

Private Diagnostic Insurance

Insurance Product Information Document



Underwritten by Capacity Insights on behalf of the insurer, Hamilton Insurance DAC. Hamilton Insurance DAC are 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. Registered office: 2, Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, Ireland

Company: Capacity Insights | Product: Cignpostme Private Diagnostic Insurance

This document is only intended to provide a summary of the main policy coverages and exclusions and is not personalised to your specific needs in any way. Complete pre-contractual and contractual information on the product and the insurer is provided in your policy guide.

What is this type of Insurance?

This insurance policy 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 eligible medical condition at a hospital under certain circumstances. It may also extend to ongoing investigations and inpatient treatment if your policy includes the Optional Treatment Bolt-On.



What is Insured?

Excess options shown on policy schedule		Standard	Enhanced
Overall limit (per person per policy 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 policy year		£500	£1,000
✓	B1. Day case and 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

NB The section limit under Part B is £500 for Standard Cover and £1000 for Enhanced Cover in total per policy year.

A full refund is only valid if the investigation or treatment costs are reasonable and customary

Options

Optional Treatment Bolt-On – up to £50,000



What is not Insured?

- | | |
|---|--|
| ✗ Any excesses that apply to a claim | ✗ Accident and emergency services |
| ✗ Addictive conditions or disorders | ✗ Allergic conditions |
| ✗ Claims relating to cancer other than for diagnostic tests to diagnose the condition unless your cover includes the Optional Treatment Bolt-On | |
| ✗ Chronic conditions | ✗ Congenital abnormalities or conditions |
| ✗ Cosmetic surgery | ✗ Experimental diagnostic investigations |
| ✗ Pre-existing medical conditions that fall within the moratorium underwriting rules | |
| ✗ Screening and preventative treatment | ✗ Sleep problems and disorders |
| ✗ Speech disorders | ✗ Treatment arising from alcohol or drug addiction |



Are there any restrictions on cover?

- ! A full refund is only valid if the diagnostic investigation and treatment costs are reasonable and customary and is further limited to any section or overall policy limits
- ! If you choose an excess, the excess is payable once per policy year and you are responsible for payment directly to the provider.
- ! Any diagnostic investigation or treatment covered under the policy is limited to hospitals on our approved hospital list.
- ! You cannot claim more than the sum insured shown in your policy guide.
- ! Your scheme is subject to moratorium underwriting for any pre-existing medical conditions – full information about cover rules for pre-existing medical conditions is shown in your policy guide.



Where am I covered?

A facility in the United Kingdom included on our approved hospital list and either an NHS hospital or a private hospital in the United Kingdom, as defined in the policy guide.



What are my obligations?

- You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.
- You must always call the claims helpline to pre-authorise your diagnostic investigations or treatment before incurring any costs.
- You must be aged between 16 and 74 at the purchase date of the policy. Your current spouse, common law partner or civil partner must also be aged between 16 and 74 and unmarried dependent children must be under the age of 18 or under 26 if in full time education and living with parents/guardians outside term time.



When and how do I pay?

You pay your premium by direct debit.



When does the cover start and end?

Your cover starts on the start date of your policy as shown on your policy schedule, subject to any qualifying conditions that we may set.

Cover will normally end for you and your dependants if you pass away or ask us to end cover.

Cover will normally end for a dependant if they pass away or they are no longer eligible under this insurance policy.

Cover will end for all insureds if you no longer live full time in the UK or if you do not pay premium owed to us.



How do I cancel my cover?

If you decide that, for any reason, this policy does not meet your needs, then please contact Cignpostme Private Diagnostic Insurance.