

THE PG MUTUAL MEDICAL CARE PLAN

DESCRIPTION OF BENEFITS AND LEVELS OF COVER

EFFECTIVE 1 FEBRUARY 2017

This leaflet should be read in conjunction with the rules. The maximum benefit payable for each person named on the Membership Certificate for acute surgical or acute medical conditions, in each subscription year, is £250,000.

IN-HOSPITAL TREATMENT

FOR OVERNIGHT OR LONGER STAYS	£
ACCOMMODATION CHARGES IN A HOSPITAL ON OUR HOSPITAL LIST	Full refund
WARD NURSING CHARGES FOR EACH STAY IN HOSPITAL	Full refund
NHS TREATMENT For the duration of medical treatment carried out solely as a National Health patient in a public ward of an NHS hospital.	200 a night for up to 30 nights a year
SURGICAL CHARGES FOR EACH STAY IN HOSPITAL Surgeons' and Anaesthetists' Combined Fees including aftercare.	
Major Plus Operation	up to 1450
Major Operation	up to 1050
Intermediate Operation	up to 700
Minor Operation	up to 400
Additional Benefit for an operation requiring specialised operative techniques	up to 2000
THEATRE FEES, CONSUMABLES, DRUGS AND SURGICAL DRESSINGS FOR EACH STAY IN HOSPITAL	
Major Plus Operation	up to 1900
Major Operation	up to 1375
Intermediate Operation	up to 900
Minor Operation	up to 650
Additional Benefit for an operation requiring specialised operative techniques	up to 2650
PATHOLOGY, INVESTIGATIONS & PHYSIOTHERAPY When charged individually by the hospital	up to 900
When charged as part of a package price	up to 450
WARD DRUGS & CONSUMABLES FOR EACH STAY IN HOSPITAL When charged separately for in-hospital treatment.	Full refund
PROSTHESES FOR EACH STAY IN HOSPITAL Prostheses payable in accordance with the operation.	
Major Plus Operation	up to 2250
Major Operation	up to 1100
Intermediate Operation	up to 650
Minor Operation	up to 400
Additional Benefit for an operation requiring specialised operative techniques	up to 1300
PHYSICIAN FEES FOR NON SURGICAL STAYS IN HOSPITAL First 3 days	up to 110 for each day
After 3 days	up to 55 for each day
INTENSIVE CARE / HIGH DEPENDENCY Benefit is payable for medical treatment in an intensive care or high dependency unit.	each year up to 1900

DAY CASE & OUTPATIENT BENEFITS

SPECIALIST SERVICES COMBINED OVERALL ANNUAL LIMIT	£	£2250
Consultations/Physiotherapy or Complementary Medicine	up to	450
Investigations, Pathology, X-Rays, Scans	up to	1250
Day Case Surgery	up to	2250
Within this benefit the annual overall maximum cannot exceed £2250		

OTHER ADDITIONAL BENEFITS

	£
RADIOTHERAPY/CHEMOTHERAPY A grant is given towards treatment.	each year up to 750
CHELATION THERAPY When recommended by a Medical Practitioner and only as an alternative where surgery for arterial disease has been advised.	each year up to 3250
PARENT/GUARDIAN ACCOMPANYING A CHILD For a child under 16 years of age, HMCA will pay the accommodation charge for one parent for a period not exceeding 20 days a year.	each day up to 250
HOME-NURSING Following treatment at a private hospital, or treatment arranged on a private basis at an NHS hospital for a qualified nurse for medical reasons.	each year up to 3400
PRIVATE AMBULANCE For transport by a private ambulance to or from a hospital for medical reasons.	each year up to 325
MATERNITY GRANT When both parents have been members for a year.	for each birth 750
LONG-TERM ILLNESS GRANT Long-Term conditions which are not covered are those that are recurrent, persistent or incurable. After enrolment, a member receiving treatment that ceases to be short-term qualifies for a grant. This benefit can be given at the discretion of HMCA.	up to 1000

DENTAL & OVERSEAS BENEFITS

DENTAL TREATMENT Benefit is payable only where specialist in-hospital and day-case treatment is necessary.	
OVERSEAS COVER Cover continues when you travel abroad on holiday or business for a period not exceeding 6 months. Excluded are general practitioners' services and hotel expenses. Before travelling obtain form EHIC from the Post Office or telephone 0845 606 2030 for reciprocal arrangements in EEA countries.	Benefits as for the U.K.

FREE MEDICAL INFORMATION HELPLINE SERVICE

This service is provided free of charge to all Medical Care Plan members. It is operated by qualified medical staff, counsellors and health advisers and provides non-diagnostic advice on medical matters irrespective of whether you are making a claim for medical treatment. Advice can be sought by members on behalf of themselves and their immediate family even if the latter are not members.