



SCHEME RULES

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INTRODUCTION

The National Police Healthcare Scheme is a self-funded Trust based scheme originally created in 1989 by Northumbria Police Federation. Subsequently, in 2011 and 2018, amalgamations took place with similar schemes within South Yorkshire and North Yorkshire Police Federations.

The intention of the scheme is to make the advantages of private medical healthcare available to members/associate members of the scheme at a reasonable cost.

As this is a discretionary scheme and not insurance based, there is no guarantee of benefit. However, since the creation of the original scheme in 1989, all claims for treatment in accordance with 'scheme rules' have been fulfilled, and the Trustees will endeavour to continue to do so.

MEMBERSHIP

1.0 1.1 Member

Subject to the conditions set out in these rules, the following persons are eligible to apply for membership of the Scheme:

In the United Kingdom, Northern Ireland, and Crown Dependencies

- 1.1.1 Serving Police Officers of all ranks
- 1.1.2 Police Staff
- 1.1.3 Special Constables
- 1.1.4 Police Volunteers who have approved and vetted status.
- 1.1.5 Police Federation Staff
- 1.1.6 National Crime Agency Officers and Staff
- 1.1.7 College of Policing Staff
- 1.1.8 Employees of Police Charities
- 1.1.9 Police Treatment Centres' Staff
- 1.1.10 Flint House Police Rehabilitation Centre Staff
- 1.1.11 NPHS Employees
- 1.1.12 Employees of Police related organisations or schemes recognised by the Trustees.
- 1.1.13 Retired Police Officers, Retired Police Staff, and Retired Officers and Staff of organisations listed above, who were subscribing members up to the date of their retirement and whose subscriptions remained continuous into retirement.

1.2 Associate Member

An Associate Member will not be a member in their own right but will be part of the subscribing member's membership.

Subject to the conditions set out in these rules, the following persons are eligible to apply for associate membership of the scheme.

- 1.2.1 Spouses / Partners of all of the above (Married; Civil Partner; or Living together for a minimum of six months).

- 1.2.2 Dependent Children of the above, (who must be under the age of 21 when becoming an associate member).
- 1.2.3 Subscribing Children can remain in the scheme at the age of 21, paying the relevant age-related subscription rate.
- 1.2.4 Subscribing Spouses / Partners are eligible to remain in the scheme upon the death of the subscribing member.
- 1.2.5 Subscribing Children, regardless of age, are eligible to remain in the scheme upon the death of the subscribing member.

1.3 Termination of Membership

A Membership or Associate Membership may be terminated in any of the following ways:

- 1.3.1 If the member/associate member ceases to subscribe to the scheme and gives 30 days' notice in writing. Where such notice to terminate membership has been provided the member or associate member will not be entitled to receive of subscriptions or other funds paid within the notice period.
- 1.3.2 If the member/associate member fails to make relevant subscription payments.
- 1.3.3 In the case of a member leaving the service/employment of the relevant Force/employment, other than on retirement.
- 1.3.4 In the case of a member leaving the service/employment of the relevant Force/organisation, other than on retirement, unless continued membership is authorised by the trustees, which will be determined on a case-by-case basis.
- 1.3.5 In the case of an associate member (Spouse/Partner), in the event of the associate member's divorce (Spouse), or separation (Partner), from the member.
- 1.3.6 In the case of member or associate member's, at the absolute discretion of the Trustees. In such a case, notification will be via email or letter to the last email or postal address provided by the member.

1.4 Application Process

Any member wishing to join the scheme must complete such application form as the Trustees shall require. Any member wishing his/her spouse/partner and or dependent children to join the scheme as associate members, must complete the appropriate application form.

- 1.4.1 The Trustees may, at their absolute discretion, refuse to consider or accept an application for membership/associate membership.
- 1.4.2 The term 'member' and 'associate member' shall mean a person who is eligible for membership, who has been accepted into the membership of the scheme by the Trustees.
- 1.4.3 In the case of associate members, all obligations imposed on all members by these rules in relation to subscriptions, claims, procedures or otherwise, shall be carried out by the relevant member.

1.5 Trustees' Discretion

The Trustees may at any time and at their absolute discretion vary the conditions of membership and associate membership eligibility.

SUBSCRIPTIONS

2. All members/associate members shall pay such sums as are required by the Trustees by way of subscriptions, payable on a monthly basis, unless determined otherwise by the Trustees.
 - 2.1 The subscription rates per period at the time of publication of the relevant scheme rules are contained in Appendix A. Any alteration determined by the Trustees will automatically void any previously published subscription rates.
 - 2.1.1 With regard to memberships which include associated member children, the rates shown in Appendix A for Full Family and Member and Child/Children at the Standard rate, relate to children under the age of 21. Once a child, who is an associate member, reaches the age of 21, that associate member must pay the relevant age-related rate from their 21st birthday.
 - 2.2 All subscriptions shall be paid by payroll deduction unless the Trustees authorise otherwise.
 - 2.3 The Trustees reserve the right to alter the subscription rates from time to time as they, at their absolute discretion, see fit. The Trustees will endeavour to give at least 28 days' notice of any such increase but are not bound to do so. Notification will be given in such manner as the Trustees deem appropriate and members/associate members will be deemed to have knowledge of any alteration 28 days after the issue of notification by the Trustees, regardless of whether such notification is received by the member/associate member.
 - 2.4 Promotional Rates, including free membership periods, are provided at the absolute discretion of the Trustees. Current promotions and free membership periods are outlined in Appendix B (Student Officers for their first year of service).

BENEFITS

3. All benefits (including the cost of advice or treatment) payable under the Scheme are payable at the absolute discretion of the Trustees.
 - 3.1 The scheme is intended, where applicable, to cover the cost of specialist medical fees and hospitalisation for treatment to cure or alleviate acute physical conditions, both as an in-patient and out-patient. The scheme is not intended to provide for the cost of assessment, treatment, management, or control of long-term chronic illness.
 - 3.2 Although there is no guarantee of benefit, the Trustees will endeavour to provide the following benefits to members of the scheme, provided always that no benefits shall be payable unless the claims procedure is strictly followed:
 - 3.2.1 The cost of private medical advice, which is recommended by a suitably qualified medical General Practitioner at the members registered GP Practice.
 - 3.2.2 The cost of private medical advice which is recommended by an appropriately qualified NHS Healthcare Professional working within an NHS Primary Care service, who is authorised within their scope of practise, and local NHS arrangements, to refer the member to NHS Secondary Care.
 - 3.2.3 The cost of private medical advice, which is recommended by an appropriately qualified Optometrist, who is authorised within their scope of practise and local NHS arrangements, to refer the member to NHS Secondary Care.
 - 3.2.4 The cost of private medical advice, which is recommended by an appropriately qualified Dentist, who is authorised within their scope of practise and local NHS arrangements, to refer the member to NHS Secondary Care. (Please also refer to Appendix D, 18).
 - 3.2.5 The cost of private medical assessment and treatment deemed necessary by a suitably qualified medical specialist of Consultant status, subject to the Scheme Rules and financial limits.
 - 3.2.6 The cost of hospital accommodation, subject to the limits stipulated by the Scheme Rules.
 - 3.2.7 The cost of Specialist fees, Surgeons, Physicians, and Anaesthetists, subject to the limits stipulated by the Scheme Rules.
 - 3.2.8 The cost of Consultation fees, subject to the limits stipulated by the Scheme Rules.
 - 3.2.9 The cost of diagnostic procedures, x-rays, pathology, MRI and CT scans, subject to the limits stipulated by the Scheme Rules.
 - 3.2.10 The cost of outpatient treatment of a specialist nature, including treatments and operations which are performed on a day case basis, subject to the limits stipulated by the Scheme Rules.
 - 3.2.11 The cost of in-patient and/or out-patient physiotherapy received following assessment, surgery, or treatment, and on the recommendation of a Specialist of Consultant status, subject to the limits stipulated by the Scheme Rules.

3.2.12 The cost of physiotherapy, chiropractic, and osteopathic treatment to cure or alleviate acute physical conditions, on an out-patient basis, which has been recommended by a suitably qualified medical General Practitioner at the member's registered GP practice, subject to the limits stipulated by the Scheme Rules.

3.2.13 Such other assessment, treatment, or procedures as the Trustees shall, from time to time, at their discretion, decide.

- 3.3 Members may be required to obtain self-pay patient costs and claim cash benefit from the scheme.
- 3.4 Although there is no guarantee of benefit and authorisation of payments will be at the absolute discretion of the Trustees, the Scheme will endeavour, where possible, to provide a cash benefit to members in respect of any treatment received by them free of charge as an in-patient of the NHS, or in the case of day-case surgery performed as an out-patient free of charge on the NHS, in accordance with the limits stipulated by the Scheme Rules.
- 3.5 The scheme will provide a cash benefit payment to members/associate members for a scheduled NHS procedure, which would ordinarily be covered by the Scheme.
(See Appendix D for exclusions)
- 3.6 The Trustees will not approve benefits to cover the cost of private treatment for any member who is already receiving NHS in-patient treatment and who wishes to transfer to a private facility. In any event the normal claims procedure will apply.
- 3.7 Please see Appendix D for the list of treatments that will not be eligible for benefit under this Scheme.

CLAIMS PROCEDURE

- 4.0 Any member/associate member wishing to make a claim for benefit in relation to treatment under the scheme shall initially obtain a claim form from the Scheme Administrators for completion / submission.
- 4.1 A £50 (**non-refundable**) administration payment will be required when registering a claim. A GP Referral Declaration Form will be incorporated into the claim form pack, which your GP must complete and sign at the appointment. This form must be returned to the scheme administrator by the claimant before any further consultation or treatment will be approved for payment. A copy of a GPs referral letter to the NHS, clearly setting out the issue, **may** be considered as an alternative to completion of the GP Declaration Form.
- 4.2 The completed form shall be returned to Scheme Administrators for consideration.
- 4.3 The Scheme Administrators will inform the member/associate member whether treatment has been authorised.
- 4.4 Where treatment is authorised, the cost of such treatment, subject to any limitations notified, will be met by the Scheme.
- 4.5 The Scheme Administrators will advise the member as to which Healthcare Provider to contact.
- 4.6 If assessment or treatment is not authorised, neither the Scheme nor the Trustees will be responsible for the payment of any costs incurred.
- 4.7 Any member/associate member wishing to make a claim for a NHS Cash Benefit Payment shall initially obtain a claim form from the Scheme Administrators, complete and return appropriately; such claim forms must be received by the Scheme Administrators within fourteen days of discharge. The Trustees reserve the right to require such further information as they, at their absolute discretion, deem fit before considering a claim for cash benefit.
- 4.8 The Trustees may, at their absolute discretion, require such information as they deem fit from the member/associate member or any General Practitioner or medical specialist prior to authorising any application for benefit under the scheme.
- 4.9 The Trustees may, in exceptional circumstances, if they, at their absolute discretion see fit, waive a failure to follow the Claims' Procedure and retrospectively approve treatment.
- 4.10 Please see Appendix E - Claims Procedure Flow Chart.

GENERAL

- 5.0 This Agreement will be governed by, and in accordance with, the Laws of England.
- 5.1 It shall be the duty of all adult members/associate members of the scheme to communicate to the Trustees a current postal address, email address and contact telephone number. It shall be the duty of all members whose children or dependants are associate members to communicate to the Trustees their respective current postal addresses, email addresses and contact telephone numbers.
- 5.2 Any communication sent by the Scheme or Trustees by post to any member/associate member at the last notified postal address or email address, will be deemed to arrive within seven days of posting by the Scheme or Trustees.
- 5.3 Where any treatment is paid for under the Scheme and such treatment is occasioned by the negligence or other cause of action for which a third party is liable and in respect of which damages are or may be recoverable, then all sums paid by the Scheme on behalf of the member/associate member concerned shall constitute loans to the member/associate member and the member/associate member shall, forthwith, notify the Scheme or Trustees of any claim, compromise settlement or judgement made or awarded in connection therewith and shall give to the Scheme or Trustees all such particulars of such matters as they may reasonably require and shall, if the Trustees shall so require, refund to the Scheme such sum not exceeding the less of:
- 5.3.1 the amount of damages recovered by him/her under such compromise settlement or judgement, and
 - 5.3.2 the sums paid out by the Scheme in relation to treatment necessitated by the incident giving rise to the claim.
- 5.4 If a member or associate member makes, or attempts to make, any dishonest or unjustified claim the Trustees of the Scheme will be entitled to refuse to pay any benefit and cancel their membership.
- 5.5 If, because of fraud, recklessness or negligence, a member or associate member receives benefit under the Scheme, the Trustees of the Scheme shall terminate their membership, request that respective funds are reimbursed immediately, and may take legal action against the member or associate member for the return of such monies paid out by the Scheme.
- 5.6 The Trustees may, at their absolute discretion and at any time, change all or any of the aforesaid rules. Any such change will be binding upon members/associate members immediately or from such time as the Trustees direct and shall not be conditional on members/associate members receiving notification.

APPENDIX A

SUBSCRIPTIONS

The monthly subscription rates are applicable from **01 February 2025**, until further notice:

 NATIONAL POLICE HEALTHCARE SCHEME	Member	Member & Spouse	Family	Member & Child(ren)
18-24	£16.00	£32.00	£46.00	£30.00
25-29	£18.00	£36.00	£52.00	£34.00
30-34	£24.00	£48.00	£64.00	£40.00
35-39	£26.00	£52.00	£68.00	£42.00
40-44	£30.00	£60.00	£76.00	£46.00
45-49	£36.00	£72.00	£88.00	£52.00
50-54	£40.00	£80.00	£96.00	£56.00
55-59	£49.00	£98.00	£118.00	£69.00
60-64	£52.00	£104.00	£124.00	£72.00
65-69	£62.00	£124.00	£154.00	£92.00
70-74	£104.00	£208.00	£240.00	£136.00
75-79	£124.00	£248.00	£280.00	£156.00
80+	£144.00	£288.00	£320.00	£176.00

The rates for Family and Member and Children cover children who are under the age of 21 years. Once a child who is an associate member reaches the age of 21, the rate of (£16) is payable for that child. This applies until they reach the age of 25, at which point their payments will increase in accordance with the current age-related subscriptions.

APPENDIX B

STUDENT OFFICER SUBSCRIPTIONS

Special terms apply to Student Officers.

The rates for Full Family and Member and Children cover children who are under the age of 21 years. Once a child who is an associate member reaches the age of 21, the rate of (£16) is payable for that child. This applies until they reach the age of 25, at which point their payments will increase in accordance with the current age-related subscriptions.

The rates are applicable from **01 February 2025**, until further notice:

THIS TABLE REFERS TO FIRST YEAR MEMBERSHIP ONLY

 NATIONAL POLICE HEALTHCARE SCHEME	Member	Member & Spouse	Family	Member & Child(ren)
18-24	Free for First Year of Service	£16.00	£30.00	£14.00
25-29	Free for First Year of Service	£18.00	£34.00	£16.00
30-34	Free for First Year of Service	£24.00	£40.00	£16.00
35-39	Free for First Year of Service	£26.00	£42.00	£16.00
40-44	Free for First Year of Service	£30.00	£46.00	£16.00
45-49	Free for First Year of Service	£36.00	£52.00	£16.00

THIS TABLE REFERS TO MEMBERSHIP AFTER THE FIRST YEAR

 NATIONAL POLICE HEALTHCARE SCHEME	Member	Member & Spouse	Family	Member & Child(ren)
18-24	£16.00	£32.00	£46.00	£30.00
25-29	£18.00	£36.00	£52.00	£34.00
30-34	£24.00	£48.00	£64.00	£40.00
35-39	£26.00	£52.00	£68.00	£42.00
40-44	£30.00	£60.00	£76.00	£46.00
45-49	£36.00	£72.00	£88.00	£52.00
50-54	£40.00	£80.00	£96.00	£56.00
55-59	£49.00	£98.00	£118.00	£69.00
60-64	£52.00	£104.00	£124.00	£72.00
65-69	£62.00	£124.00	£154.00	£92.00
70-74	£104.00	£208.00	£240.00	£136.00
75-79	£124.00	£248.00	£280.00	£156.00
80+	£144.00	£288.00	£320.00	£176.00

APPENDIX C

DISCRETIONARY BENEFIT SCHEDULE AND FINANCIAL LIMITS

From: **15 July 2026**, until further notice.

The Discretionary Benefits and Financial Limits of The National Police Healthcare Scheme apply to all members and associate members.

DISCRETIONARY BENEFIT SCHEDULE AND FINANCIAL LIMITS	
There is an overall maximum of £35,000 per claim / condition. In all cases if NHS Treatments or investigation is available within similar timescales, members will be only able to claim for NHS cash benefit.	
Number of claims allowed in any calendar year.	Unlimited
Maximum benefit payable by the National Police Healthcare Scheme per condition, per claim for each member/associate member. Including but not limited to: Consultations (subject to defined limit) Diagnostic Procedures – including but not limited to CT scans, MRI scans, X-Rays, ECGs, Endoscopies (subject to defined limit) Surgical Procedures Surgeon Fees Anaesthetist Fees Nursing Fees Relevant Treatments Operating Theatre and Recovery Room Hospital Accommodation In-patient prescribed Drugs Follow-up Consultation(s)	£ 35,000
The following inner limits apply to the overall maximum benefit per claim	
Consultations per claim, per condition for each member/associate member.	£ 2,500
Diagnostic tests, e.g. blood tests, CT and MRI scans per claim, per condition for each member/associate member.	£ 5,000
If a member/associate member elects to have treatment through the NHS, in circumstances where the member/associate member would be entitled to have private treatment through the Scheme, the member/associate member shall be entitled to be considered for a cash payment. This benefit does not apply to members/associate members admitted to a National Health Service (NHS) hospital as an emergency or as an urgent referral and who necessarily remain in NHS care after any required treatment/surgery.	£ 250 per night or day case surgery, or figure determined by the Trustees, to a maximum of £5,000 per condition
The cost of standalone physiotherapy, chiropractic, osteopathic treatment received as an outpatient to any member/associate member, payable per claim, per condition for each member/associate member.	£ 750 per condition

APPENDIX D

TREATMENT NOT COVERED BY NATIONAL POLICE HEALTHCARE SCHEME

The Trustees reserve the right to vary these restrictions.

1. Assessment or treatment in excess of the Schemes stated financial limits.
2. Chronic conditions which require continuous, regular, or recurrent, assessment, treatment, or management, for example, but not limited to, Arthritis, Diabetes or Asthma.
3. Treatment and procedures not provided by the NHS.
4. Treatment or procedures that are not approved by the National Institute for Healthcare Excellence (NICE).
5. Radiotherapy or chemotherapy treatment for cancer.
6. Any cosmetic or aesthetic surgery or treatment. However, the Trustees will consider payments for initial reconstructive surgery necessary where treatment is a direct result of bodily injury arising from operational law enforcement duties.
7. Surgery and/or treatment which is performed within similar timescales and under similar conditions through the NHS will not be covered.
8. Treatment resulting from drug, alcohol, or substance abuse.
9. Any consultations or procedures relating to family planning, fertility, contraception, sterilisation, or reversal of sterilisation.
10. Treatment related to pregnancy and/or childbirth.
11. Termination of pregnancy or any consequences of it.
12. Investigations into and treatment of impotence or any consequences of it.
13. Any procedure or treatment relating to gender reassignment or reversal.
14. Hormone replacement therapy unless performed immediately following or in conjunction with a surgical procedure that is covered under the scheme.
15. Treatment for psychiatric or mental disorders.
16. The treatment of renal failure and dialysis.
17. The services of a general practitioner, dentist, optician, homeopath, reflexologist, chiropodist, or other practitioner not of consultant status, except that the Trustees may grant benefit for any of the above if such treatment is recommended by and remains under the supervision of a specialist of Consultant status, when limited benefits may be approved.
18. Dental Treatment unless carried out as an Oro-Surgical procedure under general anaesthetic and with hospital admission.
19. The cost of dental related appliances.
20. The cost of residence in a nursing home or nursing at home, other than short term post operative care under the direction of a specialist.
21. Any treatment relating to AIDS/HIV.
22. Any treatment relating to organ transplant.
23. Private prescriptions or outpatient drugs.
24. Any treatment received outside the United Kingdom or a Crown Dependency.
25. Non-medical expenses such as travel, meals, or other out-of-pocket expenses, unless specifically authorised by the Trustees.
26. Treatment for any injury that is deliberately self-inflicted, a result of attempted suicide or caused by another with the member's/associate member's consent.
27. Any treatment in respect of developmental delay, whether physical, psychological, or learning difficulties.
28. Any assessments or ongoing support linked to neurodiverse conditions.
29. Preventative treatment.
30. Medical and/or Genetic screening.
31. Vaccination and immunisations.
32. Routine medical, optical, and dental check-ups.
33. The cost of providing or fitting any external prosthesis or appliance.
34. Repeat procedures.

35. More than three skin lesion removals.
36. Any treatment of injuries or conditions resulting from any dangerous or extreme sport or activity, including, but not limited to: Skydiving, parachuting, hand-gliding, bungee jumping, mountaineering, rock climbing, lugeing, bobsleigh, ski jumping or heli-skiing.
37. Any complimentary or alternate medicine including, but not limited to, aromatherapy, reflexology, or acupuncture, except as part of an approved course of physiotherapy treatment.
38. Medical appliances or equipment including, but not limited to, walking aids, dialysis equipment, breathing apparatus, mobility devices, or drips.
39. Any assessment, diagnostic procedures, treatment, or surgery, related to, or following an emergency or urgent admission or referral. (An urgent GP or authorised NHS Practitioner referral is classed as being an arranged appointment with the NHS within 3 weeks.)
40. Transfer from NHS care to private care.
41. Surgery / Treatment following diagnosis which can be provided by the NHS within 5 weeks.
42. Any illness or condition as a result of the member or associate member declining emergency or urgent treatment on the NHS, and/or failing to adhere to any medical advice.
43. Fitting of gastric bands.
44. Any surgery or treatment linked to weight gain or loss.
45. Occupational Therapy.
46. A second opinion, or alternative view, from a second consultant or specialist.
47. No benefits are payable in respect of medical advice or treatment incurred as follows:
 - a. Prior to becoming a member/associate member of the scheme.
 - b. During the first twenty-four months of membership of the scheme relating to any pre-existing conditions; regardless of whether the member was aware of the condition, and regardless if it was identified or diagnosed or not.
48. Where there is a failure to comply in full with the Claims Procedure.
49. After the termination of a membership or the receipt by the Trustees of notice from the member/associate member of resignation from the scheme, except where such treatment was approved and completed prior to the termination of the membership.
50. Cost of any post-operative complications or revision surgery / treatment.
51. Joint replacements are limited to one replacement (regardless whether full or partial) per joint. (No refashioning of a previously replaced joint). In the case of spinal surgery, this will be considered as a joint replacement. The rule will apply to each of three spine regions - cervical spine, the thoracic spine and the lumbar-sacral spine.
52. Any claims which are over six months old and have had no activity relating to them within six consecutive months. This excludes pre-approved follow up appointments.
53. Medical Issues relating to use of medical weight loss injections and or therapy.
54. Costs incurred as a result of member or associate member not following hospital / clinical instructions prior to treatment or procedure.
56. Costs incurred as a result of member or associate member failing to attend a scheduled appointment.
57. No more than one procedure for sports injuries per joint / body part.

APPENDIX E

Claims Procedure

