



Cignpost[®] *Me* Business

Private Diagnostic Insurance

Group scheme guide for employees

Contents

Section 1	3
Introduction	3
Terms and Conditions	3
Section 2	7
Making a claim	7
Subrogation	8
Claiming with joint or dual insurance	9
How your claim will be settled	9
Excess	10
Paying your excess	10
Fraudulent claims or misleading information	10
How to claim	12
Section 3	13
What is covered	13
Cover and reimbursement	13
Section 4	15
Summary Table of Benefits	15
Section 5	16
Benefits explained/Benefit notes	16
Section 6	19
What is not covered - exclusions explained	19
Section 7	29
Your scheme explained	29
Data Protection and Privacy	31
Section 8	34
How to make a complaint	34
Section 9	36
Glossary	36

CignpostMe Claims

Tel: 0208 608 4285*

You can reach the CignpostMe claims helpline Monday to Friday from 8:00am to 7:00pm (excluding bank holidays), or on Saturdays from 9:00am to 1:00pm.

Section 1

Introduction

Welcome to **your** CignpostMe Private Diagnostic Insurance group **scheme** guide underwritten by Capacity Insights. This group **scheme** guide, along with the **master policy**, contains the terms of **your** insurance cover. For a concise summary of cover, please refer to your separate Insurance Product Information Document (IPID).

This group **scheme** guide will take **you** through how **your** insurance cover works, which includes:

- Who **we** are;
- The cover available to **you** (both **benefits** and limitations);
- How to make a claim
- How **your** group **scheme** works; and
- How **you** may complain should **you** have reason to.

Throughout this group **scheme** guide, certain words and phrases appear in bold. These have special medical or legal meaning and **you** will find these words defined in section 9 ('Glossary'). The glossary should help **you** understand the key terms. If **you** are still unsure of anything, please call the CignpostMe scheme helpline number on 0208 608 4285*.

Additionally, when **we** refer to '**you**' or '**your**' throughout this booklet, **we** mean any individual covered under the insurance **scheme** and named on **your** membership schedule.

Insurance Terms and Conditions

About the insurance and Capacity Insights

Capacity Insights, on behalf of Hamilton Insurance DAC, (referred to as the **insurer**) have agreed, in return for payment of the premium by **your employer**, to issue a **master policy** to **your employer** and hereby certify that the person(s) listed on each membership schedule is/are insured under the **master policy**, subject to all the terms, exclusions, conditions and provisions of this group **scheme** guide and any amendments to it.

The **benefits** described and the limits of liability as shown shall be payable, subject to the maximum amounts, exclusions, conditions, provisions, limitations and other terms of this group **scheme** guide. This group **scheme** guide alone constitutes the only agreement under which payments are made. This group **scheme** guide is issued as evidence of insurance only; it does not constitute a legal contract of insurance. The original of the **master policy** is held by **your employer** and it can be inspected at their offices.

This **scheme** is administered by Cignpost Advised Limited which is authorised and regulated by the Financial Conduct Authority. The Financial Services Register number for Cignpost Advised Limited is 304130. The registered address for Cignpost Advised is The Stables, Peper Harow, Godalming, England, GU8 6BQ.

This **scheme** is arranged by Capacity Insights, a trading name of Healix Insurance Services Limited, registered in England and Wales under No. 5484190. Healix Insurance Services Ltd is an approved cover holder at Lloyd's and is authorised and regulated by the Financial Conduct Authority under No. 437248.

This **scheme** is underwritten by Capacity Insights, a trading name of Healix Insurance Services Limited, on behalf of Hamilton Insurance DAC, the **insurer**, under Binding Authority Reference B0775RCB44324. Hamilton Insurance DAC, registered in Ireland No. 484148 at 2 Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in connection with their UK branch.

These details can be checked on the Financial Services Register by visiting www.fca.org.uk.

When you see the words “**we**”, “**us**” or “**our**” in this group **scheme** guide it means Capacity Insights on behalf of the **insurers**, Hamilton Insurance DAC.

Purpose

The CignpostMe Private Diagnostic Insurance **scheme** is designed to cover **you** for eligible **medically necessary diagnostic investigations** required to diagnose **eligible medical conditions**; and **outpatient or day case medically necessary treatment of an acute condition** at a **hospital** under the following circumstances:

- When **you** are continuously resident in the **United Kingdom (UK)** for at least 6 months of the year and **you** are registered with a **General Practitioner (GP)**;
- When a **General Practitioner (GP)**, or an optician (for eye **treatment** only) advises **you** that **you** need a referral to a **specialist** for eligible **diagnostic investigations** or minor **treatment**;
- When a dentist advises that **you** need a referral to a **specialist** for eligible surgical **dental treatment**;

Provided the charges incurred are for items covered by **your** insurance **scheme**, and subject to any limits in **your** table of **benefits** and the conditions shown in this group **scheme** guide and on **your** membership schedule;

- Until the **treatment** becomes long- term/chronic in nature.

Note: Cover is not provided for **diagnostic investigations** or **treatment** outside the **United Kingdom**, Channel Islands or Isle of Man; or for evacuation or repatriation needed as a result of sudden illness or injury whilst **you** are travelling overseas.

Please remember that this insurance **scheme** is not intended to provide **benefits** for all eventualities and is designed to complement services provided by the **NHS**. There will, therefore, be some **medical conditions** and/or **diagnostic investigations** or **treatments** that are excluded by this insurance **scheme** (see section 6).

Medical underwriting is provided on a Rolling Moratorium basis as explained below. Any underwriting terms which apply to **you** will be shown on **your** membership schedule. Equally, any **diagnostic investigation** or **treatment** covered under this insurance is limited to **hospitals** on **our** approved **hospital list**.

Please see the Optional Treatment Bolt-On wording which confirms the additional cover for **ongoing investigations and **treatment** provided under this **scheme**, subject to the same conditions above.*

Rolling moratorium underwriting

We will automatically exclude any **pre-existing medical conditions** for which **you** have had any symptoms (whether or not a diagnosis has been made), consultations, medication, monitoring, advice or **treatment** in the 5 years (10 years in respect of any cancerous and/or pre-malignant conditions) before **you** joined the insurance **scheme**. **We** will exclude these **pre-existing medical conditions** for a period of two continuous years after the **start date** of **your** insurance cover, also known as the moratorium period.

Subject to the **scheme** terms and conditions, a **pre-existing medical condition** can become eligible for cover providing that when **you** first receive **treatment** or undergo **diagnostic investigations**, **you** have not had any symptoms, consultations, medication, monitoring, advice or **treatment** for two continuous years after the **start date** of **your** cover.

However, **you** will still be subject to the general terms of the insurance cover, which means there is no cover for on-going, recurrent and long-term conditions (also known as **chronic conditions**) which are likely to need regular or periodic **treatment**, monitoring, medication or medical advice.

If **you** have had any symptoms, consultations, medication, monitoring, advice or **treatment** for the medical condition within the first two years of **your start date**, then the moratorium period is not satisfied and **you** will only be eligible for cover after there has been a continuous period of two years where **you** have not had any symptoms, consultations, medication, monitoring, advice or **treatment** for that condition.

Pre-authorisation

You must always call the claims helpline to pre-authorise **your diagnostic investigations** or **treatment**. **We** will help **you** to find a **specialist, hospital** or facility if required. The team can also ensure that **you** fully understand the extent of **your benefits** before **you** incur any **diagnostic investigation** or **treatment** costs with a **specialist** or **hospital**.

If **you** do not obtain authorisation from **us** before undergoing any **diagnostic investigations** or receiving **treatment**, **your** claim may be denied, and **you** will be liable for the costs **you** have incurred.

Note: In respect of **diagnostic investigations**, it is a condition of this insurance that the claims team shall reserve the right to choose the most appropriate and reasonable diagnostic facility for **you** to attend.

Approved hospitals

These are the private and **NHS hospitals** most frequently used by people with health insurance. Many of the **NHS hospitals** approved have dedicated private patient units. Please check the facilities that will be made available to **you**. In addition to these **hospitals, your** insurance also gives **you** access to some **NHS pay-beds** recognised by **us**. Altogether this will give **you** access to over 800 **hospitals** countrywide.

The Rolling Moratorium Underwriting, Pre-authorisation and Approved Hospital sections also apply to **ongoing investigations and medical **treatment** under the Optional Treatment Bolt-On if **you** have purchased it and cover is shown on **your** membership schedule.*



Section 2

Section 2 also applies to **ongoing investigations and **medical treatment** under the Optional Treatment Bolt-On if **you** have purchased it and cover is shown on **your** membership schedule.*

Making a claim

Please read this carefully before **you** commit yourself to any costs and follow the step-by-step guide when claiming. If **you** are unsure about whether or not **you** are covered, please contact **us** on 0208 608 4285* and **we** will be happy to advise **you**.

To ensure **your** claim proceeds smoothly, always visit a **GP** (or dentist, optician or occupational health physician) first so they can confirm that **you** require **diagnostic investigations** or **treatment** and also whether the **diagnostic investigations** or **treatment** could be provided by the **NHS** quickly, in which case they can arrange this for **you**.

If a **GP** (or dentist or optician) is unable to arrange **your** proposed **diagnostic investigations** or **treatment** on the **NHS**, **you** can ask them to refer **you** for private **diagnostic investigations** or **treatment**.

In respect of **diagnostic investigations**, it is a condition of this insurance that the claims team shall reserve the right to choose the most appropriate and reasonable diagnostic facility for **you** to attend. **You** must call **our** claims team before arranging or receiving any **treatment** and **we** will confirm:

1. Whether costs for **your** proposed **diagnostic investigations**, **treatment**, **specialist** or **treatment** facility will be covered under the insurance;
2. Any limits that may apply to the **benefits** provided; and
3. If the **diagnostic investigations** or **treatment** cost will be subject to a deduction in respect of **your excess**.

IMPORTANT NOTE: Some **therapeutic actions** are routinely performed during **diagnostic investigations**. For example, during arthroscopies, gastroscopies, colonoscopies, laparoscopies and angiograms. In some cases, these **therapeutic actions** may result in the maximum **benefit** limit on this insurance being exceeded. It is **your** responsibility to discuss potential procedures with the claims team and **your specialist** to clarify potential costs in advance of any investigations and to obtain pre-authorisation for these **therapeutic actions**.

We will treat **your** call to **us** as the start of the claims process or when **we** are notified that **you** are about to undergo **diagnostic investigations** or receive **your** consultation or **treatment** (whichever happens first). In some cases, **we** may be notified of this by **your specialist**, **treatment** facility or other healthcare provider.

If **we** require **you** to provide additional claims documentation or evidence, **we** will advise **you** of this. For example, **we** may ask **you** for one or more of the following:

- Medical reports and other information about the **diagnostic investigations** or **treatment** for which **you** are claiming;
- Results of an independent medical examination we may ask you to undergo. **We** will pay for the cost of any independent medical examination **we** require **you** to have as part of the assessment of **your** claim. **You** are required to co-operate with any **specialist** appointed by **us** or **you** may invalidate **your** claim;
- Original accounts and invoices in connection with **your** claim, including any related to **diagnostic investigations** or **treatment** costs covered by **your excess**.

Our claims team will liaise with **you** and **your** medical **specialist** throughout **your** **diagnostic investigations** or **treatment** and will request medical information as and when required to process **your** claim. **You** will be asked for **your** consent before **we** do this. As **you** undergo **treatment**, **we** will make **you** aware of the options that are open to **you**. If **your** medical **specialist** recommends **treatment**, **you** should contact **us** as soon as possible to be sure that the **treatment** is covered.

Subrogation

In the event of any payment of any claim under **your** insurance where the injury or **medical condition** was caused by a third party, **we** may nominate any person or company to be subrogated to all rights of recovery. This means if **benefits** are claimed under this insurance **scheme** **we** shall, at **our** own expense, have the right to pursue such claims in **your** name, in any way **we** consider fit.

We will ask **you** to sign and deliver all documents and do whatever else is necessary to secure such subrogated rights to **us** or **our** nominated party.

You must not admit liability for any eventuality or give any undertaking which is binding upon **you** under this insurance **scheme**.

You must co-operate with all reasonable requests in this respect and advise **us** of any amount **you** recover directly from the third party. **We** may also ask **you** to assist **us** to recover from the person at fault (such as through their insurance company) the cost of **diagnostic investigations** or **treatment** paid for by **us**; and claim interest if **you** are entitled to do so.

Claiming with joint or dual insurance

If **you** have more than one insurance, a cash plan or any other type of healthcare protection scheme that may cover the costs of **diagnostic investigations** or **treatment**, this must be disclosed to **us** at the time of claiming. **You** must tell **us** if **you** think any of the cost of the **diagnostic investigations** or **treatment** or **benefits you** have claimed from **us** can be claimed from any other insurance **you** hold and **we** will only pay **our** proportion of the costs claimed.

We need to be made aware of this information because **we** must liaise with all other parties to ensure that the total amount paid out by all parties does not exceed the total cost of **your diagnostic investigations** or **treatment**.

How your claim will be settled

In most cases, provided **you** have contacted **us** to pre-authorise **your diagnostic investigations** or **treatment**, **we** will settle all approved bills (subject to the **excess** applicable and up to agreed limits) directly with **your medical specialist** or **hospital**.

We will inform **you** in writing of any outstanding amounts **you** may be required to pay, which may normally be in respect of an **excess** or shortfall of an invoice. In the rare event that **you** pay for pre-authorised **diagnostic investigations** or **treatment**, **you** must send all bills or invoices to **us** within six months of the date of **your diagnostic investigations** or **treatment** along with **your** bank account details for **us** to reimburse **you** by bank transfer. **We** will only accept original bills; **we** cannot accept photocopies or originals with alterations on them. Failure to submit original invoices within six months of the date of **diagnostic investigations** or **treatment** will result in the claim being denied.

Please note that it is not unusual for alternative or complementary **therapists** to request full payment at the point of **treatment**.

We will pay claims under the following conditions:

- Subject to **you** contacting **us** prior to **diagnostic investigations** or **treatment** and **us** pre-authorising those **diagnostic investigations** or **treatment**;
- In accordance with the rules and **benefits** of the insurance **scheme** that applied to **you** on the date **you** underwent **your diagnostic investigations** or received **your treatment**;
- Subject to the **diagnostic investigations** or **treatment** being received during the **scheme year**;
- Only pay eligible costs incurred by **you** for **diagnostic investigations** or **treatment you** receive;

- Only pay for **diagnostic investigations** or **treatment** costs that are **reasonable and customary**;
- Only pay where **you** have acted in a reasonable manner to minimize **our** costs and have cooperated fully with **our** claims process.

Excess

Please read this section if **you** have an **excess** applicable to **your** insurance cover. The **excess** will be applied to the first eligible claim made by **you** in each **scheme year** unless otherwise stated.

If **your** insurance **scheme** includes an **excess**, **you** will be notified of:

- The amount;
- Who it applies to;
- The type of **diagnostic investigations** or **treatment** it will be applied to; and
- The period for which the **excess** applies.

If **you** think **you** may require **diagnostic investigations** or **treatment** and are unsure whether an **excess** does apply, please contact the claims helpline.

Paying your excess

If an **excess** is applicable to any **diagnostic investigations** or **treatment** that **we** have pre-authorized, **you** will need to pay that **excess** directly to the healthcare provider and **we** will then pay **benefits** to that healthcare provider less the amount of **excess** applicable, subject to cover under the terms of the insurance **scheme**.

Fraudulent claims or misleading information

If any claim made by **you** or anyone acting on **your** behalf under this insurance is fraudulent, deliberately exaggerated or intended to mislead, **we** may:

- not pay **your** claim; and
- recover (from **you**) any payments **we** have already made in respect of that claim; and

- terminate **your** insurance from the time of the fraudulent act; and
- inform the police of the fraudulent act.

If **your** insurance is terminated from the time of the fraudulent act, **we** will not pay any claim for any incident which happens after that time and may not return any of the insurance premium(s) already paid.

The Claims Team

Contacting us

We have a team of claims assessors available to help **you**, who can be contacted on the helpline number below:

Tel: 0208 608 4285*

Please call the CignpostMe claims helpline between 8am-7pm Mon to Fri (excluding bank holidays) or 9am-1pm Saturday.

Telephone calls to and from the claims team are recorded for the purposes of quality and training.

Any claims related correspondence should be sent to:

Post:

CignpostMe Private Diagnostic Insurance
Claims administration department
Healix House, Esher Green, Esher, Surrey, KT10 8AB

Email: cignpostmePDI@claims-team.com



How to claim

GP referral to specialist

Call the helpline on
0208 608 4285*

The claims coordinator will advise you on cover available. If you have cover, they will authorise your initial consultation, diagnostic investigations, initial assessment or physiotherapist.

Attend for initial consultation, diagnostic investigations or treatment.

Provide claims documentation and supporting evidence where this is requested in order to assess your claim.

If you have settled any costs yourself, submit original invoices for reimbursement.

If any further investigations or consultations are required, please call the helpline in order to obtain further authorisation of costs or treatment.

Section 3

What is covered

Your CignpostMe Private Diagnostic Insurance **scheme** covers:

A) Private Diagnostic Investigations

Cover under this section is for the cost of eligible **medically necessary outpatient** or **day case diagnostic investigations** required to diagnose **eligible medical conditions** arising after **you** joined the insurance **scheme**, up to the individual section limits and overall annual **scheme** limits as shown in the table of **benefits** in Section 4.

B) Private Outpatient or Day Case Treatment

Cover under these sections is for the cost of eligible **medically necessary outpatient** or **day case treatment** for **eligible medical conditions** up to the individual section limits and overall annual **scheme** limits as shown in the table of **benefits** in Section 4.

Cover and reimbursement

We will pay for eligible:

- a) **diagnostic investigations** with a **specialist** following a referral from a **GP**;
- b) minor **treatment** charges made by a **specialist** or **complementary practitioner** when **you** are referred to one by a **GP** or dentist;
- c) minor **treatment** charges made by a clinical practitioner when **you** are referred to one by the treating **specialist**.

We will provide full reimbursement of **specialists'**, **complementary practitioners'** and clinical practitioners' fees which are charged within the range that is **reasonable and customary** for that service, subject to any **excess** due or **benefit** limits of this insurance **scheme**. This means that **we** will pay the eligible charges made by most **specialists**, complementary practitioners and clinical practitioners in full. If necessary, **we** will delay paying the claim until **we** are satisfied that the charges are appropriate.

Our schedule of fees will be applied to professional fees including surgeon's and anaesthetist's fees.

Where **you** are charged more than is **reasonable and customary**, **we** will limit benefits to the **reasonable and customary** charge for the service provided. If **benefits** are limited and the provider is not paid in full, **you** will be notified by **our** team of advisors.

Some **specialists, complementary practitioners** and clinical practitioners may ask **you** to pay the difference when this occurs.



Section 4

Summary Table of Benefits

		Standard	Enhanced
	Overall limit (per person per scheme year)	£5,000	£10,000
	Part A: Private Diagnostic Investigations		
A1	Outpatient or day case diagnostic investigations and diagnostic consultations with a specialist	Full refund	Full refund
A2	MRI, CT and PET scans	Full refund	Full refund
	Part B: Private Outpatient and Day Case Treatment	Standard	Enhanced
	Section limit (per person per scheme year)	£500	£1,000
B1	Day case or outpatient treatment and ongoing consultations with a specialist	Full refund	Full refund
B2	Outpatient physiotherapy following GP referral	Nil	Full refund up to 12 sessions per eligible medical condition*
	Outpatient physiotherapy following specialist referral	Nil	Full refund for unlimited sessions per eligible medical condition*
B3	Outpatient alternative and complementary therapy following GP or specialist referral	Nil	Full refund up to 12 sessions per eligible medical condition
B4	Specialist fees for day case and outpatient hospital treatment and surgical procedures	Full refund	Full refund
B5	Hospital charges for day case treatment and surgical procedures	Full refund	Full refund
B6	Hospital charges for outpatient treatment and surgical procedures	Full refund	Full refund

*with an approved network physiotherapist

Please note: Under Part B, the total limit per **scheme year** is £500 for Standard Cover and £1,000 for Enhanced Cover. A full refund is provided only when the costs of **diagnostic investigations** or **treatments** are considered **reasonable and customary**.

Section 5

Benefits explained

This section aims to explain some of the **benefits** in more detail. If **you** are still not sure of **your** level of cover, **you** should call us on 0208 608 4285* and we will be happy to advise **you**.

Part A - Private Diagnostic Investigations

Section A1 - Outpatient or day case diagnostic investigations and diagnostic consultations with a specialist

We will pay up to the **benefit** limit shown in the table of **benefits** for **outpatient** or **day case diagnostic investigations** for **eligible medical conditions**; and **reasonable and customary** fees for diagnostic consultations, relating to **eligible medical conditions**, with a **specialist** following a referral from a **GP**.

Section A2 - MRI, CT & PET scans

We will pay up to the **benefit** limit shown in the table of **benefits** for MRI, CT and PET scans when requested by **your specialist** to help determine or assess **your eligible medical condition**.

Part B - Private Outpatient and Day Case Treatment

Section B1 - Outpatient or day case treatment and ongoing consultations with a specialist

We will pay up to the **benefit** limit shown in the table of **benefits** for **outpatient** or **day case treatment** for **eligible medical conditions**; and **reasonable and customary** fees for ongoing **outpatient** consultations with a **specialist** for **eligible medical conditions** following a referral from a **GP**.

Section B2 - Outpatient physiotherapy (covered on the Enhanced Plan only)

We will pay up to the **benefit** limit shown in the table of **benefits** for **outpatient** physiotherapy for **eligible medical conditions**, following **GP** referral into **our** approved physiotherapy network, up to a maximum of 12 sessions per **medical condition** in any one **scheme year**. The 12-session limit will not apply following referral into **our** approved physiotherapy network by **your specialist**.

For assistance in finding a network **physiotherapist**, please contact the helpline and a member of the team will help **you** find one at a location convenient to **you**. **We** will then pre-authorise the costs of an initial assessment followed by three further sessions if **medically necessary**.

If further sessions are required then pre-authorisation must be requested in advance of **treatment**.

Section B3 - Outpatient alternative or complementary therapies (covered on Enhanced Plan only)

We will pay up to the **benefit** limit shown in the table of **benefits** for **outpatient** alternative or complementary therapy (acupuncture, chiropractic, homeopathy and osteopathy) for **eligible medical conditions** following a referral from a **GP** or **specialist** to a **complementary practitioner** recognised by **us** for this type of **treatment**. **We** will pay for up to a maximum of 12 sessions for each **eligible medical condition** in any one **scheme year**.

Section B4 - Specialist fees for day case and outpatient hospital treatment and surgical procedures

We will pay up to the **benefit** limit shown in the table of **benefits** for **specialist** fees for **day case** and **outpatient treatment** and **surgical procedures** for **eligible medical conditions**. **Surgical procedures** are only covered if they do not require a general or epidural anaesthetic and are scheduled to be completed in a single procedure of less than 3 hours.

Section B5 - Hospital charges for day case treatment and surgical procedures

Hospital charges for **day case surgical procedures** are only covered if they do not require a general or epidural anesthetic and are scheduled to be completed in a single procedure of less than 3 hours.

We will pay up to the **benefit** limit shown in the table of **benefits** for **hospital** charges relating to **day case diagnostic investigations, treatment** or **surgical procedures** of **eligible medical conditions** including:

- Accommodation and nursing;
- Operating theatre and recovery room;
- Prescribed medicines, drugs and dressings;
- A device which is a necessary part of the **treatment** immediately following an eligible **surgical procedure** - for example, a knee brace following ligament surgery;
- A prosthesis or device which is inserted during an eligible **surgical procedure**;
- Pathology, radiology, **diagnostic investigations**, MRI, CT and PET scans;

- Physiotherapy received during **day case treatment**.

Section B6 - Hospital charges for outpatient treatment and surgical procedures

Hospital charges for **outpatient surgical procedures** are only covered if they do not require a general or epidural anesthetic and are scheduled to be completed in a single procedure of less than 3 hours.

We will pay hospital charges for outpatient treatment and surgical procedures for eligible medical conditions not requiring a stay in a **hospital bed**; and prescribed medicines, drugs and dressings used during an **outpatient** appointment.



Section 6

What is not covered - exclusions explained

The purpose of this insurance scheme is to help **you** with the costs of **diagnostic investigations** and private **outpatient** or **day case treatment** (and **ongoing investigations** and **treatment** where **you** have purchased the Optional Treatment Bolt-On and cover is shown on **your** membership schedule) for an **acute condition**, not to control or treat a long term (**chronic**) condition.

The extent of cover available under this insurance **scheme** is as defined in this group **scheme** guide.

There are certain **medical conditions**, **diagnostic investigations** and **treatments** that are not covered under **your** insurance **scheme**. If **you** are unsure about anything in this section, please call on 0208 608 4285* for confirmation before **you** incur any costs.

We will not pay for claims arising directly or indirectly from:

Accident and emergency services

Emergency **diagnostic investigations** or **treatment** which includes any immediate care until stabilisation is achieved. Includes the:

- Cost of emergency **diagnostic investigations** or **treatment** in a private walk-in centre, accident and emergency department or clinic;
- Cost of **diagnostic investigations** or **treatment** in an intensive care or high dependency unit if **you** have been transferred specifically to receive this care;
- Costs of the transfer to a private facility specifically to undergo **diagnostic investigations** or receive **treatment** in an intensive care or high dependency unit.

Addictive conditions or disorders

Diagnostic investigation or **treatment** for any condition arising from any:

- Addictive condition or disorder;
- Misuse of drugs or alcohol;
- Substance or solvent abuse whether or not it is related to prescription medicines.

Ageing, menopause and puberty

Diagnostic investigations or **treatment** to assess or to relieve symptoms commonly associated with or caused by ageing, puberty or other natural physiological cause.

Allergic conditions

Diagnostic investigations or **treatment** to determine, desensitise or neutralise any allergic condition or disorder.

Birth control, contraception, sexual dysfunction and gender incongruence or dysphoria

Includes:

- Any diagnostic investigations or **treatment** needed because of male or female birth control, including sterilisation or reversal of same, termination of pregnancy, sexual problems (including impotence) whatever the cause;
- Infertility or any type of **diagnostic investigations** into or **treatment** of infertility or any pregnancy arising from any fertility **treatment**;
- Assisted reproduction, surrogacy, harvesting of donor eggs or donor insemination;
- **Treatment** related to or arising from gender incongruence or gender dysphoria. This includes but is not limited to psychological therapy, gender confirmation surgery and feminisation or masculinisation procedures.

Cancer treatment

Cancer treatment of any kind unless **you** have purchased the Optional Treatment Bolt-On and cover is shown on **your** membership schedule.

Chronic conditions

The ongoing **diagnostic investigation** or **treatment** of chronic conditions. However, **we** will pay for:

- The initial **diagnostic investigations** to establish a diagnosis;
- The **diagnostic investigation** or **treatment** of **acute conditions*** related to the **chronic condition**.

*Many **chronic conditions** are of a relapsing and remitting nature, requiring management of recurrent episodes where symptoms deteriorate. For example, multiple sclerosis, crohn's disease, psoriasis etc. The relapses are part of the normal illness course and therefore cannot be classed as acute complications of the disease and are not eligible for **benefit**.

Please note: At the time of **your diagnostic investigations** or **treatment** it may not always be clear that **your** condition is chronic, however when it becomes clear that **your** condition is chronic, **we** are not obliged to continue paying the ongoing costs of **diagnostic investigations** or **treatment**, even where **we** have previously paid for these.

Complications from excluded/ restricted medical conditions or treatment

Diagnostic investigation or **treatment** which arises from or is related to complications from any exclusion listed in this group **scheme** guide.

Congenital abnormalities or conditions

Diagnostic investigation or **treatment** for abnormalities which **you** have had from birth except for emergency operations carried out within 14 days of birth. For example, **we** do not pay for **diagnostic investigations** or **treatment** related to tongue-tie or cleft lip palates.

Convalescence, rehabilitation and general nursing care

Private **hospital** accommodation if it is used for any other purpose other than to receive eligible **treatment** and not for convalescence, rehabilitation or supervision.

Cosmetic surgery or treatment, or any treatment relating to previous cosmetic or constructive treatment

Any **diagnostic investigations** in advance of, or **treatment** involving, plastic or reconstructive surgery, or scar revision (including keloid scarring), even when required for mental health reasons, unless it is **medically necessary** as a direct result of **you** having an accident or because of other surgery (or **cancer** if **you** have purchased the Optional Treatment Bolt-On and cover is shown on **your** membership schedule) which itself would have been covered under the insurance **scheme**.

We will only pay if this was part of the original eligible **treatment** from the accident and **you** have obtained **our** written authorisation before receiving the **treatment**.

We will not pay for removal of fat or surplus tissue from any part of the body; breast enlargement or reduction; or any **treatment** or procedure to change the shape or appearance of **your** breast(s) whether or not it is required for medical or mental health reasons, for example back ache or enlarged breasts in males.

Criminal action or illegal activity

Diagnostic investigations or **treatment** required as a direct or indirect consequence of any criminal action or illegal activity.

Deafness

Diagnostic investigations or **treatment** for or arising from deafness caused by a **congenital abnormality**, maturing or ageing.

Dental or oral treatment (such as fillings, gum disease or jaw shrinkage)

Dental and oral **diagnostic investigations** or **treatment** except for the provisions detailed below under 'Exception'.

We do not pay for:

- Routine visits to a dentist;
- Visits to a hygienist;
- Consultations, **diagnostic investigations** or **treatment** with dental **specialists** such as periodontists, orthodontists, and endodontists;
- Cosmetic dental **diagnostic investigations** or **treatment** including but not restricted to dental whitening and implants;
- Dental or oral **diagnostic investigations** or **treatment** including but not restricted to fillings, simple extractions, treatment of gum disease and fissure sealants;
- Any work that includes the use of precious metal or stones including but not limited to fillings, caps and crowns;
- Inlays and veneers (whether composite, porcelain or precious metal or stones);
- Repair to chipped teeth on a solely cosmetic basis;
- Separate charges for dietary advice;
- Resin bonding to improve appearance of teeth;
- Dental products including but not restricted to mouthwash, toothpaste, toothbrushes, dental floss and mouth guards;
- Prescription medication and over the counter medications advised by the dentist including but not limited to ibuprofen/nurofen/paracetamol.

Exception: **we** will pay for surgical operations carried out by **your specialist** to:

- Put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident;
- Treat irreversible bone disease involving the jaws which cannot be treated in any other way, but not if it is related to gum disease, tooth disease or damage;
- Surgically remove a complicated, buried or impacted tooth root, for example an impacted wisdom tooth.

Diagnostic investigations or treatment that are not based on a referral route, place of treatment or type of treatment that is covered by the insurance scheme

Treatment that has not been referred by:

- A **GP**;
- An optician for eye **treatment**;

- **Diagnostic investigations** that have not been referred by a **GP** or MRI, CT or PET scans that have not been referred by a **specialist**.

Dialysis

Dialysis except for the provisions detailed below under 'Exception'. **We** do not pay for:

- **Diagnostic investigations** or **treatment** for or associated with kidney dialysis (haemodialysis), meaning the removal of waste matter from **your** blood by passing it through a kidney machine or dialyser;
- **Diagnostic investigations** or **treatment** for or associated with peritoneal dialysis, meaning the removal of waste matter from **your** blood by introducing fluid into **your** abdomen which acts as a filter.

Exception: **We** will pay for **eligible treatment** for short-term kidney dialysis or peritoneal dialysis if the dialysis is needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of **your** body, if the kidney failure is reversible.

Exceeding your cover

Any **diagnostic investigation** or **treatment** that is not specified in the table of **benefits** (or in the Optional Treatment Bolt-On wording if **you** have purchased this cover and cover is shown on **your** membership schedule) and has not been pre-authorized by **us**.

Experimental diagnostic investigations, drugs and treatment

Diagnostic investigations or **treatments** including medication and medical procedures, which in **our** reasonable opinion are experimental or not yet approved by the National Institute for Clinical Excellence; are being researched; or do not yet have sufficient peer-reviewed evidence to conclude that:

- The harmful effects are outweighed by the beneficial effects;
- They are likely to lead to the same or better outcomes than available alternatives;
- They are based on established medical practice in the **United Kingdom**.

Eyesight correction

Diagnostic investigations or **treatment** to assess or correct **your** sight, for example long or short sight or failing eyesight due to ageing, or to change the refraction of one or both eyes.

We do not pay for routine eye examinations, contact lenses, spectacles or laser eye procedures such as refractive keratotomy (RK) and photorefractive keratectomy (PRK).

We do not pay for ongoing or long-term **treatment** of eye conditions. This includes but is not

limited to: glaucoma, diabetic retinopathy, occlusion therapy for squint, astigmatism, myopia, amblyopia.

GP charges

Including administration and completion of forms, medical reports, consultations, visits or any MRI, CT or Pet scans or **treatment** under the supervision of a **GP**.

Health hydros, nature cure clinics, spas, rehabilitation centres (private or NHS) or private beds in a nursing home.

Diagnostic investigations, treatment or charges incurred in nature cure clinics, health hydros, spas or similar establishments, even if they are registered as, or part of a listed **hospital**, including private beds registered as a nursing home in these places or any form of respite care and **inpatient** stays for domestic reasons.

Hormone replacement therapy or bone densitometry

Hormone replacement therapy (HRT) or bone densitometry unless the bone densitometry is recommended by a **specialist** to help determine or assess **your** condition as part of eligible **diagnostic investigations** or **treatment** which **we** have agreed in writing and in advance. **We** will require full clinical details from **your specialist**.

Intensive care

Treatment in a private **hospital** or any **NHS hospital** for ITU (Intensive Therapy Unit) or ICU (Intensive Care Unit) **treatment** unless the **treatment** immediately follows and is required as a result of eligible pre-authorized **treatment** for which **we** have provided written confirmation that **benefits** will be payable.

Maximum benefit limits

Charges over and above the maximum sum insured per person per **scheme year**.

Mental Health Conditions

Charges in respect of **mental health conditions** other than under Section A – Diagnostic Investigations only (and for **ongoing investigations** and **treatment** where **you** have purchased the Optional Treatment Bolt-On and cover is shown on **your** membership schedule).

Neurodevelopmental disorders

Diagnostic investigations or **treatment** which is in any way related to adult or childhood neurodevelopmental disorders including but not limited to emotion, language processing,

learning ability and memory, autism spectrum disorder, ADHD and dyslexia.

Nuclear, chemical and biological contamination

Any expenses or costs arising directly or indirectly as a result of:

- ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste created by the combustion of nuclear fuel;
- the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
- the mass public release of any chemical or biological agent.

Obesity

Weight loss **diagnostic investigations** or **treatment** required as a result of obesity.

Pandemic or epidemic disease

We do not pay for **diagnostic investigations** or **treatment** for or arising from any pandemic or epidemic disease. By pandemic **we** mean the worldwide spread of a disease with epidemics occurring in many countries and most regions of the world. By epidemic **we** mean more cases of a disease than would be expected for that disease in that area at that time.

Personal comfort and convenience items

Personal comfort and convenience items or services such as television, telephone costs, newspapers, taxi fares, guest meals and similar incidental services and supplies.

Physical aids and devices

Physical aids and devices including but not limited to hearing aids, spectacles, contact lenses, crutches, walking sticks, wheelchairs, body braces and orthotics.

Pre-existing medical conditions

All cover is underwritten on a Rolling Moratorium basis. This means that **diagnostic investigation** or **treatment** for any disease, illness or injury or related **medical condition**, whether diagnosed or not, for which **you** have had any symptoms (whether diagnosed or not), consultations, medication, monitoring advice or **treatment** in the 5 years (10 years in respect of any cancerous and or pre-malignant conditions) before **you** joined the insurance **scheme**, will not be covered until **you** have not had any symptoms (whether or not a diagnosis has been made), consultations, medication, monitoring, advice or **treatment** for these **medical conditions** for a continuous period of two years after the **start date** of **your** insurance **scheme**.

You should not delay seeking medical advice or **diagnostic investigation** or **treatment** for a

pre-existing condition simply to obtain cover under the **scheme**.

Pregnancy and childbirth

Diagnostic investigations or **treatment** for, or any condition arising from pregnancy, childbirth or termination of pregnancy except where childbirth complications arise. This includes conditions such as:

- Pre-eclampsia;
- Eclampsia;
- Pregnancy induced hypertension;
- **Treatment** of an embryo or foetus.

Exception: We will pay for **diagnostic investigation** or **treatment** of the following conditions:

- Miscarriage or when the foetus has died and remains within the placenta in the womb;
- Threatened miscarriage;
- Stillbirth;
- Hydatidiform mole (abnormal cell growth in the womb);
- Ectopic pregnancy (foetus growing outside the womb);
- Post-partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth);
- Retained placental membrane (afterbirth left in the womb after delivery of the baby);
- **Medically necessary** caesarean section delivery;
- Gestational diabetes;
- Complications following any of the above conditions.

However, **we** need full clinical details from **a specialist** before **we** can give **our** decision.

Screening and preventative treatment

We do not pay for any form of genetic or health testing or screening or **diagnostic investigations**, such as routine tests or health checks; or **preventative treatment**, procedures or medical services where no symptoms are present, other than as specifically defined in the Optional Treatment Bolt-On if **you** have purchased this and cover is shown on **your** membership schedule.

Self inflicted injuries

We do not pay for any **diagnostic investigations** or **treatment** required directly or indirectly as a result of a self- inflicted illness or injury or suicide attempt.

Sexually transmitted disease

Diagnostic investigations or **treatment** which is in any way related to a sexually transmitted disease.

Sleep problems and disorders

Treatment arising from sleep problems or disorders such as sleep apnoea, snoring or any other sleep-related breathing problem. This includes any **diagnostic investigations** such as sleep studies.

Specified cover

Any **diagnostic investigations** or **treatment** that is not specified in the table of **benefits** or detailed in the Optional Treatment Bolt-On wording if **you** have purchased this and cover is shown on **your** membership schedule.

Speech disorders

Diagnostic investigations or **treatment** for or relating to any speech disorder such as stammering. However, **we** may pay for short term speech therapy which is **medically necessary** immediately following eligible **inpatient treatment** if **you** have purchased the Optional Treatment Bolt-On and cover is shown on **your** membership schedule. The speech therapy must be recommended by a **specialist** in charge of **treatment**.

Sports injuries

Diagnostic investigations or **treatment** required as a consequence of injury sustained whilst training for, or participating in, sport for which **you** receive payment or sponsorship (other than travel costs); or **diagnostic investigations** or **treatment** arising from participation in hazardous or dangerous sports, such as mountaineering or rock climbing, hang gliding, parachuting, bungee jumping, pot-holing, racing of any kind, winter sports, underwater activities and flying (except as a fare-paying passenger on a commercial aircraft).

If **you** are unsure as to whether an activity would be deemed as hazardous or dangerous, please contact support@cignpost.com for prior approval.

Temporary relief of symptoms

Treatment intended to provide temporary relief of symptoms or for the ongoing management of a condition.

Transplants

Surgery or **treatment** except for the provisions detailed below under 'Exception'.

We do not pay for:

- Any form of transplant surgery, **treatment** or complications related to, or resulting from, this type of surgery.
- any costs relating to autologous, allogenic or syngeneic bone marrow donation including removal, transportation, storage or reintroduction of any stem cells and any **treatment** associated with this.

Exception: We will pay for skin or corneal grafts when eligible for **benefit**.

Unauthorised, malicious or criminal acts

Any loss, damage, liability or expense directly or indirectly caused by or contributed to, or arising from the use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme, malicious code, computer virus or process or any other electronic system.

Unnecessary/unreasonable investigations or medical treatment

Diagnostic investigations or **treatment** costs which **we** do not deem to be **reasonable and customary** and/or **diagnostic investigations** or **treatment** which in **our** view is being undertaken solely at **your** request or does not fall within **our** definition of **medical necessity/medically necessary**.

Unpaid premium or cover ceased

Charges relating to **diagnostic investigations** or **treatment** carried out after **your** cover has ceased or where premium has not been paid.

War and terrorism

Any expenses or costs arising directly or indirectly as a result of war, invasion, acts of foreign enemies, hostilities (whether war declared or not), civil war, terrorism, rebellion, revolution, insurrection, military or usurped power.

Section 6 also applies to **ongoing investigations and medical treatment under the **Optional Treatment Bolt-On** if **you** have purchased it and cover is shown on **your** membership schedule.*

Section 7

Your scheme explained

When does cover start?

Your cover starts on the day **you** join the insurance **scheme** as shown on **your** membership schedule subject to any qualifying conditions that may be set by **your employer**.

If **your employer** agrees, **you** may apply to include **your** spouse, common law or civil partner who is aged between 16 and 74 years at the **start date** of cover and unmarried dependent children under the age of 18 (or under 26 if in full time education and living with parents/guardians outside term time), at the **start date** of cover.

Your dependants' cover starts on their **start date**. **Your start date** and **your dependants' start date** may not be the same.

Cover for a newborn baby

If **your employer** agrees, **you** may apply to include **your** newborn baby under the insurance **scheme** and cover will be subject to all the terms, conditions and exclusions of the insurance **scheme**.

Renewal of your insurance scheme

The renewal of **your** membership is subject to **your employer** renewing **your** membership under their agreement with **us**. The insurance **scheme** will continue for the period shown in the agreement. It may continue after that if **we** and **your employer** agree.

When does cover end?

Cover will normally end for **you** and **your dependants** in the following situations:

- If **your** employment with **your employer** has come to an end for any reason;
- If **you** pass away;
- If for any reason **you** or **your employer** ask **us** to end cover.
- If **you** no longer live full-time in the **United Kingdom**;
- If **your employer** does not pay the premium owed under the agreement;
- If the agreement between **us** and **your employer** is terminated.

Cover will end for a **dependant**:

- If they pass away;

- If they are no longer eligible under this insurance **scheme**;

Even if **diagnostic investigations** or **treatment** have been authorised, **we** will not be held responsible for any costs if the insurance **scheme** then terminates or **your employer** cancels the insurance **scheme** and **diagnostic investigations** or **treatment** have not yet taken place.

Giving us all the important information

When **we** accept **your** membership of this insurance **scheme**, **we** will rely on the information **you** give. **You** must take reasonable care to provide answers to the questions asked and ensure that all information provided is accurate and complete. If the information provided by **you** is not complete and accurate, the extent of cover may be affected and:

- **we** may cancel **your** membership and refuse to pay any claim; or
- **we** may not pay any claim in full.

We will write to **you** or **your employer** if **we**:

- intend to cancel **your** membership;
- need to amend the terms of **your** cover;
- require **you** to pay more for **your** insurance cover.

If **you** become aware that information **you** have given **us** is inaccurate, **you** must inform **us** as soon as possible.

Sanctions

The **insurer** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any **benefit** under this insurance **scheme** to the extent that the provision of such cover, payment of such claim or provision of such **benefit** would expose the **insurer** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

Cancelling your cover

The insurance **scheme** can be cancelled by **us** or **your employer**. **You** or **your employer** can apply to end **your** membership or the membership of **your dependants** at any time by writing to:

CignpostMe Private Diagnostic Insurance

The Stables, Peper Harow, Godalming, England, GU8 6BQ

Email: support@cignpost.com

If **your** membership ends, the membership of all **your dependants** will also end.

Changes to the scheme's conditions

The terms and conditions of **your** insurance **scheme**, including **your benefits**, may be changed from time to time when agreed between **your employer** and **us**. No other person or third party shall be allowed to make or confirm any changes to **your** membership or **your benefits** on **our** behalf or decide not to enforce any of **our** rights. Equally, no change to **your** membership or **your benefits** will be valid unless it is specifically agreed between **your employer** and **us** and confirmed in writing.

If the insurance **scheme** changes because of new laws, **we** will write and tell **your employer**.

In all other circumstances, **we** will give the following notice:

- For any changes to the insurance **scheme** conditions, or ending the insurance **scheme**, **we** will give **your employer** at least 28 days' notice in writing. The change will take place, or the insurance **scheme** will end, at the **annual renewal date**.

Interpreting scheme rules

This group **scheme** guide is subject to English Law. Words and phrases which have special meanings are defined in section 9 of this document and are shown in bold throughout the document.

Data Protection and Privacy

Hamilton Insurance DAC, the Data Controller, is committed to protecting and respecting **your** privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which the **insurer** processes **your** personal data, for more information please visit www.hamiltongroup.com.

How the insurer uses your personal data and who they share it with

The **insurer** may use the personal data they hold about **you** for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal terms, research or statistical purposes and to provide **you** with information, products or services that **you** request from them or which they feel may interest **you**. The **insurer** will also use **your** data to safeguard against fraud and money laundering and to meet their general legal or regulatory obligations.

Sensitive personal data

Some of the personal information, such as information relating to health or criminal convictions, may be required by the **insurer** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for them to be able to provide insurance or manage a claim. Such data will be used only for the specific purposes set out in this notice.

Disclosure of your personal data

The **insurer** may disclose **your** personal data to third parties involved in providing products or services to them, or to service providers who perform services on their behalf. These include the **insurer's** group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

International transfers of data

The **insurer** may transfer **your** personal data to destinations outside the European Economic Area ("EEA"). Where they transfer **your** personal data outside of the EEA, they will ensure that it is treated securely and in accordance with the Legislation.

Your rights

You have the right to ask the **insurer** not to process **your** data for marketing purposes, to see a copy of the personal information they hold about **you**, to have **your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask the **insurer** to provide a copy of **your** data to any controller and to lodge a complaint with the local data protection authority.

Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with the **insurer's** data retention policy. In most cases the retention period will be for a period of ten (10) years following the expiry of the insurance contract unless they are required to retain the data for a longer period due to business, legal or regulatory requirements. If **you** have any questions concerning the **insurer's** use of **your** personal data, please contact The Data Protection Officer, Hamilton Insurance DAC - please visit www.hamiltongroup.com for full address details.

Capacity Insights

Capacity Insights are a joint Data Controller and are equally committed to protecting and

respecting **your** privacy in accordance with the current Data Protection Legislation (“Legislation”). For more information please visit www.capacityinsights.co.uk/privacy-policy/.

If **you** have any concerns, a complaint or any request regarding Capacity Insights’ use of **your** personal data, please contact: The Data Protection Officer, Capacity Insights, Healix House, Esher Green, Esher, Surrey, KT10 8AB. Email: privacy@capacityinsights.co.uk.

General information

The address of the main insured person will be used for all correspondence in respect of **dependents** covered under the insurance **scheme** unless otherwise agreed by **us**.

Please help **us** to ensure **our** records are up to date by advising **your** scheme administrator of any changes to **your** circumstances, name or address.

Section 7 also applies to the Optional Treatment Bolt-On if **you have purchased it and cover is shown on **your** membership schedule.*



Section 8

How to make a complaint

We aim to always provide you with the highest levels of customer service and care. However, if something has gone wrong, **we** want to do everything **we** can to put it right as quickly and effectively as possible. This is why **we** have put in place a simple procedure for **you** to raise any concerns or complaint **you** may have.

If **you** have a query or complaint regarding the administration of **your scheme**, **you** should refer to **your** HR department.

If **you** wish to make a complaint about anything else, please contact: CignpostMe Complaints at Capacity Insights, Healix House, Esher Green Esher, Surrey, KT10 8AB. Telephone: 0203 667 8985*. Email: CapInPMI@healix.com.

We will contact **you** within three days of receiving **your** complaint to inform **you** of what action **we** are taking. **We** will try to resolve the problem and give **you** an answer within four weeks. If it will take **us** longer than four weeks, **we** will tell **you** when **you** can expect an answer.

In the event that **you** are unhappy with **our** response to **your** complaint, or **you** have not received **our** response within 8 weeks of the date **we** received **your** complaint, **you** may be eligible to refer **your** case to the Financial Ombudsman Service, who can review complaints from eligible complainants, but **you** must do so within 6 months of receiving **our** final response. Further information can be found at: www.financial-ombudsman.org.uk.

The Financial Ombudsman Service exists to help resolve complaints when **we** have not been able to resolve matters to **your** satisfaction and the service they provide is free and impartial.

Their contact details are as follows: Financial Ombudsman Service Exchange Tower, Harbour Exchange Square, London, E14 9SR.

Telephone: 0800 023 4567 (calls to this number are free on mobile phones and landline) or 0300 123 9123 (Calls to this number cost no more than calls to 01 and 02 numbers).

Email: complaint.info@financial-ombudsman.org.uk.

This complaints procedure does not affect **your** legal rights.

Financial Services Compensation Scheme

Healix Insurance Services Limited and Hamilton Insurance DAC are both covered by the Financial Services Compensation Scheme (FSCS). This means that **you** may be entitled to compensation from this insurance **scheme** if either cannot meet their obligations to **you**. This will provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 0207 741 4100. Address: Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY. Telephone: 0800 678 1100.

Section 8 also applies to the Optional Treatment Bolt-On if **you have purchased it and cover is shown on **your** membership schedule.*



Section 9

Glossary

The words and phrases below have the following meanings. They will appear in bold throughout this group **scheme** guide.

Acute condition

A disease, illness or injury which responds quickly to **treatment** that aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **you** recovering fully. **We** would consider that an **acute condition** would resolve within three months or less.

Annual renewal date

The anniversary of the **start date** of the **scheme year** each year or any other date which **we** or **your employer** may agree. Where **you** join the insurance **scheme** part way through the **scheme year**, **your** insurance will be valid for the remainder of that period.

Benefits

The insurance cover **you** are entitled to up to the limits detailed on the table of **benefits** and membership schedule, subject to the terms and conditions that apply to the insurance **scheme** and/or **your** membership including all exclusions. Where **you** join the insurance **scheme** part way through the **scheme year**, benefit limits are pro-rated for the number of months **you** are on cover.

Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Chronic condition

A disease, illness or injury which has at least one of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests;
- It needs ongoing or long-term control or relief of symptoms;
- It continues indefinitely;
- It comes back or is likely to come back;
- **You** need to be rehabilitated or specially trained to cope with it;

- It has no known cure.

Complementary practitioner

A practitioner who specialises in:

- Homeopathy and is recognised by The Faculty of Homeopathy and the Society of Homeopathy; or
- A registered medical practitioner who is an accredited member of the British Acupuncture Council; or
- A practitioner in osteopathy who holds full registration of the General Osteopathic Council; or
- A chiropractic practitioner who holds full registration of the General Chiropractic Council;

all of whom are registered under the relevant Act; and who, in all cases, meets **our** criteria for **complementary practitioner** recognition for **benefit** purposes in their field of practice.

Congenital abnormalities

Any abnormality, disease, illness or injury present at birth whether diagnosed or not.

Day case

A patient who goes into **hospital** or a day patient unit for medical reasons but does not have to occupy a bed overnight.

Day case treatment

Treatment which, for medical reasons, means **you** have to go into a **hospital** or day patient unit because **you** need a period of medically supervised recovery but do not have to occupy a bed overnight.

Dental treatment

Dental or oral surgical or medical services (including **diagnostic investigations**) which are needed to diagnose, relieve or cure an accidental dental injury.

Dependant

Your current spouse, common law partner or civil partner who is aged 16 to 74 at the **start date** of their insurance cover and unmarried dependent children under the age of 18 (or under 26 if in full time education and living with parents/guardians outside term time), at the **start date** of their insurance cover. If **you** divorce or **your** civil partnership is dissolved, **your**

husband, wife, common law or civil partner will no longer be considered as a **dependant** for the purposes of the insurance **scheme**.

Diagnostic investigations

Investigations such as x-rays, blood tests, scans or diagnostic consultations required by a **GP** or **specialist**, to find the cause of **your** symptoms (and **ongoing investigations** following **your** initial diagnosis where **you** have purchased the Optional Treatment Bolt-On and cover is shown on **your** membership schedule).

Eligible medical condition

A new disease, illness or injury arising after **your scheme start date** provided it is not otherwise excluded under any other terms of the **scheme**. This includes physical conditions; and **mental health conditions** under Section A - Diagnostic Investigations only.

Employee

Someone employed by the **employer**.

Employer

The company named as the insured on the **master policy** and who has the contract with **us** and is responsible for paying the premiums.

Excess

The first amount that **you** have to pay towards the cost of eligible **diagnostic investigations** or **treatment** for each person covered under the insurance **scheme**.

General Practitioner (GP)

Your registered medical practitioner in general practice or **your** Cignpost digital **GP** where medically appropriate.

Hospital

A facility included on **our** approved **hospital** list and either:

- An **NHS hospital** - a National Health Service **hospital** with facilities for medical and surgical **treatment**, as defined in Section 1.28 of the National Health Service Act 1977 or in any future law; or
- A private **hospital** - an independent **hospital** which can provide acute medical or surgical health care. It must be registered under The Registered Homes Act (1984) and approved by the Healthcare Commission or any future law. It may also include a private bed in an **NHS hospital**.

Inpatient

A patient who is admitted to **hospital** overnight or longer for medical reasons.

Inpatient treatment

Treatment which, for medical reasons, means **you** have to stay in **hospital** overnight or for longer.

Insurer

Hamilton Insurance DAC, registered in Ireland No. 484148 at 2 Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in connection with their UK branch.

Master Policy

The insurance contract between **us** and **your employer**.

Medical condition

Any disease, illness or injury. This includes physical conditions and **mental health conditions**.

Medical necessity/Medically necessary

Healthcare services necessary to evaluate, diagnose or treat an illness, injury, disease or its symptoms, which are:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate, in terms of type, frequency, extent, location and duration and thought to be effective for the patient's illness, injury or disease;
- Not primarily for the patient's or **specialist's** convenience; and
- No more costly than an alternative service(s) at least as likely to produce the same therapeutic or diagnostic results.

Mental health condition

A disorder that affects **your** mind, mental function, emotions or behaviours whether the cause is organic, traumatic or reactive.

Neurodevelopmental disorders

A group of disorders that affect the development of the nervous system, leading to altered brain function which may affect emotion, language processing, learning ability and memory, including but not limited to autism spectrum disorder, ADHD and dyslexia.

Member

An **employee** covered under the **scheme**.

NHS

The National Health Service, which provides most healthcare services free at the point of service for all **UK** citizens or anyone normally resident in the **UK**.

Occupational Health Therapist

A practitioner trained in the practice of occupational therapy holding full registration with the Health and Care Professions Council.

Outpatient

A patient who attends a hospital, consulting room or outpatient clinic and is not admitted as a **day case** or **inpatient**.

Outpatient treatment

Treatment given at a **hospital**, consulting room or **outpatient** clinic where **you** do not go in for **day case** or **inpatient treatment**.

Physiotherapist

A **physiotherapist** regulated by and registered as practicing with the Health and Care Professionals Council (HCPC) and recognised by **us**.

Pre-existing medical condition

Any disease, illness or injury for which **you** have had any symptoms (whether or not a diagnosis has been made), consultations, medication, monitoring, advice or **treatment** in the 5 years (10 years in respect of any cancerous and/or pre-malignant conditions) before **your start date**.

Preventative treatment

Treatment undertaken to prevent disease, illness or injuries rather than curing them or treating their symptoms.

Psychological therapist

We recognise the following as **psychological therapists**;

A psychologist who is:

- Registered with the Health and Care Professionals Council (HCPC); or

- Registered with the British Psychological Society (BPS) as a chartered psychologist.

A **therapist** who is:

- An accredited member of the British Association of Counselling and Psychotherapy (BACP); or
- An accredited member of the British Association for Behavioural and Cognitive Psychotherapists (BABCP); or
- An associated member of Scotland's Professional Body for Counselling and Psychotherapy (COSCA).

A practitioner who is:

- Registered with the **United Kingdom** Council for Psychotherapy (UKCP) under one of the following modality sections:
 - a) Behavioural and cognitive;
 - b) Psychotherapies
 - c) Humanistic and Integrative
 - d) Psychotherapeutic
 - e) Counselling
 - f) Psychoanalytic and psychodynamic

Reasonable and Customary

Costs that are incurred for necessary, approved, eligible medical services or supplies that do not exceed the average reimbursement the medical provider receives for all services rendered to its patients. This insurance **scheme** will reimburse the actual charge billed if it is less than the **reasonable and customary** cost. **We** retain discretionary authority to decide if a charge is **reasonable and customary**.

Scheme

The cover **we** provide under the agreement and contract of insurance between **your employer** and **us**.

Scheme year

The period beginning on **your start date** and ending on the expiry date shown on **your** membership schedule.

Specialist

A medical practitioner with full current registration with the General Medical Council who:

- Is registered under the Medical Acts and is a **specialist** in the **treatment you** are referred for;

- Has a certificate of Higher Specialist Training in their specialty which is issued by the Higher Specialist Training Committee of the appropriate Royal College or Faculty;
- Is or has been a National Health Service consultant; and
- Has been recognised for **benefit** purposes as a **specialist** by **us**.

Speech therapist

A qualified therapist who is a member of the Royal College of Speech and Language.

Start date

The date **your** membership starts as shown on **your** membership schedule.

Surgical procedure

A medical procedure involving an incision into the body.

Therapeutic actions

Minor **treatment** which is routinely performed during a **diagnostic investigation** where the diagnosis is made during the procedure and the **therapeutic action** avoids the patient having to undergo a further separate **treatment** procedure.

Therapists

A **physiotherapist**, occupational therapist, orthoptist, dietician or **speech therapist** who is registered with the Health Professions Council and recognised by **us** for the purposes of treating **you** or **your dependants** covered under this insurance **scheme**.

Treatment

Surgical or medical services that are needed to assess, relieve or cure an **acute condition** in accordance with the table of **benefits** in Section 4. This does not include **diagnostic investigations**.

United Kingdom

England, Scotland, Wales and Northern Ireland. Note that the UK does not include the Channel Islands or Isle of Man.

We, Us, Our

Capacity Insights, a trading name of Healix Insurance Services Ltd, on behalf of Hamilton Insurance DAC. Healix Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. FCA Register No. 437248.

You, Your

This means **you**, the principal **member**, and **your dependants** unless **we** have expressly stated otherwise that the provisions only refer to the principal **member**. **You** must be aged 16 to 74 at the **start date** of **your** cover as shown on **your** membership schedule.

Please see the definition of **dependants** for eligible ages applicable to them.

Section 9 also applies to the Optional Treatment Bolt-On if **you have purchased it and cover is shown on **your** membership schedule.*

CignpostMe Private Diagnostic Insurance is underwritten by Capacity Insights, a trading name of Healix Insurance Services Limited, on behalf of Hamilton Insurance DAC, the Insurer. Hamilton Insurance DAC is a designated activity company authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in connection with its UK branch. CignpostMe Private Diagnostic Insurance is administered by Cignpost Advised Ltd who are authorised and regulated by the Financial Conduct Authority under registration number 304130. The above details can be checked on the Financial Services Register: <https://register.fca.org.uk>

CIGNPOSTGROUPPDI-01APR26