● ○	● ○	8
	5. Home Nursing	FULL REFUND for 13 weeks	◆	● ○	● ○	● ○	8 & 11
	6. Outpatient Surgical Appliances NEW!	£50 per inpatient stay	◆	● ○	● ○	● ○	29
	7. Personal expenses NEW!	AVAILABLE	◆	● ○ £5 per night	● ○	● ○	31
D Consultant expenses: additional cover for Outpatient expenses	1. OP Consultant fees (without need for hospital stay)	FULL REFUND	◆	● ○	● ○	● ○ £1,500	1 & 15
	2. OP Diagnostic Tests	FULL REFUND	◆	● ○	● ○	● ○ £1,500	1
	3. OP Psychiatry	FULL REFUND	◆	● ○ £1,500	● ○ £1,000	● ○	9
E Therapy: cover for	1. OP Physiotherapy/Podiatry	FULL REFUND	◆	● ○	● ○	● ○ £1,500	1 & 13
	2. OP Osteopathy/Chiropractic	FULL REFUND	◆	● ○	● ○	● ○ £1,500	1 & 13

Notes to Benefits Table

1. Outpatient Benefits - A7, D1, D2, E1, E2 & E3 are considered as one item for Members with Club with a combined maximum limit of £1,500. Maximum benefit payable is £500 where Treatment is not related to an Inpatient stay (benefits D1, D2, E1, E2 & E3) with a further £1,000 available where Treatment is preceded or followed within 6 months by a period of related Inpatient Treatment covered under the contract (benefit A7).
This £500 benefit for Outpatient Treatment will also be used to pay for any Outpatient hospital charges when Treatment is not related to an Inpatient stay.
2. Benefits E4, E5 & H2 are considered as one item with a combined maximum limit of £600.
3. Dental Benefits - F2, F3 & F4 are considered as one item with a combined maximum limit of £1,000. Groupama Healthcare will refund charges in accordance with the limits as set out in Your Policy Guide.
4. Optical Benefits - G1, G2 & G3 are considered as one item with a combined maximum limit of £200.
5. Out-of-band Benefits - A8 replaces benefit A1 when admitted to a hospital of a higher band than that selected or one not included in the Hospital Guide, the benefit available is a contribution per night, towards charges related to Inpatient stays. The maximum contributions payable are:
Band A £400 Band B £350 Band C £300
For more information, see section 15 in Your Policy Guide.
6. Inpatient Psychiatry Benefit - C2 if you choose a hospital outside of Your band, We may not cover all Treatment costs.
7. Parental Stay Benefit - C3 this is only available for private Inpatient stays and cannot be claimed in addition to benefit C1. Parents can stay in hospital with an Insured Child as long as the child is under 16 years of age.
8. Where medically necessary, as determined by Your Consultant or Specialist.
9. Psychiatric Benefit - Includes consultations with, and Treatment provided by, Psychiatrists and Psychologists.
10. Private Maternity Benefit - I3 covers costs of home or hospital delivery covering attending Specialist and midwifery charges, including ante- and post-natal Treatments provided by a GP or a Specialist. Benefit is payable per term of pregnancy up to a maximum annual limit given in Your current Benefit Table.
11. Home Nursing Benefit - C5 supervised and monitored by a specialist, for medical not domestic reasons.
12. CityGP - H4 this benefit is only available through General Medical Clinics, see Your Policy Guide for more information. Benefit also includes a range of over-the-counter drugs.
13. Outpatient Therapy Benefits - E1, E2, and E3 have a collective maximum of 12 sessions.
14. Costs for medical reports are payable in respect of incepted Members and not in consideration of an application for cover.
15. Consultant/Specialist fees, including pre- and post-operative care – Groupama Healthcare will refund charges providing they are in accordance with the published Groupama Schedule of Procedures.
16. Dependant Children Cover - B6 this is available whether or not the child is in full-time education.
17. Post-care Check-ups - M3 for Chronic Conditions following Treatment covered by the Policy.
18. 10% discount.
19. Preventative testing Benefits - L2, L3 & L4 these tests cannot be taken more than once every 2 years.
20. We will pay 90% of these costs for Individual Members and 100% for Group Members.
21. This benefit is only available to Members, not their Dependants.
22. Optical Cash Payment - G4 contributes towards the cost of spectacles or contact lenses, purchased within three months of an eye test which detected the change of prescription.
23. Dental Cash Payment - F5 this Benefit is a cash contribution towards Treatment of a similar nature as covered by F2, F3 & F4. We will pay 80% of costs.
24. Health Screening Benefit - L5 the health screening cannot be claimed more than once every 3 years. We will pay 75% of costs.
25. Where related to eligible Treatment of an Acute Condition covered by the Policy.
26. Excludes all Palliative Treatment.
27. Refer to Your Policy Guide for the Dental Accident fees schedule; waiting period only applies to intra-oral accident.
28. An Excess applies on each claim. For more information, see section 8 in Your Policy Guide.
29. This Benefit is for expenses incurred either during or on discharge from an eligible private Inpatient stay, and is limited to £50 per Inpatient stay. It cannot be claimed in conjunction with any NHS Cash Benefits e.g. C1.
30. The 6-week option means You will only be able to claim for eligible private:
 - Inpatient Treatment;
 - Daypatient Treatment; and
 - Outpatient Surgical Procedures;if the NHS is unable to provide it within six weeks of the Specialist saying it is needed. In circumstances where You are treated under the NHS, You may be able to claim NHS hospital cash if Your Policy includes this Benefit.
31. Maximum Benefit available £50 per Inpatient stay.

A GROUPAMA COMPANY



Groupama

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