Healthcare Scheme Rules

Forces Mutual

Call Us 0151 363 5290
www.forcesmutual.org

What's in this Guide?

1. About Your Healthcare Scheme

1.1 These rules apply to members of the *Healthcare Scheme* and take effect from 1 October 2026.

1.2 The *Healthcare Scheme* is a self-funded discretionary scheme. It is not an insurance policy. We help to pay for private medical care for short-term injuries or illnesses. The cost of treatments are paid for by the membership's monthly subscriptions and Member contributions. Each request for help is looked at individually by the team, based on the rules of the scheme and are subject to the resources we have available.

1.3 The Healthcare Scheme is owned and operated by PMHC Ltd and none of the Members have any ownership or rights to any of the assets of the Healthcare Scheme.

1.4 Benefits under the *Healthcare Scheme* are not guaranteed. The *Board* decides whether benefits can be provided, using its discretion.

1.5 Section 8 is important because it explains the defined terms used in these rules. This helps make the rules clearer and supports a consistent understanding of key words and phrases.

2. Joining and Managing Your Membership

2.1 Any person can apply to become a *Member* of the *Healthcare Scheme* if they are:

2.1.1 a serving or retired member of HM Forces, civilian staff or a contractor employed by a MoD, a member of the Army Reserve; or

2.1.2 an immediate family member of someone in one of the roles listed above. This includes their spouse, partner or civil partner, parent, brother or sister, child or grandchild, parent-in-law, brother or sister-in-law, niece or nephew; or,

2.1.3 live at the same address as the *Member* where multiperson cover is applied for. If you qualify as a Family Member under multiperson cover but do not live at the same address as the Member, you can still apply to join the Healthcare Scheme. You would need to apply as a Member in your own right; and

2.1.4 has completed an application in a way approved by the *Board*; and

2.1.5 live in the United Kingdom or Isle of Man and be aged between 18 years and 64 years old when joining the *Healthcare Scheme*. There is no upper age limit for existing members.

2.2 If you, your spouse, partner or civil partner have a baby while you are a *Member* of the *Healthcare Scheme*, you can add your baby to your membership from their date of birth. To do this, you must apply within three months of the baby's birth. If you add your baby within this time, any medical conditions or treatment history they may have will not be taken into account, and no personal medical exclusions will apply. If you, your spouse, partner or civil partner adopt a child and would like to add them to your membership, please contact us. We will let you know whether any medical exclusions may apply, depending on the child's age.

2.3 We consider each application individually to make sure membership is right for both the applicant and the Healthcare Scheme. Meeting the normal eligibility criteria does not automatically guarantee acceptance. The Board has the final decision on all applications and may decline an application even if a person meets the eligibility criteria. The Board's decision is final.

2.4 A register of Members of the *Healthcare Scheme* shall be kept by *the Company* but it is not open to inspection by the Members or to the public or any other party except to the extent (if any) required by law.

2.5 You can cancel your membership at any time. Just let us know by phone, email or post. Your membership will continue for 30 days from the date we receive your request and will then end automatically.

You will remain responsible for any payments due during the 30 day notice period. Any payments already made, or due to cover this period cannot be refunded.

2.6 If you cancel your membership, we may still pay eligible claims where:

- The treatment was authorised by the Forces Mutual Claims Service before your membership ends; and
- The treatment takes place before the end of your 30-day notice period.

If either the treatment has not been authorised, or the treatment takes place after your membership ends, you will be responsible for any costs relating to that treatment.

2.7 If you leave Armed Forces employment, retire, or transfer to another Force, you can usually continue your Healthcare Scheme membership.

2.8 In some circumstances, the Board may decide to end a membership. If this happens, we will give at least 30 days' written notice. Your membership and any cover for your family members included in the Healthcare Scheme will end when the notice period finishes. After your membership ends, you will not be entitled to any further benefits or payments from the Healthcare Scheme. However, unless your membership has been ended because of dishonest or fraudulent conduct, any eligible amounts due to you before your membership ends will still be paid.

2.9 In certain circumstances, we may need to end your Healthcare Scheme membership with immediate effect. This would only happen after careful consideration by the Board.

The Board may decide to end your membership if you or a Family Member:

2.9.1 Do not pay money due to us within 30 days of the payment date.

2.9.2 Deliberately or recklessly give us incorrect, incomplete, or misleading information.

2.9.3 Do not provide information or documents we reasonably need to assess a claim.

2.9.4 Make a dishonest or fraudulent claim.

2.9.5 Seriously break the Scheme Rules.

2.9.6 Act in a way that could harm the Company or the Healthcare Scheme.

If the Board decides to end your membership, you can appeal the decision. The Board will review the appeal and let you know its final decision.

2.10 Healthcare Scheme membership is personal to the Member and cannot be passed to someone else. If a Member dies, their membership and the cover provided to any Family Members under that membership will end. If a Family Member is eligible to join the Healthcare Scheme, they can apply for membership in their own name under Rule 2.

2.11 When membership ends, the Member's details will be removed from our register of members. After this date, neither the Member nor any Family Members covered by the membership can make new claims or receive further payments from the Healthcare Scheme.

If we owe the Member money for a valid claim that was due before their membership ended, we may still make that payment.

This does not apply if the Member was expelled from the Scheme or if a claim involved dishonest or fraudulent behaviour.

3. Your Subscription Payments

3.1 To continue your Healthcare Scheme membership, you will need to pay a monthly subscription. This subscription covers you and any Family Members included on your membership. The amount you pay may change from time to time. We review subscriptions regularly to help make sure the Scheme has enough funds to pay current and future claims and continue supporting Members when they need us.

3.2 You can pay your monthly subscription by:

- Direct Debit from your bank account.

3.3 If your Healthcare Scheme membership is provided through your employer, they may pay the subscription for you as part of your employment benefits.

In some cases, tax may be payable on this benefit. If this applies, you and/or your employer will be responsible for paying the appropriate tax.

3.4 We may need to review and increase subscription rates from time to time to help ensure the Healthcare Scheme remains able to support current and future Members.

If this happens, we will contact you using the email or postal address we have on record. We will normally give you advance notice of any increase. Where circumstances are outside our control, we may not be able to give as much notice, but we will always try to give you as much notice as possible.

Please make sure your contact details are kept up to date.

If you do not want to continue your membership after a subscription increase, you can cancel within 28 days of receiving notice. Your membership will then end in line with the notice period set out in Rule 2.5.

If you continue your membership, the new subscription rate will apply.

If the correct subscription amount is not paid, your cover and benefits may be affected and, in some cases, your membership may be cancelled.

3.5 If your circumstances change and you qualify for a lower subscription rate, please tell us in writing as soon as possible.

If you do not tell us and you pay more than you need to, we may consider a refund. Any refund will be subject to the limits below:

- If payments continue after a Member has died, we may refund up to 12 months' subscriptions.
- In all other cases, we may refund up to 3 months' subscriptions.

We will review each request on a case-by-case basis before making a decision.

4. Your Benefits and Making a Claim

4.1 If your subscriptions are up to date when treatment takes place, you and any eligible Family Members may be able to claim towards the cost of:

4.1.1 **Consultation or Treatment**

Any payment is subject to:

- The financial limits that apply to your membership.
- The Healthcare Scheme Rules.
- The claim meeting the requirements set out in Rule 4.3.

Because the Healthcare Scheme is discretionary, each claim is considered individually before a decision is made.

4.1.2 Where a *Beneficiary* is entitled to be considered for the cost of *treatment* in accordance with rule 4.1.1, but chooses to have *treatment* under the *NHS* they may, at the absolute discretion of the *Board*, be entitled to the whole or part of a cash alternative, subject to the *Financial Limits*. We will only consider a claim for *treatment* that would be authorised under the *Healthcare Scheme* rules and has a minimum of 1 night stay. The *Healthcare Scheme* does not cover any *treatment* following an emergency admission or transfer from an *NHS* hospital or inpatient admissions for drugs/monitoring. The *Healthcare Scheme* does not cover the cost of any emergency *treatment* or procedures.

The *Forces Mutual Claims Service* will calculate the maximum number of nights that will be authorised. The expected length of stay, if the procedure was carried out in a private hospital is used to calculate the cashback figure. This matches the process the *Healthcare Scheme* uses when authorising non *NHS* claims. This may be different to the actual length of stay in an *NHS* facility.

4.1.3 **Home Nursing and Hospital Accommodation**

Subject to the *Financial Limits*, *the Company* may at the absolute discretion of the *Board*, pay in respect of any *Beneficiary* and subject to the procedures in rule 4.3 having been followed the whole or part of:

4.1.3.1 the costs of home nursing by a registered nurse following *treatment* either as an in-patient or as an out-patient where such care is directed by a *Specialist* as necessary; and

4.1.3.2 the hospital accommodation expenses for a parent or guardian accompanying a *Beneficiary*, who is a child under the age of 10 years, whilst receiving *treatment* on an in-patient basis.

4.1.4 **24/7 GP Consultation Service**

As a Member, you can speak to a GP through our confidential service provided by Health Hero.

The service is available:

- 24 hours a day
- 7 days a week
- 365 days a year
- From anywhere in the world

You do not need authorisation to use this service.

How to book an appointment:

Video GP:

Telephone GP: 0845 222 8591

Download the My Health Hero app

To get started:

1) Create your account
2) Enter the activation code
   PMHC
3) Enter your membership number
4) Book your consultation

You will be responsible for the cost of the call and any private prescriptions, if needed. Please note: Calls to 03 numbers usually cost the same as calls to UK landline numbers (01 or 02) and are often included in call plans. Check with your phone provider if you are unsure.

4.2 **What's included in your membership**

Treatment	Treatment includes	Cover
In-patient treatment	**Accommodation and nursing**	**Fully covered** In one of *Forces Mutual Claims Services Approved Clinic or Hospital*
	Ancillary services Operating theatre, drugs, dressings and surgical appliances used in connection with *treatment* and diagnostic procedures including pathology, X-rays and all medical scanning and imaging techniques	**Fully covered***
	Accommodation charges For one parent or guardian accompanying a dependant under 10 years old	**Covered** Up to £25 per night for up to 10 nights per year
	Surgeons' and anaesthetists' services For all surgical procedures	**Covered** **Up to the level of current industry standard fee scales**
	Physicians' services	**Fully covered***
	Consultations and physiotherapy Provided under the direction of the attendant *Specialist*	**Fully covered***
Day case treatment	**Accommodation** Ancillary and diagnostic procedure charges	**Fully covered***
	Surgeons' and anaesthetists' services	**Covered**
Out-patient treatment	**Consultations**	**Covered** Up to £1,500 a year
	Diagnostic procedures Including pathology, X-rays, ECGs, gait analysis and all medical scanning techniques	**Covered** Up to £2,500 a year
	Treatment Including physiotherapy, osteopathy, chiropractic, psychiatry and psychology where provided by a practitioner recognised by the PMHC scheme	**Covered** Up to £750 a year
24/7 GP Consultation service	**Worldwide video/telephone access to fully qualified, practicing GP's.** E-*Consultations*, private sick notes and private prescriptions	Private *GP* Telephone/ Virtual *Consultations* 24 hours a day, 7 days a week provided by HealthHero
Other services	**Nursing-at-home** Following in-patient or day case *treatment* and provided by a registered nurse under the direction of a *Specialist*	**Covered** Up to £1,000 a year
NHS Cash benefit	**Non-emergency in-patient treatment** We will only consider a claim for *treatment* that would be authorised under the Scheme rules and has a minimum of 1 night stay. We do not cover any *treatment* following an emergency admission or transfer from an *NHS* hospital or inpatient admissions for drugs/monitoring. The Scheme does not cover the cost of any emergency *treatment* or procedures.	**Covered** £250 per night up to a maximum of 21 nights per year The number of nights that will be authorised is calculated using the expected length of stay, in a private hospital for the procedure details provided when submitting the claim. Refer to Rule 4.1.2 for further information.

* within £30K yearly claims limit

4.2.1 **What we do not pay for**

We do **NOT** pay for the following:

4.2.1.1 Any *treatment for a Pre-Existing Condition save that such Pre-Existing Condition* will not preclude the *Beneficiary* from being considered for Benefit when the *Beneficiary* has completed 24 months continuous participation in the *Healthcare Scheme* and the *Beneficiary* has, since joining the *Healthcare Scheme*, gone 24 consecutive months without receiving any medical advice, attention or *treatment* for that *Pre-Existing Condition*.

4.2.1.2 *Treatment* will not be covered in excess of £30,000 in any one financial year of *the Company* per *Beneficiary*.

4.2.1.3 Cancer drugs, radiotherapy, chemotherapy, stem cell *treatment* or gene therapies. However, we will pay for surgery to remove Cancer.

4.2.1.4 Any *treatment* or surgery to correct long or short-sightedness relating to eyes including eye tests and spectacle prescriptions.

4.2.1.5 Any dental procedure including orthodontics.

4.2.1.6 Any cosmetic or aesthetic surgery or *treatment* or any surgery or *treatment* which relates to or is connected because of previous cosmetic or aesthetic surgery or *treatment*. However, at the absolute discretion of the *Board*, *the Company* will consider paying for initial reconstructive surgery where it is necessary after medical *treatment* which the *Healthcare Scheme* has paid for and is agreed to by the *Board*.

4.2.1.7 Any medical *treatment* relating to or connected with pregnancy or childbirth including in vitro fertilisation (IVF), assisted conception and artificial insemination.

4.2.1.8 Termination of pregnancy or any consequences of it.

4.2.1.9 Investigations into and *treatment* of infertility, contraception, assisted reproduction, sterilisation (or its reversal).

4.2.1.10 Investigations into and *treatment* of impotence or any consequences of it.

4.2.1.11 Any gender affirmation *treatment*, including reversal.

4.2.1.12 Kidney dialysis, unless this is required in the short-term following a complication of eligible *treatment*.

4.2.1.13 *Treatment* for any injury which is deliberately self-inflicted, a result of attempted suicide or caused by another with the *Beneficiary's* consent.

4.2.1.14 Any *treatment* in respect of developmental delay, whether physical, psychological or learning difficulties including (without limitation) dyslexia, dyspraxia, ADHD or autism.

4.2.1.15 Preventative *treatment*.

4.2.1.16 Vaccination and immunisations.

4.2.1.17 Routine medical check-ups.

4.2.1.18 The cost of providing or fitting any external prosthesis or appliance ie crutches or an air boot.

4.2.1.19 Any *treatment* received outside of the United Kingdom.

4.2.1.20 Any *treatment* of injuries or conditions resulting from any dangerous or extreme sport or activity including, but not limited to:

- sky-diving, parachuting, hand-gliding or bungee jumping;
- mountaineering, or rock climbing;
- luging, bobsleigh, ski jumping or heli-skiing.

4.2.1.21 Any complementary or alternative medicine including, but not limited to, aromatherapy, reflexology or acupuncture, except as part of an approved course of physiotherapy *treatment*.

4.2.1.22 Medical appliances or equipment including, but not limited to, walking aids, dialysis equipment, breathing apparatus, mobility devices, sleep apnea devices or drips.

4.2.1.23 Private prescriptions or outpatient drugs.

4.2.1.24 Any daycase or inpatient *treatment* for mental health conditions.

4.2.1.25 Any *treatment* of human immunodeficiency virus (HIV) or Creutzfeldt-Jakob disease (CJD or the human form of mad cow disease).

4.2.1.26 Chiropody.

4.2.1.27 Any *treatment* received by the *Beneficiary* at a time when the *Member* has not paid their subscriptions or is not up to date with their subscriptions.

4.2.1.28 Any *treatment* related to sexually transmitted infections.

4.2.1.29 Any *treatment* for or related to addiction.

4.2.1.30 Any *treatment* following an emergency admission or transfer from an *NHS* hospital.

4.2.1.31 Any *treatment* for obesity including, but not limited to, weight loss surgery, whether medically necessary or not.

4.2.1.32 Any *Consultations*, diagnostics or *treatment* related to a *chronic condition*.

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

Exception: We cover eligible *treatment* arising out of a *chronic condition***,** or *treatment* of acute symptoms of a *chronic condition* that flare-up. *Treatment* will only be covered if it 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*. For example, we pay for *treatment* following a heart attack which is the result of chronic heart disease. This exception does not apply to mental health conditions.

4.2.1.33 Any experimental treatments or procedures, or any treatments or procedures that have not been approved by NICE (NICE being National Institute for Health and Care Excellence).

4.2.1.34 Genetic Screening.

4.2.1.35 General medical admissions solely for administering medications, IV treatments, or to monitoring symptoms or conditions without a definitive diagnosis.

4.2.1.36 The services of a General Practitioner (except for the 24/7 GP helpline by HealthHero) or General Dental Practitioner, including routine dental *treatment*.

4.2.1.37 Personal items of expenditure incurred in hospitals such as telephone calls, newspapers and visitors' refreshments.

4.2.1.38 *Treatment* or costs relating to admissions to *NHS* hospitals or *treatment* or costs in respect of transfers to designated hospitals or other hospitals from *NHS* hospitals or *treatment* thereafter.

4.2.1.39 Any tests or *treatments* in respect of allergy or intolerance testing.

4.2.1.40 The *Healthcare Scheme* will cover the cost of 1 pair of orthotics and fitting per lifetime. The cost of any addtional pairs will not be covered.

4.3 How to make a claim

4.3.1 Step 1: Visit a GP

- Book an appointment with your *GP* or the HealthHero GP service as soon as possible.
- If your *GP* diagnoses the condition and does not refer you to a *specialist*, no further action is needed.

4.3.2 Step 2: Get a Referral

- Ask for an *open referral* letter.
- If you have been a member for less than 2 years, you will also need a *GP* report to confirm the condition is not a *pre-existing condition*.

4.3.3 Step 3: Contact Forces Mutual Claims Service

Before arranging any private appointment:

- Call 0208 049 8387 to request authorisation.
- Forces Mutual Claims Service will arrange an appointment at an *approved clinic or hospital*.
- A Member Contribution will be payable on the first claim of each scheme year.
- *Treatment* in Northern Ireland uses different contact details (provided in the welcome letter).
- *Treatment* on the Isle of Man depends on availability.

Important: If you attend a consultation without prior written authorisation, the claim may not be paid.

4.3.4 **Step 4: Any Tests Must Be Approved by us before you have them**

If the *specialist* recommends tests:

- They must be carried out at a *Forces Mutual*-approved clinic or hospital.
- MRI and CT scans require prior written approval before booking.

4.3.5 **Step 5: Treatment Approval**

If *treatment* is recommended:

- Contact *Forces Mutual Claims Service* for authorisation.
- Call 0208 049 8387 or email forcesmutual@healix.com.
- Once approved, you will receive an authorisation letter by email or post.
- *Treatment* can then take place at an approved provider.

4.3.6 Members living within our calculation of a 45 minute drive time of one of the *Forces Mutual Claims Service Approved Clinic or Hospital* will have their *Consultation* and *treatment* authorised there, subject to availability and their required medical specialism.

4.3.7 If the *specialist* decides no *treatment* is required, or the recommended procedure is not covered by the scheme, no further benefits will be payable.

4.3.8 If membership ends during *treatment*, cover stops from the date membership ceases, even if *treatment* was previously authorised.

4.3.9 You must present your written authorisation letter when attending for *treatment*. Any treatment that has not be authorised by Forces Mutual Claims service will not be covered.

4.3.10 *Forces Mutual* may need to obtain medical reports from your GP or *specialist*. This process is governed by the Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

Your consent is required. If consent is not provided, the claim may not be processed. Any charges for medical reports must be paid by the member.

4.3.11 NHS *treatment* and transfers to or from NHS hospitals are generally not covered unless agreed in advance in exceptional circumstances.

4.3.12 Where *Forces Mutual* agrees to pay only part of the cost:

- Forces Mutual pays the authorised amount directly to the provider.
- The *member* must pay any remaining balance.

4.4 **Rights of Recovery by the Company against Third Parties**

4.4.1 If your illness, injury or condition was caused by someone else, or if the cost of your *treatment* could be covered by another insurance policy or scheme, please let the *Forces Mutual Claims Service* know when making your claim.

For example, this could include:

- An injury caused by a road traffic accident.
- An accident at work.
- A personal injury claim against another person or organisation.
- *Treatment* that may be covered by another insurance policy, such as motor, travel or private medical insurance.

Providing this information helps us assess your claim correctly and avoid delays. We may ask for some additional details about the incident or any other insurance cover that may apply.

It's important that you tell us about any *third-party* claim or other insurance cover during the claims process. Failure to do so could affect how your claim is assessed or whether benefits can be paid under the Healthcare Scheme.

4.4.2 If you have another insurance policy or healthcare scheme that could cover the cost of your *consultation* or *treatment*, you should make a claim through that scheme first.

This means taking any reasonable steps required by the other insurer or scheme before asking the *Healthcare Scheme* to consider your claim.

The *Forces Mutual Claims Service* may ask you to provide evidence that you have contacted the other insurer or scheme and followed their claims process before deciding whether benefits can be paid under the *Healthcare Scheme*.

4.4.3 In some cases, the *Healthcare Scheme* may pay benefits even though you have the right to recover those costs from:

- Another insurance policy or *healthcare scheme*.
- A *third party* who was responsible for your injury or condition.
- The *third party's* insurer.

If this happens, *Forces Mutual* may take steps to recover those costs from the other insurer or responsible *third party*, in line with the scheme rules.

4.4.3.1 The *Member* and their family may need to take reasonable steps to help recover any costs we have paid. This could include working with a solicitor or other professional adviser approved by us, and taking any necessary legal action. We will explain what is needed and support them through the process.

4.4.3.2 Where legally permitted, we may take the lead in handling a claim or related legal action to recover costs we have paid. If needed, we may do this in the Beneficiary's name. This will only apply where the claim can be dealt with separately from any other claim.

4.4.4 Where a Beneficiary makes a Claim, the *Member* concerned shall immediately give the *Forces Mutual Claims Service* full details of the Claim.

4.4.5 If we ask, the *Member* and their family may need to make changes to a claim they have made against an insurer or another person involved. This helps us recover costs paid by the *Healthcare Scheme* wherever possible.

4.4.6 The *Member* and their family must give us any relevant information, documents or letters about the claim that we reasonably ask for. This helps us manage the claim and recover any costs where appropriate.

4.4.7 The *Member* shall ensure that neither they or their *Family Members* nor their professional advisers shall agree to settle a Claim without the written consent of the *Company*, such consent not to be unreasonably withheld or delayed.

4.4.8 If we have paid for *treatment* and the *Member* or their family later receives compensation or another payment for the same costs, they will need to repay us for the amount we have already paid.

4.4.9 Where a *Member* or family member can claim compensation or recover costs from someone else, they must include any *treatment* costs paid by the *Healthcare Scheme* in their claim. This helps us recover costs that have already been paid on their behalf.

4.4.10 If a *Beneficiary* is unable to bring a Claim due to death or bankruptcy then, to the extent permitted by law, the *Member* concerned shall use their best endeavours to procure that they or their *Family Member* concerned's executors, personal representatives or trustee in bankruptcy (as the case may be) allow *the Company* to have absolute control and conduct of any Claim or proceedings relating to the recovery of any sums paid to or on behalf of the *Beneficiary* against the *Beneficiary*'s insurers, the *Third Party* or the *Third Party's* insurers.

4.4.11 If a *Member* or any *Family Member* of theirs fails to comply with the provisions of this rule, then *the Company* reserves the right to reclaim all *Benefits* from the *Member* personally.

5. Important Information About Your Membership

5.1 To help us keep our records accurate, Members should tell us as soon as possible if any of their details change, such as their name, address, email address or telephone number.

You can contact our Sales and Service team on 0151 363 5290 or email healthcare@policemutual.co.uk.

5.2 Subject always to the provisions of rule 5.3, no provision of these rules is enforceable by any person other than *the Company* or a *Member* and no *Third Party* shall be entitled to enforce any of these rules whether under the Contracts (Rights of Third Parties) Act 1999 or otherwise.

5.3 All benefits available through the Healthcare Scheme are provided at the discretion of the Board. The Board's decision will be final.

5.4 If there is any disagreement about the meaning or interpretation of these rules, the *Board's* decision will be final.

5.5 When making decisions under rules 5.3 and 5.4, the *Board* will act reasonably, fairly and in accordance with its legal and regulatory obligations.

5.6 The *Board* may change, add to, remove or replace these rules from time to time.

- Changes needed to comply with the law, or other minor changes, may take effect immediately.
- Any other changes will take effect no sooner than 30 days after the *Board* approves them.

The latest version of these rules is available on our website or can be provided on request.

5.7 We will use the information provided by *Members* to:

- administer the *Healthcare Scheme*;
- provide benefits and services under the Scheme;
- arrange *treatment*, care and support where needed; and
- manage claims and related services.

We may share information with organisations involved in providing *Healthcare Scheme* benefits, treatment or care.

Medical information will be treated confidentially and will only be shared with healthcare professionals and others involved in a *Member's* treatment, care or support, where appropriate.

5.8 The *Board* may delegate some of its responsibilities or decision-making powers to one or more Board members, or to another person or organisation, where it considers this appropriate.

5.9 The *Healthcare Scheme* and these rules shall be governed by and construed in accordance with English Law.

5.10 **How to Make a Complaint**

We aim to provide a high standard of service at all times. If you're unhappy with any aspect of the *Healthcare Scheme* or the way a claim has been handled, please let us know.

We will acknowledge your complaint promptly, keep you updated on its progress, and explain our decision clearly. If you need extra support, please let us know so we can help in a way that meets your needs.

If your complaint is about your membership, its sale, or the service you've received

Please contact:
Forces Mutual Healthcare
3rd Floor, Exchange Station
Tithebarn Street
Liverpool
L2 2PQ

Email: healthcare@policemutual.co.uk

Telephone: 0151 363 5290

If your complaint is about the handling of a claim

Please contact:

Forces Mutual Claims Service
Healix Health Services
5th Floor, 3 Temple Quay
Redcliffe
Bristol
BS1 6DZ

Email: forcesmutual@healix.com

Telephone: 0208 049 8387

When contacting us, please provide your membership number. This will help us locate your details and deal with your complaint more quickly.

Making a complaint through our complaints process does not affect your legal rights as a consumer. If you would like independent advice, you can contact Citizens Advice or your local Trading Standards service.

5.11 **Centre for Effective Dispute Resolution**

If we have not completed our investigations into your complaint within 8 weeks of receiving your complaint, or if you are unhappy with our Final Response, you may ask the Centre for Effective Resolution (CEDR) to look at your complaint. If you decide to contact them, you should do so within 6 months of receiving our Final Response Letter. For more information regarding their scope, please refer to www.cedr.com/consumer

Centre for Effective Resolution,
100 St. Paul's Churchyard,
London EC4M 8BU
Tel: 0207 536 6000
email: applications@cedr.com

6. How We Contact Each Other

6.1 If a *Member* needs to send a formal notice or communication to us or the *Board*, it must be in writing and sent:

- by post to our registered office, marked for the attention of the *Board*;
- by courier or personal delivery; or
- by email to the *Healthcare Scheme* email address.

We will treat the notice as received:

- at the time it is delivered by hand or courier; or
- 48 hours after it is posted or emailed.

6.2 We may send formal notices or communications to a *Member*:

- by email to the email address they have provided; or
- by post to the address we hold for them;
- by courier or personal delivery;

We will treat the notice as received:

- 48 hours after it is emailed or posted; or
- at the time it is delivered by hand or courier.

6.3 Where it is necessary to show that a notice has been sent, it will be enough to show that:

- it was correctly addressed and delivered or posted; or
- it was sent to the email address provided for communications.

6.4 If a *Member* has died, we may send notices relating to their membership to their personal representatives. These notices will be treated as valid if they are addressed to the deceased *Member* or their personal representatives and sent in accordance with the communication methods described above.

7. Privacy Policy

7.1 **How we use your information**

PMHC Limited (trading as *Forces Mutual*) uses the information you give us to process your application, provide and manage your product or service, and meet our legal and regulatory obligations. We may also use it to improve our products and services and, where we are allowed to do so, contact you about relevant products and services.

We only use your information where we have a valid reason to do so, including to provide our services, meet legal requirements, for our legitimate business interests, and in some cases with your consent.

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8. Glossary of Terms

Some words or phrases used in these rules have special meanings and these meanings are (unless the context otherwise requires) given below.

Any reference to a *Member* shall include *Family Member* where appropriate.

Approved Clinic or Hospital	means a medical facility authorised to carry out *treatment* and *Consultations* for Healthcare Members of Forces Mutual. Details are available by contacting the *Forces Mutual Claims Service* at any time or when making a claim.
Beneficiary	means a *Member* and any *Family Member* of a *Member*;
Benefits	means any sums paid to or on behalf of a *Beneficiary* under the *Healthcare Scheme* in accordance with these rules.
Board	means the *Board* of directors of *the Company* from time to time or the directors of *the Company* present at a duly convened meeting of the directors of *the Company* at which a quorum is present.
Chronic Condition	means a medical condition with at least one of the following characteristics: • requires ongoing or long-term monitoring through *Consultations*, examinations, check-ups and / or tests • needs ongoing or long-term control or relief of symptoms • requires rehabilitation or for you to be specially trained to cope with it • continues indefinitely • has no known cure, or comes back or is likely to come back.
Consultant	means a Fellow of the Royal College of Surgeons or a Fellow of the Royal College of Physicians.
Consultation	means attendance with a *Consultant* or *Specialist* to receive an opinion on the state of the *Beneficiary's* health in respect of any matter falling within the scope of *treatment* or proposed *treatment* but does not include *treatment* required prior to, during or after such attendance.
We / the Company	means the PMHC Limited (a private company limited by shares and registered in England and Wales under number 3018474) whose registered office is Brookfield Court, Selby Road, Leeds, LS25 1NB.
Expelled Member	means a *Member* who has been expelled by the *Board* in accordance with the rules contained in Appendix A.
Family Member	means the immediate family specifically named and nominated by the *Member* and accepted by *the Company* as a *Family Member* of that *Member*.
Financial Limits	means without prejudice to the discretionary nature of the provision of the *Benefits*, the maximum amount payable in respect of *Benefits* as reviewed and set by the *Board*.
GP	means general medical practitioner.
Healthcare Scheme	means the *Healthcare Scheme* operated by *the Company* from time to time, details of which are set out in these rules.
Member / You / Your	means any person who has been accepted for membership of the Healthcare Scheme and who continues to be a member in accordance with these Rules.
Member Contribution	is a fixed amount of £150 that a *Member* pays when their first *treatment* each year (January to December) is authorised. Each *Member* only needs to pay once per year, no matter how many claims are authorised. The *Member* pays the hospital or clinic where they receive *treatment*, and they will explain how they will collect the payment. If a Member's *treatment* carries over into the next year, this will be treated as a new claim and a new *Member Contribution* will be payable.
NHS	means the National Health Service.

Open Referral	means General Practitioners referring patients to any *Consultant* with a particular specialism for *treatment* rather than explicitly naming a specific *Consultant*.
Forces Mutual	means the claims team who administer on our behalf any Claims
Claims Service	made under this Scheme. This service is operated by Healix Health Services Limited.
Pre-Existing Condition	means any injury, illness or condition, suffered in the 5 years prior to joining the *Healthcare Scheme*: (i) for which medical advice, attention or *treatment* has been received by the *Beneficiary*. (ii) of which the *Beneficiary* was aware or ought reasonably to have been aware, but for which no medical advice, attention or *treatment* was sought, in either case at any time during the 5 years prior to the date the *Member* joined the *Healthcare Scheme* and any related illness, injury or condition which arises at any time whether prior to or after such date.
Specialist	means a medical expert that is qualified in a specific field of health or wellbeing. For example a doctor, healthcare or mental health professional, osteopath, physiotherapist or chiropractor.
Third Party	means any person or entity other than the *Beneficiary*.
Treatment	means medical *treatment*, examinations, tests, procedures, operations, scans, surgery, whether in-patient or out-patient but excluding any medical *treatment*, examinations, tests, procedures, operations, scans or surgery which comprise of or are connected with any of the exclusions set out in 4.2.1.

Appendix A – Membership Removal and Appeals Process

1. When considering any decision to expel a Member, remove a Family Member, suspend membership or Family Member status, or determine an appeal, the Board will act reasonably, fairly and in line with its legal and regulatory responsibilities. The Board will consider the individual circumstances of each case, including any vulnerability, disability, health condition, caring responsibilities or additional support needs that may be relevant.

1.1 *Before we remove a Member from the Healthcare Scheme or remove someone's Family Member status, we will write to the Member to explain:*

- why we are considering this action; and
- what they need to do, if anything can be done to resolve the issue.

If the issue relates to a breach of these rules that can be put right, we will give the *Member* a reasonable period of time (up to seven working days) to do so.

If:

- the issue cannot be resolved;
- the issue is not resolved within the time allowed; or
- the matter relates to the removal of *Family Member* status,

the *Board* may decide to expel the *Member* or remove the *Family Member* in line with this procedure.

2. A *Member* can appeal against a decision to expel them or remove a *Family Member*.

2.1 *To appeal, the Member should send the Board a written explanation of why they believe the decision should be reviewed.*

The appeal should:

- be no longer than 500 words; and
- be submitted within 14 days of the *Member* being told about the decision.

Appeals received after this deadline will only be considered in exceptional circumstances and if the *Board* agrees to do so.

2.2 *The Board will arrange a meeting to consider the appeal within 30 working days of receiving it.*

The *Member* will be told the date of the meeting as soon as possible.

2.3 *The Member may attend the appeal meeting and may bring a representative of their choice.*

Where a *Family Member's* status has been removed, the *Family Member* may also attend if the *Board* agrees.

The *Member* may explain their appeal and provide any information they feel is relevant.

2.4 *The Board will provide its decision within five working days of the appeal meeting.*

The *Board's* decision will be final.

2.5 *If the appeal is successful:*

- the *Member* will be reinstated in the *Healthcare Scheme*; or
- the *Family Member's* status will be restored.

The *Member* or *Family Member* will be returned to the same position they were in before the decision was made.

If the appeal is unsuccessful:

- the expulsion or removal will remain in place; and
- any subscriptions already paid will not be refunded.

3. In some circumstances, the *Board* may temporarily suspend a *Member* or *Family Member* while it investigates whether expulsion or removal is appropriate.

   If a Member is suspended

   - No subscriptions will be payable during the suspension period.
   - No benefits or payments will be provided to or on behalf of the *Member* or their beneficiaries during that period.

   If a Family Member is suspended

   - The *Member's* subscriptions will be adjusted as though the *Family Member* is not covered.
   - No benefits or payments will be provided to or on behalf of the suspended *Family Member* during that period.

4. If we become aware of information that could lead to a *Member* being expelled or a *Family Member* being removed, we may continue to accept subscriptions and provide benefits while we investigate.

   This does not affect the *Board's* right to take action later if the investigation finds that expulsion or removal is appropriate under these rules.

5. The *Healthcare Scheme* may recover any money owed to it by a *Member*, including any outstanding subscriptions, charges, benefits or payments that have been paid to or on behalf of the *Member* or their *Family Members*.

6. Subject to rule 7, a *Family Member* aged 18 or over who was eligible for cover because of their relationship with a *Member* who has been expelled may apply to become a *Member* in their own right. Any application will be considered in accordance with the Scheme rules and any requirements set by the *Board*, including payment of any subscriptions or other amounts due.

7. If a *Family Member* becomes a *Member* under rule 6 and the expelled *Member* later ceases to meet the eligibility requirements of the *Healthcare Scheme*, the *Family Member's* membership will also end unless the *Board* decides otherwise.

   Membership will end from the date the expelled *Member* ceased to be eligible (the Cessation Date).

   The *Member* must tell the *Healthcare Scheme* as soon as reasonably possible when they become aware that the expelled Member is no longer eligible and provide the Cessation Date.

   No subscriptions will be payable, and no further benefits will be available, from the Cessation Date.

   The *Healthcare Scheme* may recover any benefits or payments made to or on behalf of the Member after the Cessation Date if they were no longer entitled to receive them.

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