Private Medical Insurance

Insurance Product Information Document

Company: **General & Medical Insurance Ltd.** Product: **Module 1**

Registered in Guernsey, No 43984. Authorised and regulated by The Guernsey Financial Services Commission, registration number 1028569.

This document provides a summary of the key features and exclusions of our private medical insurance policies for businesses and groups. Full policy terms and conditions are detailed in your policy document and on your schedule of cover, and unless stated otherwise, any limits shown are per membership year. You can also view particular product information on our website or within our brochure.

What is this type of insurance?

Private medical insurance provides cover for the private treatment of acute medical conditions that are not recurrent or long term in nature.

What is insured?

In-Patient & Day-Case Benefits

- ✓ Accommodation, Nursing Care, Surgeon & Anaesthetist Fees
- ✓ Theatre Costs, Intensive Care Costs, Drugs, Dressings & Consumables
- ✓ Diagnostic Tests including MRI, CT & PET Scans
- ✓ Physiotherapy
- ✓ Oro-surgical Operations/Procedures
- ✓ Treatment for Cardiovascular Conditions
- ✓ Parent Accompanying a Child

Treatment for Cancer

- ✓ Radiotherapy & Chemotherapy
- ✓ Cosmetic or Aesthetic Treatment
- ✓ Anti-Cancer Drugs & Preventative Treatment
- ✓ External Prosthesis £5,000 (relating to a claim for cancer)
- ✓ Hospice Care £7,500
- ✓ Palliative Treatment

Out-Patient Benefits Including GP Referred Services

- ✓ Consultations and Specialist Fees £1,500
- ✓ Physiotherapy and Complementary Medicine £1,000
- ✓ Treatment for Cardiovascular Conditions
- ✓ Out-patient Mental Health £1,000

Additional Benefits

- ✓ Complications of Pregnancy
- ✓ NHS Cash Benefit £7,500 (£250 per night/up to 30 nights)
- ✓ Life Cash Benefit £2,000
- ✓ Critical Illness Cash Benefit £2,000
- ✓ Health & Wellbeing Services/EAP and Stress Counselling
- ✓ 24 Hour GP Advice Line/GP Video Consultation Appointments
- ✓ Home Nursing
- ✓ Private Ambulance
- ✓ Lifestyle Rewards

Available Options & Upgrades (Additional premiums may apply)

- First Choice, Freedom, Premium or Guided Care Hospital options
- Excess options from £0 up to £3,000, per year or per claim
- Cover for up to 2 pre-existing conditions from a pre-defined list
- In-patient Mental Health Cover
- Multi-Trip Travel Insurance
- Dental Benefit and/or Optical & Audiology Benefit
- Channel Islands Cover Upgrade

What is not insured?

These are some of the significant exclusions across our product range. Please refer to your terms and conditions for full details.

- ✗ Treatment of congenital defects or conditions which are part of the ageing process
- ✗ Treatment of Chronic conditions
- ✗ Regular or long term renal dialysis
- ✗ Treatment of Attention Deficit Disorders
- ✗ Suicide or treatment of self-inflicted injuries
- ✗ Sleep disorders/sleep studies/sleep apnoea
- ✗ HIV/AIDS and any related condition
- ✗ Organ Transplants and replacements
- ✗ Treatment arising from nuclear, chemical or biological contamination, war, civil disorders or riots
- ✗ Birth control, conception, sexual problems and gender reassignment
- ✗ Accident and Emergency Admissions

Are there any restrictions on cover?

- ! For day patient and inpatient treatment, you must use a hospital recognised by us, as published in our hospital list. For any facility not recognised by us, we will pay a proportion of the invoice, as detailed in your full terms and conditions
- ! Where a baby has been accepted for cover, a limit of £5,000 for any eligible condition will apply up to the first 180 days of life
- ! Certain pre-existing conditions will be covered, dependent on the type of underwriting chosen and whether or not the pre-existing condition upgrade has been applied
- ! Cosmetic or Aesthetic treatment will only be covered for treatment relating to cancer
- ! Treatment for any cancer occurring within the first 90 days of cover, whether diagnosed or not, will not be covered. However, if you apply to switch your cover to us from another insurer on CPME or Continued Mori underwriting and your previous policy included cancer benefit, this 90 day exclusion will not apply

Where am I covered?

✓ UK, including Channel Islands and the Isle of Man

What are my obligations?

- You must provide complete and accurate answers to any question we ask when you take out, make changes or renew your cover.
- You must be a UK resident and be registered with an NHS GP.
- You must tell us immediately if at any time any of the information is incorrect or changes are required to your policy. Failure to do so may result in your insurance becoming invalid.
- You must review your policy documents and schedule of cover upon purchase and at renewal of your policy to ensure that it meets your requirements.
- You must provide any information we require including medical information, to assess any potential claim. We strongly recommend that you contact us prior to making arrangements for treatment so we can confirm what will and will not be covered.
- You must pay your premiums on or around the date that they are due and you must pay any excess applicable to your policy when requested.

When and how do I pay?

You can pay your premium annually by direct debit, debit/credit card, bank transfer or cheque. You can pay monthly by direct debit - there are no additional charges for paying monthly.

When does the cover start and end?

The cover commences on the day specified on your 'Schedule of Cover'. The policy is for a minimum period of one year and is automatically renewable each year, unless you cancel your policy.

How do I cancel the contract?

You can cancel your policy during the 14 day cooling off period, which applies on purchase and at renewal. This period commences on the day your cover starts or on receipt or access to your policy documentation, whichever is the later. We will refund any premium paid at the date of cancellation, providing you have not used any of the services available on your cover and no claims have been made.

If you cancel your cover after 14 days, providing you have not used any of the services available on your cover or attempted to make any claims, you can do this by giving us at least 30 days notice. If you have used any of the services on your policy or attempted to make a claim, you will need to pay the remainder of the annual premium.

You may cancel your policy in writing: General & Medical Healthcare, General & Medical House, Napier Place, Peterborough, PE2 6XN or by calling us on 0800 970 9442. Our calls may be recorded and monitored.