



Business Healthcare

Brochure for Companies and Groups

Contents



This brochure explains the different schemes and levels of cover we offer. If you have any further questions about our Corporate Healthcare Schemes, please contact us on 0800 980 4601 / 01733 362872 or email us at sales@generalandmedical.com

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Why choose us?

General & Medical Healthcare specialise in providing quality Private Health Insurance to businesses and other organisations or associations, including sports clubs. We pride ourselves on our first class customer service, never forgetting our guiding principle, People first...always. We have been doing this for over 30 years.

General & Medical was established during the 1980's initially providing finance and insurance services to the professions within the UK. We have continued to evolve at an impressive rate and today provide private health insurance schemes to both UK and international clients. We have our main office in Peterborough, Cambridgeshire, with further administrative offices in London and Guernsey.

General & Medical maintain close links to the medical profession. We are the preferred provider of private medical insurance for the Association of Surgeons of Great Britain and Ireland. In addition, we retain a Medical Advisory Panel of fully independent surgeons and medical practitioners who work with us to advise us and help us to evolve.

With our dedication to providing a personal level of service to all clients, telephone calls are never routed through a call centre or held in a queuing system.

General & Medical clients are assigned a named Health & Care Support Specialist trained in medical terminology and claims handling. Health & Care Support Specialists are always on hand to help and advise the administrators and members of the scheme.

As a health insurance specialist our attention is focused on providing compelling healthcare solutions and by building on solid foundations, we continue to grow steadily. Our customers have the reassurance that we will be there when they need us.

This brochure describes the schemes and options generally available to businesses in the UK but we have the flexibility to provide schemes with a mix of benefits, tailored to each company's particular needs. For example, if some or all of your employees work overseas, please ask about our range of international healthcare schemes.

Similarly, for the sports industry, our unique range of sports healthcare schemes provides cover for sports related injuries, sometimes not normally covered by most UK insurers. Please ask for a brochure.



A dedicated first-class claims service



Health and wellbeing support



Flexibility with your premium



Multiple cover options



Access to a 24 hour GP advice line



Over 750 hospitals to choose from



Quality Care



Exclusive discounts

Health Insurance - the business case

Your success depends on you and your employees so it is an investment to look after your health and theirs. Private Health Insurance is highly valued by employees as one of the most important benefits an employer can provide to their staff.

The Business Benefits

Private health insurance provides a sense of security and reassurance so businesses can enjoy the benefits of a happier, healthier, more satisfied workforce. It is at the top of the list for employers who want to demonstrate their concern for the well-being of their staff and there are real benefits to businesses that can easily outweigh the costs involved.

Employee turnover can be lowered significantly, especially if the benefit is extended to their family members. This is a genuine benefit which the whole family values. This helps businesses to retain their staff and in return, lowers recruitment and re-training costs.

As part of an overall employee benefit package, private health insurance will help your business attract and retain quality staff. Often, prospective employees will place a value on it above the equivalent monetary amount in salary.

Of course, employees will themselves benefit from fast diagnosis, with immediate access to consultants and the highest quality treatment, should they need it. The employee is seen and treated promptly and for the business this means that they return to work sooner, minimising any adverse effect on their productivity.

It is also worth remembering that health insurance premiums can usually be treated as a tax-deductible business expense, reducing a company's tax liability and so improving its bottom line.

Corporate Scheme Leavers

If an employee leaves the business they will have the option to continue their healthcare cover on an individual policy with no change to the way we treat their medical history. For example, if an employee goes into retirement then they can do so without having to worry about losing their private healthcare cover.



Health Insurance - get well sooner

If one of your employees were to experience worrying symptoms, Private Health Insurance can give some control over the situation. Diagnosis can be almost immediate and treatment available promptly thereafter.

Choice and Convenience

When a General Practitioner says tests or treatment are needed there are no NHS waiting lists to worry about. Appointments can be made at a chosen hospital within days. If further investigations or surgery is needed, there is further choice available regarding the hospital to attend and the consultant who will perform the procedure. Treatment can also be arranged on a date and at a time that best fits around work or family commitments.

Quality Care

Patients at any one of our selected private hospitals or medical facilities will usually have their own room with en-suite facilities. They will normally have the same consultant throughout their treatment and benefit from nursing staff who have time to dedicate to personal care. Excellent food and unrestricted visiting hours is another benefit.

First Class Claims Service

General & Medical employ a team of Health & Care Support Specialists who deal with all aspects of client care. Our corporate clients are assigned to one or more Health & Care Support Specialist(s). The Health & Care Support Specialists assigned to the client will assist employees with the claims process and the scheme administrator at the company with any amendments such as leavers and joiners. We have found that consistency of dealing with the same people has been welcomed by corporate clients because it eases administration and is preferred by employees should they need to make a claim.

All of our Health & Care Support Specialists are fully trained in medical terminology and medical claims handling and are here to make the claims process as seamless as possible. When it's time to pay for treatment, we make the payments direct to the hospital. With one less thing to worry about, you and or your employees can concentrate on getting well.



Business Flex

The success of your business depends on you and your employees so it pays to look after your health and theirs. Our Business Flex corporate health insurance has been broken down into four key covers, giving you the flexibility to choose the right option for your employees.



Business Prime

For corporate health insurance that provides essential cover to the whole business, you may want to look into our Business Prime corporate medical insurance. Your employees will become part of a system which enables them to jump the queues for appointments and undergo surgery for acute conditions, maintaining their health so they can carry on at work as normal.



Module 1

If you're looking to take care of your employee's health on a wider scale, our Module 1 cover does just that. You will be offering a more comprehensive cover for your employees, including out-patient diagnostics and consultations. Complications of pregnancy, private ambulance, home nursing and additional cash benefits are also included.



Module 2

A step up from Module 1, this package provides higher limits for out-patient benefits as well as other added bonuses such as maternity benefit, and in case of a personal accident that causes temporary disablement, Module 2 health insurance provides cash benefits. If your company frequently sends employees abroad for business, this healthcare cover provides members with medical costs abroad and in serious cases, Module 2 will meet the medical costs and cost of transportation back to the UK for urgent medical attention.



Business Elite

Our highest level of corporate health insurance, Business Elite, is a popular choice across companies where a higher level of cover is required for senior staff. This private health care plan includes all of the benefits of Module 2 plus some added benefits including cover for dental services, optical services and private GP services as well as a higher limit of palliative care for cancer patients. For members of staff who are looking to have children in the future, this care plan also covers private maternity services.

Benefits At A Glance - Business Healthcare

In-Patient Benefits	Business Prime	Module 1	Module 2	Business Elite
Accommodation, Nursing Care, Surgeon & Anaesthetist Fees	✓	✓	✓	✓
Theatre Costs, Intensive Care Costs, Drugs, Dressings & Consumables	✓	✓	✓	✓
Diagnostics including MRI & CT Scans	✓	✓	✓	✓
Physiotherapy	✓	✓	✓	✓
Oro-surgical operations/procedures	✓	✓	✓	✓
Treatment for Cardiovascular conditions	✓	✓	✓	✓
Parent accompanying child	✓	✓	✓	✓
Treatment for Cancer				
Treatment for Cancer whether or not relating to an in-patient admission. Includes Radiotherapy, Chemotherapy, Post Cancer Services, Advice on Cancer Treatment, Artificial Feeding, Speech Therapy & Monitoring	✓	✓	✓	✓
Cosmetic or Aesthetic Treatment				
Anti-Cancer Drugs, Preventative Treatment, Biological Therapies, Genetic Testing, Bone Strengthening Drugs & Bone Marrow or Stem Cell Transplants	✓	✓	✓	✓
External prosthesis and wigs relating to a claim for cancer		✓	✓	✓
Experimental Drugs as part of an ethics committee approved randomised clinical trial pre agreed with us			✓	✓
Hospice Care	✓	✓	✓	✓
Palliative Treatment (where medically necessary, whilst in a Participating Hospital)	£7,500	£7,500	£7,500	£10,000
Out-Patient Benefits				
Initial consultation & specialist fees including diagnostics & initial MRI & CT Scans	✓ (Relating to an in-patient admission only)	£1,500	✓	✓
Subsequent consultation & specialist fees				
Subsequent diagnostics inc MRI & CT Scans				
Physiotherapy & Complementary medicine	£500 (Relating to an in-patient admission only)	£500	£1,000	£1,500
Treatment for Cardiovascular conditions	✓	✓	✓	✓
Out-patient Psychiatry		£1,000	£1,000	£2,000
Maternity				
Complications of Pregnancy (defined conditions only)		✓	✓	✓
Maternity Benefit			£150	£250
Private Maternity				£5,000
Dental				
Routine Consultations & Treatment, including Emergency Accident/Injury Benefit				£400
NHS Charges				£200
Optical				
Consultations & Eye Tests				£200
NHS Charges				£200
Cash Benefits				
NHS Cash Benefit	£250 per night up to a maximum of £7,500 per membership year			
Life Cash Benefit		£1,000	£1,000	£2,000
Personal Accident Cash Benefit			£1,000	£2,000
Temporary Disablement Cash Benefit			£100 per month for up to 6 months	
Critical Illness Cash Benefit		£1,000	£1,000	£1,000
Cover for Boarding Pets Cash Benefit				£250
Other Benefits				
Health & Wellbeing Services/Stress Counselling Helpline	✓	✓	✓	✓
Home Nursing		✓	✓	✓
Private Ambulance		✓	✓	✓
24 hr GP advice line	✓	✓	✓	✓
Prescription Costs				£100
GP Minor Surgery				£500
Private GP Services				£300
Non UK Medical Cover			✓	✓
Monitoring of a pre-cured eligible condition			£1,500 during a 24 month period	
Lifestyle Rewards	✓	✓	✓	✓

✓ Full refund subject to any limits or eligibility criteria as detailed in the Certificate of Cover Policy Document Part 1 of 2 and 'the Guide to your Health Scheme' Policy Document Part 2 of 2.

* Business Prime has an annual overall maximum benefit limit of £50,000 per person. **Note:** Unless stated otherwise, any limits shown are per membership year.

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Health & Wellbeing - a free service

A happier and healthier employee is a more productive employee. Health & Wellbeing and Employee Assistance are support services for you and your employees providing help to deal with personal and professional issues on a broad range of subjects.

Health & Wellbeing

At General & Medical, the wellbeing of you and your employees is important to us so the following Health & Wellbeing Services are free to all members of your scheme.

Health & Wellbeing 'online'

The online Health & Wellbeing site gives your employees the resources and inspiration to make simple changes to develop a healthier, more balanced and productive lifestyle. The site provides:

- Active life programmes designed to guide you to your health goals
- Health & Wellbeing programmes with up to date, clinically validated support information
- Active sport programmes for those with specific sports or training goals
- Active care programmes designed to prevent illness or manage existing conditions

There is also help with a wide range of issues such as medical information, diet and nutrition, help to stop smoking and even guidance on travelling overseas.

Telephone Counselling

This service is available 24 hours a day, 7 days a week and gives members access to confidential telephone counselling and support. Members can continue to work with counsellors, scheduling convenient appointments for each session. The specialist teams of experienced, qualified and trained counsellors are able to provide support and assistance on a wide range of issues including family and relationship difficulties, anxiety, stress, emotional problems, work related issues, bereavement and debt.

Health & Wellbeing advice

The Health & Wellbeing advice service gives members access to a team of doctors, nurses and specialists who are on hand to provide confidential and easy to understand help and guidance. Members can discuss health and lifestyle issues, medical symptoms and worries with a sympathetic professional across a wide range of subjects. This service provides general guidance and information only and is not intended to detract from or substitute normal primary healthcare. This is not an emergency service and will not provide a diagnosis or prescribe treatment.



Employee Assistance Upgrade

For a small additional premium per member, you can upgrade your scheme further to include the following services.

Face to Face Counselling

This additional service provides members with up to 6 Face to Face Counselling sessions through a nationwide network of associate counsellors, so sessions can be organised close to the member's home or place of work.

Face to Face Counselling will normally be arranged where, in the professional opinion of the counsellor, it would benefit the member.

Legal and Financial Information Services

This additional service provides access to confidential, accurate and high quality legal and financial information. The legal consultants will endeavour to give clear and practical advice to clarify a member's legal position and the future steps to take. They will also give guidance on issues such as debt management, benefits, budgets and planning.

HR and Line Manager Support

This service provides 24 hour access to telephone helpline services, for guidance and support on workplace issues. Whether through counselling to deal with the emotional aspects of managing people or legal advice to supply vital information, the service can help managers and HR teams with a wide range of issues such as:

- Workplace bullying
- Work related stress
- Workplace conflict
- Communicating change
- Alcohol & drugs
- Work/life balance

Critical Incident Support

Critical Incident Support provides affected employees, managers and proprietors with 24 hour telephone helpline services for a comprehensive and timely response to any critical incident. Typically this could include physical violence, serious workplace injury or fatality, robbery, assault, fire, explosion or terrorist activity.

Dependent upon the nature of the incident, for an additional agreed cost, trained and experienced critical incident support workers, counsellors and/or psychologists would be made available for on-site debriefing and counselling. The timing of their attendance on-site would be by agreement with the business having regard to the nature of the incident and the needs of those involved. Ongoing support would then be available by telephone and/or face to face counselling as appropriate.

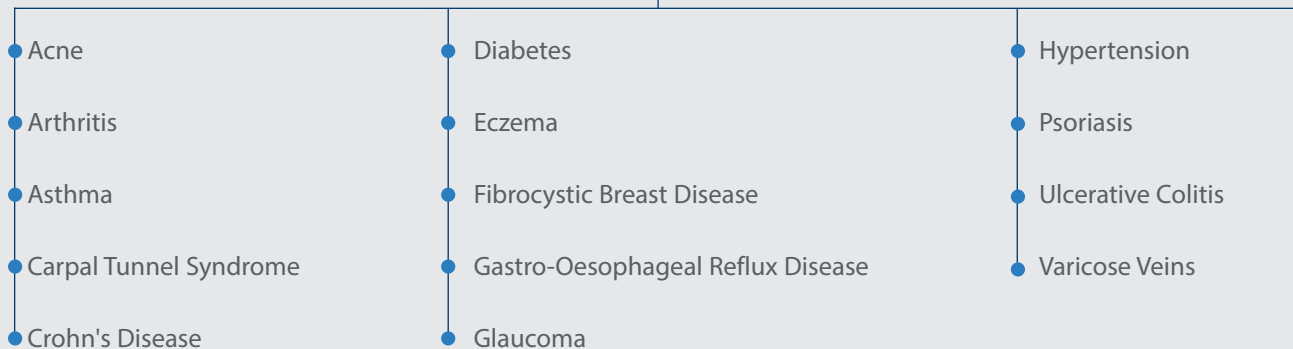


Ways to Enhance your Scheme

You can enhance your scheme by, for example, choosing Module 1 instead of Business Prime or Freedom Hospitals instead of First Choice Hospitals. You should select the level of cover and hospital choice that best suits your needs and budget, but you can also choose to add any of the following options to enhance the benefits available from your healthcare scheme.

Cover for pre-existing conditions

Cover for up to two pre-existing conditions, chosen at outset from the following list of defined conditions:



For an additional premium, you can extend members' cover for up to two of the pre-defined conditions. The cover is subject to an annual limit of £1,000 which rolls up year on year to a maximum of £10,000 after 10 years, provided cover has been continuous and there have been no claims relating to the pre-existing condition.

This option has helped some people to consider Private Health Insurance for the first time and has caused others with cover elsewhere, to switch to General & Medical.

Cover for In-patient Psychiatry

For individuals or groups of up to 5 adults, cover is on a 50% co-share basis, to a maximum of £20,000 or 35 days treatment per membership year. For groups of 6 adults or more, full cover is given for up to £24,000 or 28 days followed by up to an additional 12 days on a 50% co-share basis. A 12 month qualifying period applies.

Channel Islands Cover

If you reside in the Channel Islands you can choose this upgrade specifically designed to offer additional benefit to supplement the treatment available to you.

For an additional premium we will cover the services provided by your Channel Islands G.P, including prescription costs, consultations and routine minor surgery. Cover is available for return travel costs to another Bailiwick or the UK, where you require medical treatment unavailable in the Bailiwick of your residency. The cover will also provide benefit for travel and accommodation costs for parents or a qualified nurse accompanying a child for treatment. Benefit limits will be shown in your Certificate of Cover if you have selected this upgrade.

Enhanced Benefit Option

This is available to schemes with more than 100 adults on cover. This option is useful where you feel the standard limits on our schemes should be extended or relaxed to better suit your requirements.

Benefits associated with this option are:

- 50% increase in limit on Therapies benefit where applicable to the cover chosen.
- We will allow charges from Consultants and Anaesthetists to exceed our published limits for treatment costs from Consultants and Anaesthetists by up to 20%, where necessary.
- We will extend our standard 90 day limit for receipt of invoices after treatment to 120 days.
- We will allow self referral to a consultant for a consultation without the need to see a GP first.

Claim 24-7 - For groups of 100 or more members

There may be times when a claim needs to be authorised for a diagnosis to be undertaken almost immediately. As a standard offering for groups of 100 or more members, Claims 24-7 gives you the ability to pre-authorise one claim. You must then complete and follow the normal claims process. We will confirm the claim has been fully authorised by our underwriters and we will "reset the clock" enabling you to pre-authorise another claim.

Please however read and understand your policy documents, so you do not inadvertently authorise an ineligible claim. If the claim is found to be ineligible by our underwriters you have two options: We will pay the ineligible claim on an ex-gratia basis up to the pre determined limit of £500, however the ability to pre-authorise a claim will be withdrawn and the normal claims procedure will resume, or, you pay for the ineligible claim and the process of pre-authorisation will resume.

Worldwide Travel Insurance Upgrade

For an additional fee per member, our Worldwide Travel Insurance can be added, to upgrade the cover. This includes cover for winter sports and provides benefits including repatriation from any country and generous cover for possessions and for cancellation or curtailment of trips.

Worldwide Travel Policy Summary

This special Worldwide Travel Insurance can only be bought in conjunction with our Private Health Insurance. The table below summarises the cover it provides:

Benefit	Cover for
Cancellation and curtailment	Up to £3,000
Personal accident	Up to £15,000
Medical expenses inc emergency repatriation by air ambulance	Up to £5,000,000
Hospital inconvenience benefit	Up to £1,500
Legal advice and expenses	Up to £15,000
Loss of money, tickets and documents	Up to £500
Loss of passport	Up to £300
Loss of luggage	Up to £1,500
Missed departure	Up to £1,000
Travel delay	Up to £3,000
Personal liability	Up to £1,000,000
Hijack	Up to £1,000
Winter sports	Max 21 days cover per year
Winter sports equipment	Up to £500
Hire of skis	Up to £300

Worldwide Travel Exclusions & Limitations

- Any trip exceeding 120 days duration. There is no limit to the number of trips made in any 12 month period.
- Any trip booked or commenced during convalescence following serious injury or illness.
- Any trip expected to involve hazardous or non-conventional holiday or manual work.
- Any trip made by insured persons under age 16, unless accompanied by an adult covered and aged over 18.
- Cover is only available for members up to their 75th birthday.
- There is a £40.00 excess for each and every claim.



Participating Hospitals - more choice

A vital part of any Private Health Insurance scheme is the availability of the private hospitals and medical facilities, in which treatment may be given. With General & Medical whichever level of cover you choose, you'll have access to over 750 of some of the best private hospitals and medical facilities throughout the UK. Find your nearest hospital by visiting www.generalandmedical.com/hospitals

Hospital Choices

At General & Medical we have one of the largest selections of hospitals and medical facilities compared to any UK health insurer. We call these our Participating Hospitals and they include the majority of the leading national private hospital groups and the NHS private patient units, giving members access to the most modern facilities available in the UK.

Most of our Participating Hospitals provide a single private room with en-suite facilities for in-patient accommodation, together with a choice of menus, flexible visiting times and other facilities consistent with a modern private facility. This gives members timely access, privacy and the dedicated care and comfort they deserve.

The cost of treatment between different facilities can vary enormously so we have grouped our Participating Hospitals to give you three levels of choice. In this way, we are able to reflect the lower cost of treatment at certain facilities by reducing premiums according to the hospitals you choose.



First Choice

Our First Choice Hospitals are a select group of over 300 private hospitals and clinics at locations throughout the UK, with whom General & Medical have close association. These include Spire Healthcare, Ramsay Healthcare, BMI and Nuffield facilities. Those who choose our First Choice Hospitals benefit from our lowest premiums.

Freedom

Freedom Hospitals include all First Choice facilities and give members access up to an additional 400 facilities throughout the UK, which are mainly NHS hospitals with private facilities attached.

Premium

Premium Hospitals are specialist facilities, normally found in London, that due to their reputation and location are able to charge substantially more for their medical services. You can include Premium Hospitals for an additional premium.

For full details of our hospital list, please ask for our Participating Hospitals brochure or please visit www.generalandmedical.com/hospitals



Ways to Control your Costs

If reducing your premiums would help you to meet your budget, you can of course, choose a lower level of cover, for example by choosing Module 1 instead of Module 2 or by restricting your hospital choice to First Choice only. You can also significantly reduce your premiums by adding an excess to your scheme.

Policy Excess

An excess is an amount agreed in advance that each member on your scheme pays towards the cost of a claim. For example, if you choose a £250 excess per claim and treatment for one eligible claim costs £5,000, the member would pay the first £250 and we would pay the rest.

You can add an excess of £75, £100, £150, £200, £250, £500, £1000, £2000 or £3000. At the start of the scheme, you choose whether the excess applies once per policy year or to each claim. If you choose an excess per policy year and treatment for an eligible claim carries on into the next policy year, another excess will apply.

Remember - the higher the excess, the lower your premium. For example, even an excess of £250 per claim could reduce your premium by over 20%

The important thing is to choose a level of excess that is both affordable for members and which helps you control the cost of the scheme to meet your budget.



What Isn't Covered

Our cover has a number of exclusions and limitations that vary depending on the cover you choose and the underwriting option that applies to your cover. The exclusions and limitations on our schemes are summarised below. For full details please refer to your Certificate of Cover Policy Document Part 1 of 2 and 'the Guide to your Health Scheme' Policy Document Part 2 of 2.

Significant Limitations

- a) The services of a general practitioner or general dental practitioner.
- b) Sight testing, routine medical examinations, chiropody/podiatry.
- c) Pregnancy or childbirth including preventative care, complications, miscarriage or termination.
- d) Any dental condition not involving in-patient oro-surgical operations/procedures.
- e) Out-patient treatment, in-patient treatment or day care treatment of any psychiatric illness or disorder.
- f) Health screening, routine monitoring, allergy testing or treatment.
- g) Rehabilitation or convalescence including bed rest without active treatment.
- h) Treatment received outside the UK or Channel Islands.

Significant Exclusions

- a) Alcoholism or drug dependence (licit or illicit).
- b) Accident or emergency admission and/or unplanned admissions, their routine follow-up or any complications.
- c) Treatment of congenital defects or conditions which are a natural part of the ageing process.
- d) Treatment of chronic conditions.
- e) Birth control, conception, sexual problems and gender reassignment.
- f) Regular or long term renal dialysis in chronic or end stage renal failure.
- g) Any undisclosed pre-existing condition.
- h) Suicide or treatment of self inflicted injury or injury sustained whilst participating in any form of illegal activity or under the influence of drugs or alcohol.
- i) Sleep disorders/sleep studies/sleep apnoea.
- j) HIV/AIDS and any related condition or test.
- k) Organ transplants or replacements.
- l) Treatment arising from nuclear, chemical or biological contamination, war, civil disorders or riots.
- m) Referral by, or charges for, care or treatment by a family member or anyone living or working with the covered person.

Non-UK Travel Medical General Exclusions

- a) Any trip exceeding 120 days duration.
- b) Any trip booked or commenced during convalescence following serious injury or illness.
- c) Any trip expected to involve hazardous or non-conventional holiday or manual work.
- d) Any trip made by insured persons under age 16, unless accompanied by an adult covered and aged over 18.
- e) Cover only available up to a persons 75th birthday.
- f) There is a £100 excess per claim.

Your Questions Answered

If after reading these frequently asked questions you need more information, or have any unanswered questions, please contact one of our sales advisors. We will be happy to help.

What is Private Health Insurance?

The Private Health Insurance policies offered by General & Medical aim to fund private medical treatment of acute conditions. The policies will cover the costs of eligible treatment within the UK, up to the limits of your chosen cover, by our recognised consultants, medical practitioners or therapists. The benefits include cover for initial private consultations, in-patient, out-patient and day-patient investigations and treatment up to the limits of your chosen cover.

Our Private Health Insurance policies provide cover for eligible treatment at any of the Participating Hospitals within the hospital choice you make. These are 'First Choice', 'Freedom' and 'Premium'. The Participating Hospitals within any level may change from time to time.

Who provides the policy?

Where the benefits of your policy are insured, different insurers may underwrite them. For clarity we have detailed which insurers underwrite the benefits you may have, in the table below.

	Healthcare	Non-UK Medical Cover	Worldwide Travel Insurance	Life Cover	Personal Accident	Critical Illness	Temporary Disablement
General & Medical Insurance Ltd	◆			◆	◆	◆	◆
Certain Underwriters at Lloyds of London		◆	◆				

◆ Underwriter

What is the duration of my policy?

12 months unless specified otherwise. You will be sent your renewal documents before your scheme continues for another year. You should review the renewal documents to make sure the cover and policy remains suitable for your needs. Worldwide Travel policies run, renew and end with your Private Health Insurance policy but can be cancelled separately at renewal.

How can I pay my premium?

You have a choice of payment method

Monthly by direct debit which is secure and an easy way to spread the cost over the year

Annually by direct debit, debit/credit card, BACS or cheque

Does it cost more to pay monthly?

No. Unlike some other insurance companies General & Medical do not charge their clients extra, or any form of interest, to pay their premiums monthly. This is one more reason to choose General & Medical.

Are there any age limits?

You may join a General & Medical scheme as an individual from the age of 16 up to your 75th birthday. Once covered there is no upper age limit. Children under the age of 16 must be added to an adults policy. Children are classed as a child up to their 21st birthday, or their 26th birthday if they remain in full time education. Proof of full time education must be provided.

Will my premium go up at renewal?

We review your premiums annually to reflect the overall cost of claims and medical inflation. Our schemes are priced using age bands, reflecting that people are more likely to claim as they get older. This means that you could see an age-related increase in your premium in addition to our general review.

Your premium can be influenced by other factors such as the availability of new treatments, medical technologies and any claims made on your scheme.

How do I make a claim on my Private Health Insurance policy?

You should contact your Health & Care Support Specialist before you see your consultant so that we can confirm your cover. Your Health & Care Support Specialist will be able to guide you through the process of claiming and let you know what is and is not covered. The full claims procedure is detailed in 'the Guide to your Health Scheme'.

How do I make a claim on my Non-UK Travel Medical Policy?

To make a claim for emergency medical treatment whilst outside the UK please use the telephone numbers provided within your Certificate of Cover.

How do I make a claim on my Worldwide Travel Policy?

To make a claim for emergency medical treatment whilst outside the UK please use the telephone numbers provided within your Certificate of Cover. To make a claim on this insurance for any section other than emergency medical treatment whilst outside the UK, please contact us immediately on your return to the UK. A claim form will be sent to you for completion and return.

Can I cancel my policy?

You may cancel your policy by telephoning us, by email or in writing (see contact us for details). You may cancel your policy during the 14 day cooling off period. This period commences on the day your cover starts or when you receive 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 decide to cancel your cover before your renewal date and outside of the cooling off period, 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 before the date on which you want your cover to cease. If you have incurred any claims costs, attempted to make a claim, used any of the services provided by your cover, or an incident has occurred which has led to a claim, or may yet lead to a claim against your policy, we will require you to pay any remaining unpaid balance of the full annual premium as shown on your most recent Certificate of Cover document. You will receive written confirmation from us that your cover has ceased and your cover will not continue beyond your cancellation date.

If you wish to cancel your cover at your renewal date you should tell us as soon as possible before your renewal date. Your cover will cease the day immediately prior to your policy renewal date. A 14 day cooling off period also applies at renewal, commencement of which is from your renewal date.

Reasonable and Customary Charges

We look to contain claims costs wherever possible, to minimize the impact on your premiums. Medical diagnostics, technology and equipment are becoming more advanced day by day, and so more claims are being made each year. We aim to manage the costs arising from these claims according to a frequently reviewed fee schedule. We believe this schedule reflects reasonable and customary rates of remuneration for the procedures listed. The schedule shows the maximum amount payable towards each procedure. These fee schedules are issued to all affiliated medical specialists.

What do I do if I have a complaint?

To avoid misunderstandings, you must read the information supplied when taking out your cover. If you are unsure about any aspect of cover, you should contact your personal Health & Care Support Specialist. We're here to help. We are committed to providing a high level of service to all our clients but occasionally things can go wrong. If this happens, we will do what we can to put things right.

Complaints Procedure

If you have any questions or concerns about your policy, our service or the handling of a claim you should, in the first instance, telephone or email our Health & Care Support department. We will aim to address any concerns over the telephone within 24 hours and acknowledge this in writing within 72 hours.

Tel: 0800 970 9442 / 01733 233200 Email: info@generalandmedical.com

If you remain dissatisfied and wish to make a written complaint please send it to:

The Healthcare Services Manager, General & Medical House, Napier Place, Peterborough, PE2 6XN.

Should your complaint relate to the administration or sale of your policy, we will acknowledge receipt of your complaint and will respond directly to you.

Should your complaint relate to policy coverage or a claims decision, we will acknowledge receipt of your complaint and tell you which underwriter will be dealing with your complaint and when you can expect to receive a further response.

Complaints relating to the sale or administration of your policy

We will send you a written acknowledgement of your complaint within 2 working days and we will aim to resolve your complaint within 2 weeks. If your complaint is not resolved to your satisfaction within that time we will write to you again with the next steps we will be taking to resolve it.

If after 8 weeks of making your complaint we have still not given you our final response we will write to you giving the reason for the delay and an indication of when we expect to be able to give you our final response. In any event, if after 8 weeks your complaint has not been resolved to your satisfaction, or we have not given you our final response, you may ask the Financial Ombudsman Service to review your case. Please contact the following, quoting 'General & Medical Finance Ltd' and your policy number:

The Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

Tel: 0800 023 4567 / 0300 123 9123 Email: complaint.info@financial-ombudsman.org.uk

Complaints relating to Healthcare cover & related benefits

We will inform the underwriter with full details of your complaint and they will aim to resolve your complaint. If your complaint is not resolved to your satisfaction, the underwriters will write to you to advise you of their final response.

If after 8 weeks of making your complaint the underwriters have still not given you their final response they will write to you giving the reason for the delay and an indication of when they expect to be able to give you their final response. In any event, if after 8 weeks your complaint has not been resolved to your satisfaction, or the underwriters have not given you their final response, you may then refer it to:

The Channel Islands Financial Ombudsman (CIFO), PO Box 114, Jersey, Channel Islands, JE4 9QG.

Tel: 01534 748 610 Email: complaints@ci-fo.org

Please note: Issues relating to administration and sales provided by General & Medical Finance Ltd and benefits covered by Underwriters at Lloyds of London, benefit from the Financial Ombudsman Service (FOS). Issues relating to cover provided by General & Medical Insurance Ltd, benefit from the Channel Islands Financial Ombudsman Service (CIFO).

The Financial Services Compensation Scheme

The Financial Services Compensation Scheme (FSCS) covers Lloyd's insurers. You may be entitled to compensation from the scheme if a Lloyd's insurer is unable to meet its obligations under this contract. If you were entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this contract. Further information is available from:

Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY.

Telephone: 0800 678 1100 / 0207 741 4100 Website: www.fscs.org.uk

Benefits insured by General & Medical Insurance Ltd are not covered by the Financial Services Compensation Scheme (FSCS).

Underwriting Options

Our Private Health Insurance schemes are designed to cover new and unexpected medical conditions. We offer a choice of underwriting options as described below. Please take your time to read about the options as this is important information you will need to know.

Full Medical Underwriting

This means we ask medical declaration questions about past health. Any pre-existing conditions and related conditions will be excluded unless we agree to accept them. These exclusions will be shown on your Certificate of Cover.

Moratorium

For Moratorium underwriting, we do not need a medical declaration completed. Instead, we will not cover treatment of any pre-existing condition or any related conditions if there have been symptoms (even if a medical opinion has not been sought), medication, treatment, diagnostic tests or advice relating to that condition or any related condition in the 60 month period prior to the member joining the scheme. However, we may agree to cover a pre-existing condition or related condition providing the condition or any related condition does not remain present, including in remission and only if there have been no symptoms, medication, diagnostic tests, treatment or advice for such conditions during a continuous 24 month period after joining the scheme.

Continued Moratorium

You can apply on this basis if you are transferring from an existing scheme, which is underwritten on a Moratorium basis. We apply our Moratorium conditions as above with effect from the commencement date of the scheme from which you are transferring.

Continued Personal Medical Exclusions

You can apply on this basis if you are transferring from an existing fully medically underwritten insurance scheme. We will apply the same personal medical exclusions to your cover with us that were applied to your previous scheme.

Medical History Disregarded

Means that any pre-existing medical conditions will be covered providing they fall within the terms and conditions of the policy. Underwriting conditions apply. Details are available in the application form.

Continued Underwriting Options

For all continued underwriting options proof of previous insured terms will be required and you may need to state whether anyone on the scheme has suffered from cancer, heart, psychiatric or orthopaedic joint conditions in the past, depending on the size of the scheme as additional terms may apply.

Medical Records

A copy of your medical history or a medical report may be requested at the start of any claim. Failure to provide the medical history of the claimant could result in the claim and any future claims being declined.

Distribution of Information to Family Members

The Policyholder must distribute to each family member on joining the scheme, the member letters (including any inserts) summarising the scheme, his/her policy schedule (if applicable) and any subsequent member literature we send to the Policyholder, without delay.



Service Levels - our service promise

This service promise outlines the minimum level of service General & Medical clients should expect to receive.

Customer Service

On joining a General & Medical Healthcare scheme you will be assigned a named Health & Care Support Specialist. All of our Health & Care Support Specialists have to undergo comprehensive training in medical claims handling. Your Health & Care Support Specialist will provide ongoing personal assistance, with any aspect of membership.

Communication & Documentation

Confirmation of cover will be provided within 2 working days of acceptance of quote.

Full policy documentation will be sent within 7 working days of receipt of all correctly completed paperwork.

Written correspondence will be acknowledged within 2 working days of receipt.

Renewal details will be issued at least 21 days before the expiry date of the cover.

Claims Management

Claim forms will be dispatched the same working day if they are requested before 2:30pm. When a claim is finalised, a payment will be issued to the provider of medical services at the end of the relevant month. When a member has paid a provider direct, a payment will be issued as reimbursement, within 5 working days of us receiving the relevant invoices from the member.

If for reasons within our control, we fail to comply with this timescale we will compensate our client at an annualised rate of 1% gross over bank base rate for the amount of the authorised reimbursement for every day's delay over our standard terms.

Client Satisfaction

Client satisfaction is vital to us, so we continually review client satisfaction against:

- ✓ Speed and quality of communication.
- ✓ Level of and geographical convenience of medical facilities.
- ✓ Effectiveness of personnel dedicated to claims assistance.



Group companies include:



What's next?

To find out more about how we can help you then give us a call and a member of our friendly team will be on hand to help out.



Please call us on:

0800 980 4601 or 01733 362872



You can email us at:

sales@generalandmedical.com



Visit us online at: www.generalandmedical.com

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