

complaint

Miss G has complained that Civil Service Healthcare Society Limited (CSH) unfairly didn't agree to pay her a cash benefit under her private medical insurance policy.

background

Miss G was unfortunately diagnosed with cancer. She called CSH to discuss her possible claim for her treatment. CSH told her she'd have to wait for the formal diagnosis of cancer first, but that she was covered for treatment of cancer on a private basis. Miss G also asked about what hospitals she could use.

In that call the advisor didn't mention that there were other benefits available under her policy, such as this cash benefit, if she chose to have her cancer treated under the NHS. Miss G did have her treatment done in the NHS. Then in a further call with CSH, she found there were cash benefits that she could have claimed for but she should have made her claim before her treatment started. So on that basis CSH wouldn't pay them to her.

Miss G was very upset about this and complained. CSH then said it would pay the cash benefits for both of her surgeries but wouldn't pay the discretionary benefit given she had radiotherapy treatment as it wasn't claimed for before this treatment began. So Miss G brought her complaint to us.

The adjudicator who investigated it thought Miss G's complaint should succeed. CSH didn't agree and so Miss G's complaint has been passed to me to decide.

my findings

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

I think that in the first call Miss G made to CSH to tell it that it was more than likely she'd been diagnosed with cancer, it would have been more coherent customer service for the CSH representative to explain to her all the benefits that might be available to her depending on how she chose to be treated. There's no dispute that that didn't happen.

Miss G's policy provided some cash benefits if her treatment was provided to her by the NHS. The remaining benefit at issue here, concerns a discretionary cash payment, which CSH said needed to be assessed and pre-authorised before such treatment began. This is called a 'Care Package', which includes benefits to assist with the member's individual needs, such as travel costs, childcare, pet care etc. and a cash allowance. CSH said it needed to have assessed her needs at the time in order to decide whether to provide this benefit to her.

Miss G has said she would have claimed for this benefit, had she been made aware of it. As it was, she was dealing with the shock of her diagnosis and having to undergo two operations, plus then start on radiotherapy. She had told CSH of her diagnosis and it appeared to have told her what her policy could provide. As she decided to undergo her treatment on the NHS, there was no reason or indeed likely any time for her to read her policy in any detail. But I think if the CSH representative had clearly told her this benefit was available to her if she chose the NHS, then Miss G would have claimed at the right time.

So the fact she didn't claim at the right time and had her claim pre-authorised was in my view the fault of the CSH representative. I can't see why CSH can't now assess her claim and then pay her the relevant benefit. I think on the basis that her treatment is now over, her claim also should be able to be assessed with more clarity than before her treatment began as well. As instead of assessing what she might need help with, it will be only be assessing what she did find difficult and did need help with. So I don't think it's fair in the particular circumstances of Miss G's complaint that CSH has refused to consider to assess her claim now.

my final decision

For the reasons I've discussed above, it's my final decision that I uphold this complaint.

I now require Civil Service Healthcare Society Limited to assess her claim for the 'Care Package' benefit retrospectively and pay her what she would have been entitled to had she claimed before her treatment began.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss G to accept or reject my decision before 11 April 2016.

Rona Doyle
ombudsman