

Health Insurance Guide

As our NHS continues to face extreme pressure due to COVID-19, additional to the longer term demands of an ageing population, private health insurance or private medical insurance (PMI) has a key role to complement and support it.

Designed to work alongside the services offered by the NHS, it is nevertheless a fact that PMI can provide policy holders with ways to access a faster diagnosis and treatment through reduced waiting times, as well as helping to pay for some or all of the treatment you may need.

There are a number of different health insurance products available, designed to suit a range of needs, that differ from provider to provider.

PMI is designed to pay for private treatment of acute medical conditions, elective surgery and medical tests. Our guide aims to help you understand your options, so you can make an informed choice when choosing to purchase a private health insurance policy.

Before choosing health insurance you should:

- Consider your health requirements
- Compare the packages and benefits offered by each insurance provider
- Compare the costs covered.

What Can PMI Cover Include?

- The cost of hospital admission
- Diagnostic tests
- The costs of seeing a consultant
- Hospital accommodation and nursing care
- Cancer drugs (some policies may include drugs that aren't available through the NHS)
- Outpatient consultations
- Mental health treatment options
- Complementary therapies
- Physiotherapy
- Chiropody.

Why Purchase PMI?

PMI works in parallel to the services offered by the NHS by providing cover for the cost of prompt access to private treatment, as well as services and cancer drugs not always available through the NHS.

Reasons to Consider PMI

- Faster consultant referral
- Direct care by a consultant
- Fast admission to a private hospital
- Treatment at a time that suits you.
- Advanced treatment options
- Private Clinic and Hospital Accommodation

- Private, en suite room
- Comfort and cleanliness
- Elevated food/menu options
- Facilities such as TV and streaming

PMI is intended to cover the cost of private medical treatment for acute conditions which arise after the start of your policy. Acute conditions are diseases, illnesses or injuries which are likely to respond quickly to treatment as part of the process of returning you to the state of health you were in prior to suffering it, or a full recovery.

Typically, your insurance policy may not cover the costs of some routine or specialist drugs, chronic conditions, injuries, illnesses or diseases that may have the following characteristics:

- Need long-term monitoring
- Control or relief of symptoms
- Needs rehabilitation
- Could be present indefinitely
- Has no known cure
- May come back.

In normal circumstances you're unlikely to be able to secure cover for any illnesses you currently suffer from or already have. That said, you may be able to get cover for some pre-existing health conditions by choosing to pay a supplementary premium, or if you fulfil certain criteria.

Understanding Your Cover

It's important you fully understand your insurance policy, its terms and conditions and ultimately what you're covered for. If you have any questions, you should contact your provider.

There may be limits on cover for cancer drug treatments which you may wish to ask your insurer about. However, drug treatments that your insurer has cover for may be unavailable on the NHS or after your policy ends. Some drugs may have to be paid for privately. You should discuss your options with your provider. In addition, you should discuss your ongoing

needs with your provider as you near the end of your cover. Issues to discuss could include:

- Have your treatment via the NHS
- Have alternative treatment via the NHS
- Pay for your treatment yourself.

Questions to ask when choosing PMI

- Are there monetary limits on the policy?
- How much would you be covered for?
- What is my excess and how will it be applied?
- What drug costs are covered by my policy?
- What cancer treatments are covered and for which stages?

Policy Types:

Individual Policy

If applying for an individual policy, you'll need to provide some information to the insurer that's relevant to the cover you're applying for.

There are two ways insurers will underwrite your application for cover:

Full Medical Underwriting

Private medical insurance companies will offer the option of a full medical underwriting where you'll be asked to provide details of your medical history. With your consent, your GP may be contacted for more information, but this doesn't happen in every case. You must give all the information you're asked for accurately and to the best of your knowledge, as if you don't your insurer may reduce your claim or refuse to pay and cancel your policy.

If you have a medical condition that is likely to come back, the insurer will issue a policy, but that medical condition (and any related to it) may not be covered.

Moratorium Underwriting

Some insurance providers may offer PMI policies that use moratorium underwriting. This means you do not need to tell the insurer

about your medical history when you apply for the policy. If you claim, however, your insurer might ask for medical notes that are needed to decide if your claim can be covered, as the insurer will not cover treatment for any medical condition that you have received treatment for, taken medication for, asked advice on or had symptoms of, which predates the starting date of the policy.

In other words, you will not be covered for any condition that existed in the past few years (usually, this is in the last five years but the period of time may vary). Each moratorium works slightly differently so you may want to check with the insurer or read your policy documents so you can understand what this means for you.

Group Policy

Your employer may offer you access to a group PMI scheme, which typically does not ask employees to declare their medical history. The scheme is underwritten based on the average age of the workforce, the location of the company and other non-personal factors. A basic group PMI scheme will only cover some treatments such as hospital admission and tests. More extensive schemes will provide additional cover. Check with your employer to see what cover is available to you as it may be funded as an employee benefit or the employer might help to facilitate you accessing individual cover.

Making a Claim

Although policies can differ, medical treatment usually has to start with a referral by your GP for specialist treatment. Before you arrange any private treatment, you should contact your insurer to check that you are covered for the treatment.

Stay in touch with your insurer at each stage of your treatment so they can confirm your cover. It is likely that treatments for some illnesses, including pre-existing conditions (conditions from which you are already suffering, or have already had before your policy started) will not

be covered by an individual private medical insurance policy.

Which Insurers Offer Cover?

There are many providers who offer health insurance products. You can contact insurers directly or use an adviser or broker to find the product that best suits your needs.

Switching Insurance Provider

If you are thinking about switching insurance provider, there are a number of things you need to consider:

- It is best to consider switching provider when your current policy reaches its renewal date, otherwise you may incur a fee for switching provider before the insurance contract has come to an end
- You should compare the benefits, policy terms and cover limits from different providers carefully, so that you get the cover that is right for you
- Some insurers might not cover illnesses or injuries you have had in the recent past or any condition that you suffer from now, even if these are covered by your current insurer.

How much does a Policy cost?

This depends on a number of variable factors including your medical history, the severity of your pre-existing condition, your age, your behavioural habits and intended activity and nature and extent of any covered risks, all may affect the price of the policy that is right for you. Your broker will discuss these issues with you and should provide you with cost and coverage options.

You can use Health Compare to select either the best policy online or to select a broker to do the work for you and recommend options, helping you to choose well.

Also, once you have a policy in place, you can use the insurance policy filter on the Health Compare hospital search to select which hospital to have your treatment at, from those hospitals available under your policy.