

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: SignpostMe Private Health Insurance for Employees

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 group scheme guide.

What is this type of Insurance?

This 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 eligible medical condition at a hospital under certain circumstances. It may also extend to ongoing investigations and inpatient treatment if your scheme includes TreatMe.



What is Insured?

Excess options shown on membership schedule		DiagnoseMe Standard	DiagnoseMe 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 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 scheme year. A full refund is only valid if the investigation or treatment costs are reasonable and customary

Options

TreatMe – 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 TreatMe		
	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 scheme limits		
	If you choose an excess, the excess is payable once per member per scheme year and you are responsible for payment directly to the provider.		
	Any diagnostic investigation or treatment covered under the scheme is limited to hospitals on our approved hospital list.		
	You cannot claim more than the sum insured shown in your group scheme 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 group scheme 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 group scheme 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 date you join the scheme. 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?			
€			
	If your company has agreed to provide the cover to your, your employer will pay the premium. Alternatively, you pay your premium through your employer via monthly payroll deduction.		

When does the cover start and end?			
⌚			
	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. Cover will normally end for you and your dependants 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/they are no longer eligible for cover under this insurance scheme; if premium is not paid; or if the agreement with your employer is terminated.		

How do I cancel my cover?			
🛡️			
	If you decide that, for any reason, this insurance does not meet your needs, then please contact your employer.		