

Private Health Insurance

Insurance Product Information Document



Company: Bupa Insurance Limited

Product: Philip Williams & Co
Bupa Healthcare Policy

Registered in England and Wales. Authorised in the United Kingdom by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 203332.

This is a summary of the insurance cover. Before purchase, further information can be found in your quotation and/or the policy summary document; the full policy terms are available upon request by calling **0345 602 0034**, we may record or monitor calls. Full terms and conditions of the policy are contained in the membership guide and on your membership certificate which you will receive after your purchase. It is important you read all of these documents carefully.

What is this type of insurance?

Private health insurance, which is designed to cover the costs of private healthcare, from diagnosis to treatment.



What is insured?

In-patient and day-patient treatment

- ✓ Hospital treatment – paid in full
- ✓ Diagnostic tests – paid in full
- ✓ Scans (MRI, CT, PET) – paid in full
- ✓ Radiotherapy and chemotherapy – paid in full
- ✓ Mental health treatment – up to 28 days per person, per year, paid in full

Out-patient treatment

- ✓ Scans (MRI, CT, PET) and diagnostic tests – paid in full
 - ✓ Consultations and therapies (including mental health) – a combined limit of £1,000 per person, per year
 - ✓ Complementary medicine – up to £250 per person, per year from within the out-patient consultations and therapies limit
 - ✓ Radiotherapy and chemotherapy – paid in full
- When out-patient consultations or therapies are for eligible cancer treatment, benefit limits don't apply
 - Our mental health benefits cover eligible treatment of mental health symptoms related to or arising from certain conditions and/or treatment otherwise excluded in the membership guide

Other benefits

- ✓ Anytime HealthLine – 24/7, unlimited telephone consultations with our team of nurses and GPs
- ✓ Parent accommodation – child up to 16, one parent per night
- ✓ Private ambulance – £60 per journey, up to £120 per year
- ✓ NHS Cash Benefit for NHS hospital in-patient treatment – £100 per night, up to 35 nights per year
- ✓ NHS Cash Benefit for treatment for cancer – £100 per day or night, except for oral chemotherapy where it is paid for each three-weekly interval, or part thereof

Note

- £250 compulsory excess applies per year for each person on the policy

Other benefits apply, see full terms and conditions.



What is not insured?

- ✗ Benefits that are not covered and/or are above your benefit limits
- ✗ Complementary and alternative therapy products or preparations
- ✗ Convalescence, general nursing care and therapist services not related to eligible treatment
- ✗ Drugs and dressings for out-patient or take home use treatment other than for cancer
- ✗ Experimental drugs which are not licenced/proven based on phase III clinical trials
- ✗ Treatments that are unproven based on established medical practice
- ✗ Excluded treatment or medical conditions
- ✗ Health screening, routine tests, monitoring and preventative treatment other than for cancer
- ✗ Medical exclusions (special conditions) as detailed on your certificate for underwritten members
- ✗ Unrecognised medical practitioners, providers and facilities

Treatment of or relating to

- ✗ Ageing, menopause and puberty
- ✗ Allergies or allergic disorders
- ✗ Birth control, conception and sexual problems
- ✗ Complications from excluded conditions/treatment and experimental treatment
- ✗ Deafness that is not due to an acute condition or injury
- ✗ Eyesight correction that is not due to an acute condition or injury
- ✗ Gender reassignment
- ✗ Pandemic disease
- ✗ Sleep related disorders
- ✗ Weight loss



Are there any restrictions on cover?

- ! Benefit limits apply for in-patient and day-patient consultants/specialist fees if they are not partnership/fee assured consultants
- ! Cancer treatment is only paid in full when you use a Bupa recognised facility (within your facility access) and a Bupa recognised consultant who agrees to charge within our limits (a partnership/fee assured consultant)
- ! Treatment and scans must be in a Bupa recognised facility (within your facility access and recognised for the treatment or scan you need)
- ! Treatment must be provided by a consultant recognised by Bupa for the treatment you need
- ! When you claim for eligible treatment costs under a benefit that has a benefit limit, where applicable your excess amount will count towards your total limit for that benefit

Restrictions are continued on page 2



Are there any restrictions on cover? (continued)

Restrictions apply to treatment of the following

- ! AIDS/HIV
- ! Chronic Conditions (we pay for treatment of acute symptoms resulting from a flare-up)
- ! Cosmetic surgery to change or restore your appearance
- ! Dental/oral treatment
- ! Learning, behavioural and developmental problems
- ! Moratorium conditions
- ! Pre-existing conditions
- ! Pregnancy and childbirth
- ! Speech disorders

Other restrictions

- ! Contamination, wars, riots and terrorist acts
- ! Critical and Intensive care
- ! Dialysis
- ! Overseas treatment or repatriation
- ! Rehabilitation to restore health and mobility following eligible treatment
- ! Supply or fitting of physical aids and devices eg crutches, hearing aids
- ! Temporary relief of symptoms

Other restrictions apply, see full terms and conditions.



Where am I covered?

- ✓ UK, including Channel Islands and the Isle of Man



What are my obligations?

Obligations at the start of the contract:

- You must pay your premiums on or before the date they are due
- You must be a UK resident and registered with a GP
- You must provide medical history (as required)

Obligations during the term of the contract:

- You must tell us of any changes in your or your dependants' address

Obligations in the event that a claim is made:

- You must provide any information we require to assess your claim, including medical information
- You must obtain pre-authorisation for any covered benefits where it is stated that this is required in the membership guide
- Your treatment must be with a practitioner recognised by Bupa and registered with the relevant professional body
- You must pay any policy excess (where applicable)
- You must let us know if you have other insurance which also covers your covered benefits



When and how do I pay?

- Monthly by Direct Debit or annually by Direct Debit or debit/credit card unless otherwise agreed



When does the cover start and end?

- Your policy is part of a scheme which has a common renewal date for all customers. As a result, depending on the month in which you join the scheme, your initial period of cover may not be a full year and your subscription and benefits and those of your dependants may change at the common renewal date
- You can find your policy start and end date on your membership certificate
- At renewal the term of the contract is 12 calendar months. Your policy will be renewed automatically and payment taken, unless you choose not to continue



How do I cancel the contract?

- You can cancel your policy, or your dependants' cover, within 21 days of receiving your policy documents or the start date of your policy (whichever is later) and receive a full refund if no claims have been made. After this period you can cancel your policy, or your dependants' cover, at any time and we will refund any premiums you have paid relating to the period after your policy ends
- To cancel call **0345 602 0034**, we may record or monitor our calls, or write to **Philip Williams (G Ins) Management Limited, 35 Walton Road, Stockton Heath, Warrington, Cheshire WA4 6NW**