

SCHEME RULES 2026

Adopted by a resolution of the Trustees and the Leicestershire Police
Federation Branch Council and Branch Board dated 21 December
2022 as amended by a resolution dated 30th March 2025

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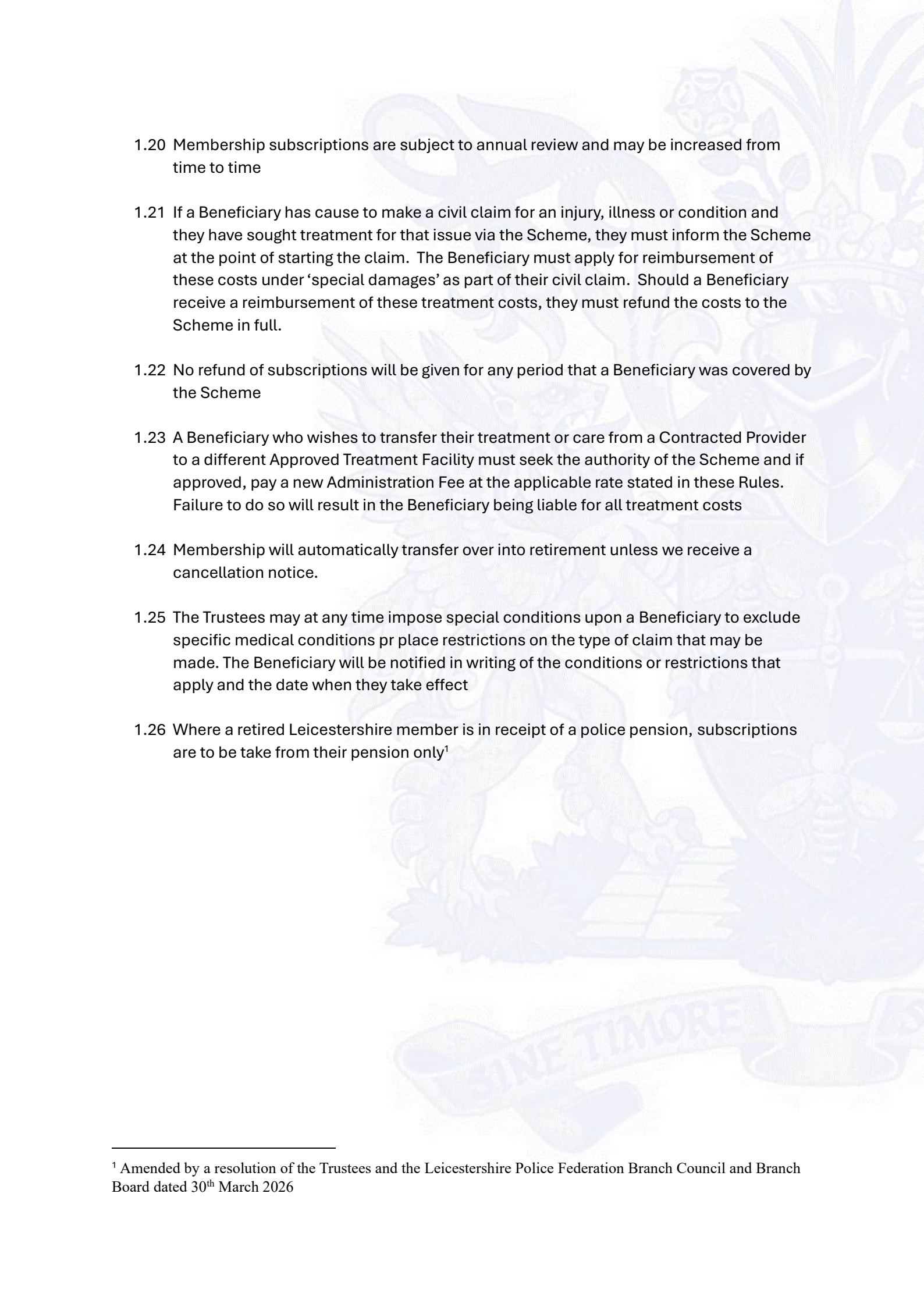
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1. MEMBERSHIP INFORMATION

- 1.1 The Scheme is open to:
 - 1.1.1 Any member (as defined in these rules); and
 - 1.1.2 Any spouse, cohabiting partner or child (as defined in these rules).
- 1.2 All members/additional members must complete an application form and provide a clinical summary to the scheme to become a beneficiary. Student officers are not required to provide a clinical summary providing that:
 - 1.2.1 The application is submitted within the first 2 weeks of commencing service or receiving your student input from the Federation; and
 - 1.2.2 The applicant does not have a pre-existing health issue.
- 1.3 All beneficiaries must provide an up-to-date unique email address on their application form or at any time if requested to do so by, or on behalf of the Trustees.
- 1.4 The Trustees may at their absolute discretion, and without having to justify the reasons:
 - 1.4.1 Refuse to accept any person as a Beneficiary of the Scheme;
 - 1.4.2 Terminate the membership of any Beneficiary of the Scheme
- 1.5 Any Beneficiary may amend or cancel their membership at any time by giving 30 days' notice in writing to the Scheme, provided that:
 - 1.5.1 There is no ongoing claims for that Beneficiary;
 - 1.5.2 There are no outstanding invoices that require payment; and
 - 1.5.3 There is no planned treatment under an existing claim
- 1.6 The Trustees may cancel the membership of any Beneficiary if they;
 - 1.6.1 Fail to pay any admin fee due within 14 days;
 - 1.6.2 Fail to pay their unusual subscription on time;
 - 1.6.3 Fail to return any claim form required by the Scheme within 14 days; and/or
 - 1.6.4 Make a fraudulent claim or provide incorrect information to start the claim.
- 1.7 Membership is for the life of the Beneficiary for as long as they;
 - 1.7.1 Remain eligible in accordance with these Rules;
 - 1.7.2 Have not been removed from membership by the Trustees; and
 - 1.7.3 Remain a paying individual
- 1.8 If a Member dies, any family who have been admitted as Additional Members under that Member's policy may remain in the Scheme should they wish to, provided that, and for so long as they;
 - 1.8.1 Remain an eligible spouse, cohabiting partner or child (as defined in these Rules); and
 - 1.8.2 Arrange for payments to continue
- 1.9 Children, if enrolled as Additional Members within 3 months of birth, will be accepted without evidence of health. After this point a clinical summary will be required.
- 1.10 All new applicants must submit their application prior to their 60th birthday

- 1.11 To enable the Scheme to keep its records up to date, Beneficiaries must notify the Scheme immediately of any changes to their email address, home address, personal information, or any other circumstances relevant to their membership of the Scheme.
- 1.11.1 The Scheme will use this information to inform Beneficiaries of any changes to Scheme benefits, their membership status or these rules.
 - 1.11.2 Where the Beneficiary had provided an email address, any update under rule 1.11.1 will be sent to their last known email address.
 - 1.11.3 Any update sent to a Beneficiary by email or other electronic transmission will be deemed to have been received on the date of the sending of the email or other electronic transmission.
 - 1.11.4 Any update sent to a Beneficiary by first class post or other service which provides for delivery the next business day will be deemed to have been delivered on the second day after it was posted, left with, delivered to or collected by the relevant service provider provided that day is a business day; or if not, the next business day after that day.
- 1.12 Any excess subscriptions paid due to the failure on the part of the Beneficiary to update the Scheme of a change in circumstances will only be refunded at the absolute discretion of the Trustees
- 1.13 There is no guarantee of treatment or benefit under the Scheme. All treatment will be at the absolute discretion of the Trustees and will depend on the Trustees' view of the Scheme's financial position and overriding objectives of the Scheme at the time a claim is made. No provision in these Rules is enforceable by any third person other than the Trustees.
- 1.14 These Rules and provisions may be revoked, supplemented or varied from time to time, or new Rules introduced in their place by resolution of the Trustees and the Leicestershire Police Federation Branch Council.
- 1.15 Any changes made shall take effect from the date specified by the Trustees
- 1.16 Any fraud, misstatement or concealment made on the Beneficiary's claim or application to join the Scheme, made by or on behalf of a Beneficiary, shall render the membership void and all claims thereunder shall be forfeited
- 1.17 Failure to abide by these Rules may lead to removal of that Member and any Additional Member(s) for whom that Member is paying, from the Scheme
- 1.18 Where the behaviour and/or actions of a Beneficiary are deemed to be unreasonable and likely to damage the reputation of the Scheme or its Trustees, that Member, and any Additional Members for which that Member is paying, may be removed from the Scheme at the discretion of the Trustees
- 1.19 If there is a dispute as to the interpretation of any of these Rules, the decision of the Trustees shall be final and binding.

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- 1.20 Membership subscriptions are subject to annual review and may be increased from time to time
- 1.21 If a Beneficiary has cause to make a civil claim for an injury, illness or condition and they have sought treatment for that issue via the Scheme, they must inform the Scheme at the point of starting the claim. The Beneficiary must apply for reimbursement of these costs under 'special damages' as part of their civil claim. Should a Beneficiary receive a reimbursement of these treatment costs, they must refund the costs to the Scheme in full.
- 1.22 No refund of subscriptions will be given for any period that a Beneficiary was covered by the Scheme
- 1.23 A Beneficiary who wishes to transfer their treatment or care from a Contracted Provider to a different Approved Treatment Facility must seek the authority of the Scheme and if approved, pay a new Administration Fee at the applicable rate stated in these Rules. Failure to do so will result in the Beneficiary being liable for all treatment costs
- 1.24 Membership will automatically transfer over into retirement unless we receive a cancellation notice.
- 1.25 The Trustees may at any time impose special conditions upon a Beneficiary to exclude specific medical conditions or place restrictions on the type of claim that may be made. The Beneficiary will be notified in writing of the conditions or restrictions that apply and the date when they take effect
- 1.26 Where a retired Leicestershire member is in receipt of a police pension, subscriptions are to be taken from their pension only¹

¹ Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

2. CLAIMS INFORMATION

CLAIMS

To process your claim fairly and efficiently, it may be necessary for the Scheme to obtain a copy of your Medical Report or clinic letter from your GP or specialist. The obtaining of such Medical Reports is governed by the Medical Reports Act 1988. If a Beneficiary refuses to give consent by signing the declaration section of the claim form, the claim will not be accepted.

MAKE A GP APPOINTMENT

If you have a medical issue, arrange an appointment with your registered GP in the first instance. Your GP will evaluate your medical symptoms and carry out any preliminary tests.

GET AN OPEN REFERRAL

If your GP has assessed your condition and wants to refer you to see a specialist, please obtain a copy of the referral letter.

- a) Ask your GP for an open referral. This means your GP will refer you to the specialism that you require and not a named consultant
- b) The Scheme will not accept referrals from private GPs undertaken by remote consultation, employee assistance providers, occupational health physicians or advance practitioners
- c) All imaging referrals must have a physical signature from the GP
- d) Where appropriate the Scheme can accept referrals from a Physician Associate if a GP is not available if they have a GMC number²

CONTACT THE MEDICAL SCHEME

Once you have a copy of your referral letter, please send this through to the Scheme. Once the Scheme has received your referral letter, your claim will be assessed in line with these Scheme Rules. If accepted, you will be provided with authorisation and the details you need to arrange a suitable appointment.

SELF REFERRAL CLAIMS

- a) Physiotherapy and counselling claims do not require a GP referral letter. Please contact the Scheme directly to start a claim for these services.
- b) The Scheme will advise you of the Approved Treatment Facility for your claim.

ADMINISTRATION FEE

If your claim relates to **Contracted Provider** costs or costs incurred at an **Approved Treatment Facility** within Leicestershire an administration fee of £50 will apply to all claims.

² Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

If your claim relates to costs incurred at an **Approved Treatment Facility** outside of Leicestershire an administration fee of £350 will apply to all claims except for physiotherapy and counselling claims, in respect of which an administration fee of £50 will apply to each such claim.

No administration fee is payable in respect of **NHS Cash Benefit** claims.

DORMANT CLAIMS

Where a period of 6 months has elapsed since the Beneficiary last attended an appointment or received treatment, the claim will be closed. Any request for continuation of treatment after this period will require a new claim to be submitted.

Please remember:

- All Beneficiaries must ensure that the completed claim form is returned, and administration fee is paid within 14 days. Failure to do so will result in the claim being closed and any bills received being sent to the member for settlement
- It is the Beneficiary's responsibility to keep the Scheme updated to ensure that all treatment and investigations are authorised within Scheme limits.
- The Scheme will require a copy of all pages of the GP referral letter prior to starting a claim (except for physiotherapy and counselling claims that are self-referral)
- Repeated cancellations of appointments or surgeries will result in a claim being closed.

3. TERMS

MEMBER

A person who has applied for membership of the Scheme, has not been refused as a Member by the Trustees, and either:

- a) is
 - i) not more than one monthly subscription in arrears; and
 - ii) who, at the time of applying for and being accepted as a Member was receiving a contractual income from Leicestershire Police, the Office of the Police and Crime Commissioner for Leicester, Leicestershire and Rutland, or any other policing body or participating Constabulary.

OR

b) is employed by the Trustees of the Scheme or the Police Federation of England and Wales and have been granted membership of this Scheme in connection with their terms of employment and has been so admitted to the Scheme by the Trustees.

(a "Member")

BENEFICIARIES

The Beneficiaries of the Scheme are:

- a) all Members; and
- b) all "Additional Members", being such **Spouses, Cohabiting Partners** and/or **Children** (as defined below) who have applied for membership as an Additional Member of the

Scheme by virtue of one of the following relationships with a Member, has not been refused as an Additional Member by the Trustees and in respect of whom the Member is not more than one monthly subscription in arrears:

(each a “Beneficiary”)

A “**Spouse**”, means:

- a) an individual married to or in a registered civil partnership with a Member;
- b) an individual who was married to or in a registered civil partnership with a deceased Member immediately prior to the Member’s death PROVIDED that such individual shall cease to qualify as a Spouse upon the earlier of:
 1. their cohabitation with another;
 2. their marriage to another; or
 3. their entry into a registered civil partnership with another.

A “**Cohabiting Partner**”, means:

- a) an individual who has been cohabiting with an existing Member for at least 6 months; or
- b) an individual who was admitted to the Scheme as a Cohabiting Partner of a deceased member immediately prior to the member’s death PROVIDED that such individual shall cease to qualify as a Cohabiting Partner upon the earlier of:
 1. 12 months have elapsed after the Member’s death;
 2. their cohabitation with another;
 3. their marriage to another; or
 4. their entry into a registered civil partnership with another.

All “**Children**”, means:

- a) all persons under the age of 21 who are unmarried children of a Member; and
- b) all persons aged of 21 and over who are unmarried children of a Member who are living with AND are, in the opinion of the Trustees, dependent on the Member due to a physical or mental impairment. Dependent means the child does not work and/or have money of their own.

LONG TERM CONDITION

A long-term condition is a health problem that requires ongoing care and management over a period of years or decades.

GENERAL PRACTITIONER (GP)

Medical Practitioner or organisation where the Member/Additional Member is registered and held on a list which offers Primary Care medical services from a qualified General Practitioner who can prescribe medicine. Or private GP if that is your registered GP and the have access to your medical records/history.

NHS HOSPITAL

A National Health Service hospital in the United Kingdom.

CONTRACTED PROVIDER

A hospital, clinic or provider that has entered into an Agreement for the provision of clinical services to the Scheme.

APPROVED TREATMENT FACILITY

The hospital, clinic, or provider as approved by the Trustees from time to time.

IN-PATIENT

A patient who occupies a bed overnight in hospital.

OUT-PATIENT

A patient whose treatment does not require an overnight stay in a hospital or clinic.

DAY CASE

A patient who is admitted to a hospital or clinic and is discharged on the same day as planned.

NHS CASH BENEFIT

Benefit payable for each 24 hour period spent in an NHS hospital up to the limits shown in the discretionary benefits schedule, subject to receipt of ALL PAGES³ of discharge letter.

SCHEME

The Leicestershire Police Federation Medical Scheme.

SCHEME YEAR

1st January to 31st December (this applies to claims opened within that timeframe)⁴

SECOND OPINION

Obtaining an alternative view of a medical condition from a second specialist.

TREATMENT

The management and care of a patient with the purpose of curing or substantially relieving a medical condition under the direction of a specialist.

CLINICAL SUMMARY

Clinical overview provided by your GP of your medical history. This is not your full medical record.

CLAIM FORM

An application to request treatment under the terms of the Scheme.

ADMINISTRATION FEE

A fee is payable for all claims (excluding NHS claims) to cover administration costs.

REMOVAL FROM THE SCHEME

The termination of a Beneficiary's membership from the Scheme in accordance with these Rules.

³ Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

⁴ Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

IN WRITING

Either a letter or an email.

PAIN MANAGEMENT

Pharmacological, non-pharmacological and other approaches, to prevent, reduce or stop pain sensation.

PRELIMINARY INVESTIGATIONS

Initial diagnostic tests such as x-ray, blood tests, ultrasound scans, arranged by your GP prior to referral to a specialist.

PRE-EXISTING

A known illness, injury or health condition that existed prior to application to the Scheme.

REFERRAL LETTER⁵

A formal document written by a general practitioner to a specialist or consultant, outlining a patient's medical history, symptoms and the clinical reason for further investigation or treatment. All pages must be provided.

Referral must include:

- Patient details – Name, DOB and contact information
- Clinical history – details summary of symptoms, duration, relevant past medical history and current medications
- Reason for referral – Clear explanation of why the specialist's expertise is required
- Tests results – results of any relevant preliminary investigations already conducted.

IMAGING REFERRAL⁶

An imaging referral must fit all of the following criteria:

- The referral must be on headed paper
- State exactly what type of imaging/scans are required
- State the medical reasons why the imaging need to be undertaken
- Signed off by the referring UK medical professional.
- Include their GMC number
- Contain a secure email of the referring clinician. This is required in order to send the results back*

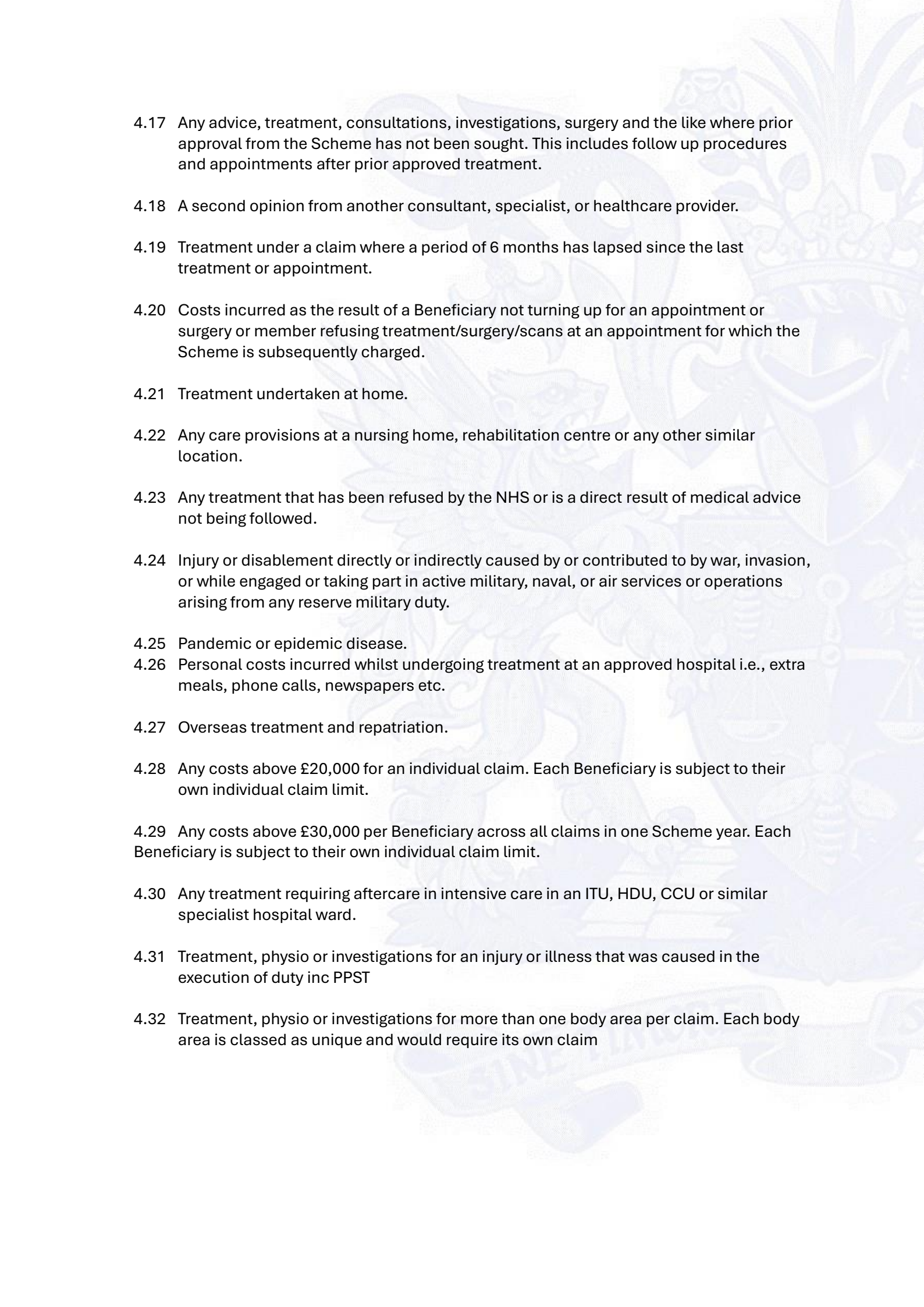
*The imaging/scan results will be sent back to the requesting GP or consultant.

⁵ Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

⁶ Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

4. WHAT IS NOT COVERED – CLAIM EXCLUSIONS

- 4.1 Any emergency treatment at a private urgent care hospital or clinic.
- 4.2 Accident and Emergency care including treatment for fractured or broken bones.
- 4.3 Private ambulance or transportation.
- 4.4 Treatment undertaken as a private patient at an NHS facility, including private wings at NHS hospitals.
- 4.5 Transfer from an NHS hospital to a private in-patient facility once treatment has commenced as an NHS in-patient, including after emergency admission.
- 4.6 Transfer of care from one hospital to another once treatment has commenced, even if the hospital is a contracted/approved provider.
- 4.7 Referrals for treatment that a GP would not deem as meeting the requirements for a referral into the NHS.
- 4.8 Treatment outside of a Contracted Provider or Approved Treatment Facility.
- 4.9 Treatment undertaken at an alternative facility if:
 - a) The consultant deems the Beneficiary unsuitable for treatment at a Contracted Provider or Approved Treatment Facility.
 - b) The treatment cannot be facilitated at a Contracted Provider or Approved Treatment Facility - this includes private treatment at an NHS hospital.
- 4.10 Treatment for any pre-existing symptom or condition (whether diagnosed or not) or related condition, that existed prior to joining the Scheme unless the member has, for the past 24 consecutive months:
 - a) been free of symptoms of the condition;
 - b) not received any medical treatment or asked for advice for said condition;
- 4.11 Any condition for which you already have a diagnosis or request for review or management of such a condition (including medication reviews)
- 4.12 Any treatments that are not recognised by NICE guidelines.
- 4.13 Treatment costs incurred once the membership has been cancelled.
- 4.14 Any treatment if the Member has not paid the relevant subscriptions.
- 4.15 Any treatment where the Beneficiary has not returned their claim form and paid the administration fee within 14 days of the commencement of the claim.
- 4.16 Treatment costs that are being claimed for under another healthcare policy or are being paid for by an employer.

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- 4.17 Any advice, treatment, consultations, investigations, surgery and the like where prior approval from the Scheme has not been sought. This includes follow up procedures and appointments after prior approved treatment.
- 4.18 A second opinion from another consultant, specialist, or healthcare provider.
- 4.19 Treatment under a claim where a period of 6 months has lapsed since the last treatment or appointment.
- 4.20 Costs incurred as the result of a Beneficiary not turning up for an appointment or surgery or member refusing treatment/surgery/scans at an appointment for which the Scheme is subsequently charged.
- 4.21 Treatment undertaken at home.
- 4.22 Any care provisions at a nursing home, rehabilitation centre or any other similar location.
- 4.23 Any treatment that has been refused by the NHS or is a direct result of medical advice not being followed.
- 4.24 Injury or disablement directly or indirectly caused by or contributed to by war, invasion, or while engaged or taking part in active military, naval, or air services or operations arising from any reserve military duty.
- 4.25 Pandemic or epidemic disease.
- 4.26 Personal costs incurred whilst undergoing treatment at an approved hospital i.e., extra meals, phone calls, newspapers etc.
- 4.27 Overseas treatment and repatriation.
- 4.28 Any costs above £20,000 for an individual claim. Each Beneficiary is subject to their own individual claim limit.
- 4.29 Any costs above £30,000 per Beneficiary across all claims in one Scheme year. Each Beneficiary is subject to their own individual claim limit.
- 4.30 Any treatment requiring aftercare in intensive care in an ITU, HDU, CCU or similar specialist hospital ward.
- 4.31 Treatment, physio or investigations for an injury or illness that was caused in the execution of duty inc PPST
- 4.32 Treatment, physio or investigations for more than one body area per claim. Each body area is classed as unique and would require its own claim

5. WHAT IS NOT COVERED – TREATMENT EXCLUSIONS

- 5.1 Oncology - Treatment beyond cancer diagnosis inclusive of chemotherapy, radiotherapy, bone marrow transplant, immunotherapy, hormone therapy, targeted drug therapy and clinical trials.
- 5.2 Cardiology - Treatment beyond cardiac diagnosis including procedures such as, but not limited to⁷, cardioversion, angiogram, angioplasty, ablation and the use of stents and pacemakers.
- 5.3 Varicose vein treatment, therapies or investigations. This includes issues arising from having varicose veins i.e. wound not healing or complications thereof.
- 5.4 Treatment for deafness caused by congenital abnormality or ageing.
- 5.5 Tinnitus, unless causing hearing loss.
- 5.6 Organ transplantation or supportive treatment for organ failure.
- 5.7 Dialysis.
- 5.8 Post-operative complications.
- 5.9 Pain Management including pain following surgery or treatment.
- 5.10 Treatment for iatrogenic disorders.
- 5.11 Ear syringing.
- 5.12 Chiropody/Podiatry.
- 5.13 Osteopathy.
- 5.14 Chiropractic treatment.
- 5.15 Dieticians
- 5.16 Sports medicine
- 5.17 Experimental treatment.
- 5.18 Vaccinations and immunisations.
- 5.19 Open appointments
- 5.20 Alternative treatments, aromatherapy, reflexology, and homeopathy.
- 5.21 Investigations and treatment for allergies, allergic disorders, or food intolerances.
- 5.22 Genetic testing or screening including preventative treatment or surgery.
- 5.23 Sleep problems and disorders. Inc snoring

⁷ Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

- 5.24 Enhanced treatment or recovery package to regain previous athletic baseline including treatment beyond rehabilitation to a day-to-day level of fitness.
- 5.25 Injuries relating to or derived from semi-professional or professional sporting activity.
- 5.26 Rehabilitation or conditioning to be able to pass the Job Related Fitness Test (JRFT) or the Alternate Fitness Test (AFT).
- 5.27 Repeated treatment for the same dermatological problem.
- 5.28 Chronic skin conditions i.e. eczema, psoriasis, keratosis etc
- 5.29 Repeated excision of skin lesions, cysts, lumps, or moles – maximum of two claims.
- 5.30 Investigation or removal of skin lesions, lumps or moles if any of the following criteria are not met:
 - a) Biopsy or clinical appearance indicates that disease is present.
 - b) The lesion obstructs one of your special senses (vision, smell, hearing).
 - c) The lesion stops you from performing the activities of daily living.
- 5.31 Repeated treatment for hernias including revision surgery for a hernia already repaired– maximum of 2 claims.
- 5.32 Dental and oral treatment including routine examinations and/or treatment such as fillings, crowns, bridges, extraction, and treatment for gum disease.
- 5.33 Any jaw conditions that are related to a cyst or abscess on the tooth root or gum disease/damage. A maximum of 2 impacted wisdom teeth will be removed.
- 5.34 Visual tests and correction including optical checks and monitoring.
- 5.35 Any visual correcting lens that is in addition to a standard cataract procedure. i.e toric lens
- 5.36 Physical aids and devices including hearing aids, walking sticks, frames, or crutches.
- 5.37 Outpatient dressings, prescriptions, boots, braces, splints, or any other similar outpatient aid.
- 5.38 Alcoholism, drug abuse, self-harm or harm caused by another with the members consent, eating disorders or conditions arising therefrom or associated therewith.
- 5.39 Treatment for issues related to natural aging including menopause and puberty. Inc HRT and the effects of taking it
- 5.40 Birth control, conception or sexual problems including sexual dysfunction, contraception, sterilisation, and termination of pregnancy.
- 5.41 Treatment or investigations for infertility, assisted reproduction.

- 5.42 Any treatment relating to pregnancy and any subsequent issues which may arise, including miscarriage, or as a result of childbirth for a period of 1 year after birth⁸.
- 5.43 Gender reassignment and reversal or treatment for gender dysphoria including surgery, psychological support, and gender confirmation.
- 5.44 Treatment for obesity including weight loss or post weight loss surgery including complications that may arise as a result of such weight loss surgery or taking weight loss drugs
- 5.45 Symptoms directly or indirectly related to Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any syndrome or condition of a similar kind howsoever it may be named.
- 5.46 Any Sexually Transmitted Infection (STI).
- 5.47 Treatment for neurological disorders undertaken as an in-patient.
- 5.48 Any cosmetic or reconstructive surgery treatment whether for medical or psychological reasons.
- 5.49 Investigations or treatment for learning and neurodevelopment disorders including dyslexia and dyspraxia, whether physical or psychological.
- 5.50 Specialist assessments or investigations for the diagnosis of a mental health, developmental, or behavioural problem, including but not limited to Autism, Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder. Or other neurodiversity assessment whether for physical or psychological reasons
- 5.51 Multidisciplinary assessments required to reach a diagnosis.
- 5.52 Speech therapy.
- 5.53 Psychiatric assessment or treatment as an in-patient.
- 5.54 Treatment of chronic mental health conditions.
- 5.55 Private GP appointments, routine medical check-ups, screening, and annual consultations.
- 5.56 Any monitoring, management, or treatment of any chronic or long-term condition.
- 5.57 In-patient admission for medical investigations, monitoring or any other purpose that is not a pre-authorized procedure.
- 5.58 More than 2 claims for the same body part/area for repeated investigations (including physiotherapy) for any ongoing symptoms.
- 5.59 Multistage surgery following an initial procedure.
- 5.60 More than two surgeries to digits (fingers or toes) on each hand or foot

⁸ Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

- 5.61 Joint replacements due to degenerative changes or osteoarthritis within the first 24 months of membership.
- 5.62 More than one arthroscopy/ligament/soft tissue or similar surgery to each joint for the lifetime of membership.
- 5.63 More than one joint replacement surgery per joint for the lifetime of the membership - This applies to partial or total replacements and osteotomy surgery.
- 5.64 More than one surgery to the spine for each area (lumbar, thoracic, cervical) for the lifetime of the membership. Spinal injections are subject to the limits specified in the Discretionary Benefit Schedule.
- 5.65 Revision surgery - This includes any change of alignment, replacement of cement, conversion, or amendment to prosthetic of a previously replaced joint (including articulation of bone).
- 5.66 Repeated surgery.
- 5.67 Investigations or treatment on more than one body area per claim.
- 5.68 Onward referrals for specialist opinion following on from GP imaging referrals unless referred on by GP after they receive the results.
- 5.69 Age related memory loss including but not limited to investigations for dementia, Alzheimer's etc⁹

6. APPEALS AND COMPLAINTS¹⁰

All appeals and complaints should in the first instance be brought to the attention of the Medical Scheme office in writing or by email to the Medical Scheme office.

Where a claim, or any part of a claim, is refused by the Medical Scheme and a Beneficiary is unhappy with that decision an initial appeal can be submitted in writing or email to the Medical Scheme Manager.

The Medical Scheme Manager will review the appeal and either, accept the appeal and the claim can progress, or refuse the appeal. The Medical Scheme Manager will inform the Beneficiary in writing of their decision within 14 days of receipt of the appeal. The decision will include rationale for the decision, any rules applicable to the decision and details of further appeal route.

If the Beneficiary wishes to appeal the decision of the Medical Scheme Manager they must, within 14 days of receipt of the decision, send their appeal in writing to the Trustees at the Medical Scheme office or by email to the Medical Scheme office email address. Receipt of the appeal will be acknowledged by the Medical Scheme office.

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The appeal will be anonymised and sent to the Trustees. The Trustees will consider the matter and jointly determine whether the appeal is upheld.

Once the result of the appeal has been determined, the Beneficiary will receive a response from the Medical Scheme Manager within 14 working days stating whether the appeal is upheld or denied.

The decision of the Trustees is final and there is no further right of appeal.

Medical Scheme Office:

Leicestershire Police Federation Medical Scheme, Suite B, Lancaster House, Grange Business Park, Enderby Road, Whetstone, Leicester, LE8 6EP

Tel: 0116 218 3131 (option 3)

Email: medical@polfed.org

7. SUBSCRIPTIONS, PAYMENTS AND DIRECT DEBIT

SUBSCRIPTIONS

Subscription fees to the Scheme shall be paid by monthly instalments via the agreed payment method.

The Member will pay one combined monthly instalment for their subscription, and all other associated Additional Members through their agreed payment method. Additional Members cannot pay their subscriptions independently.²⁶

Failure to pay any subscriptions or administration fees to the Scheme may result in the Member and any associated Additional Member's removal from the Scheme.

Subscriptions will be held in trust by the Trustees for the benefit of the Scheme Beneficiaries.

Beneficiaries must give 30 days' notice to withdraw from the Scheme to allow the Scheme time to make the necessary changes. The request must be in writing.

DIRECT DEBIT

Subscriptions paid by Direct Debit will be collected from a nominated account on completion of a Direct Debit Mandate.

Any failed Direct Debit payments may be subject to an extra administration charge.

The Scheme does not accept Cash, Cheque or Standing Order as a form of payment. Claim Administration Fees are payable by credit or debit card through our secure online payment platform or by direct bank transfer.

Continued failure to make payments on time will result in membership being cancelled¹¹

¹¹ Amended by a resolution of the Trustees and the Leicestershire Police Federation Branch Council and Branch Board dated 30th March 2026

New Beneficiaries in their free period whose agreed payment method is Direct Debit must have an active Direct Debit mandate on their bank account so that payment of subscriptions can commence when the free period ends.

THE DIRECT DEBIT GUARANTEE

This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits payments. If there are any changes to the amount, date, or frequency of your Direct Debit payment, LPF Medical Scheme will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request LPF Medical Scheme to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit, by LPF Medical Scheme or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund, you are not entitled to, you must pay it back when LPF Medical Scheme asks you to. You can cancel a Direct Debit payment at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.