

PG Mutual Medical Care Plan

Why you need private medical cover

The NHS is good at what it does; however, no state funded scheme can offer the benefits of Private Medical Cover. All of us want the peace of mind offered by one or all of the following

- Bypass lengthy NHS waiting lists and quickly receive medical attention
- Your own hospital room with en-suite facilities and your own TV
- You choose the specialist at a location that is convenient for you
- You see the Consultant, not his registrar or trainee
- Private medical care can speed up the recovery process
- Your family and loved ones can visit any time
- Private Hospitals strive to ensure that the risk of infection for their patients is kept as low as possible and focus on hygiene and infection control as a top priority.





INTRODUCING THE PG MUTUAL MEDICAL CARE PLAN

Finding a suitable private medical plan can be time consuming and difficult. That's why PG Mutual has teamed up with underwriting specialists - The Care Insurance Company Ltd and the medical plan administrators - Hospital & Medical Care Association (HMCA/s plc) to produce a great value for money medical care plan that is tailor made for the busy professional.

PG Mutual have chosen to work with The Care Insurance Company and HMCA because of their commitment to excellent customer service, their many years of experience operating in an important market sector and due to their highly competitive product offering.

For more information visit one of our following website pages

- Why you need private medical cover
- Summary of Benefits
- Questions and answers
- Checklist on Plan
- Key facts
- Description of benefits and level of cover/terms and conditions
- Hospital Accommodation

GET A QUOTE ONLINE - VIA OUR WEBSITE

Or if you wish to discuss your healthcare requirements or the PG Mutual Medical Care Plan, please phone our helpline on 01423 796262 and quote PG Mutual

WHY CHOOSE THE PG MUTUAL MEDICAL CARE PLAN?

- All the benefits of private medical treatment for you and your family.
- VIP treatment with the specialist of your choice, at the time of your choice, at the hospital of your choice.
- Any hospital on our list may be used and others with prior agreement.
- Excellent benefits with substantial savings over other major plans.
- Your children are included free.

These are just some of the reasons why you should consider the PG Mutual Medical Care Plan as your first choice for your private

health cover. When you are ill you do not want any uncertainty or inconvenience, your worries can be substantial enough without added pressures.

Whilst the National Health Service has a very good system for dealing with emergencies and chronic situations, the waiting list nationwide for less urgent operations continues to grow.

Having to wait months, or even years, suffering discomfort and pain could have disastrous effects on your work and family life. By joining the PG Mutual Medical Care Plan, these problems will be overcome.

WHY IS THE PG MUTUAL PLAN SO COMPETITIVE?

PG Mutual have selected HMCA as their partner as they have over 30 years experience of the insurance and underwriting profession and are able to produce low cost, value for money products within the health care market.

- HMCA have minimal advertising costs. Dealing with membership groups and associations they do not use the normal media outlets for advertising, for example national newspapers and television.
- HMCA deal directly with group and association members through existing channels of communication.
- HMCA have a low overall cost base which is reflected in the subscriptions they charge.

SUMMARY OF BENEFITS

The maximum benefit payable for each person named on the Membership Certificate for acute surgical or acute medical conditions, in each subscription year, is £250,000. For full details, please refer to the personalised Description of Benefits and Levels of Cover and the definitions, exclusions and conditions on the reverse.

IN-HOSPITAL TREATMENT FOR OVERNIGHT OR LONGER STAYS

- Accommodation Charges **FULL REFUND**
- Ward Nursing Charges **FULL REFUND**
- Ward Drugs **FULL REFUND**
- A £200 a night tax-free cash benefit is available, for up to 30 nights, when all treatment is carried out as a National Health patient in a public ward of an NHS Hospital.
- Surgical Charges for surgeons' and anaesthetists' combined fees, including aftercare, are refunded as described in the Description of Benefits and Levels of Cover.
- Theatre fees, consumables, drugs and surgical dressings are refunded as described in the Description of Benefits and Levels of Cover.
- Benefit is also payable for in-hospital treatment such as:
 - Medical charges for consultant physician fees, pathology and investigations whilst in hospital.
 - Intensive care.
 - Dental care for specialist in-hospital or day-case treatment.

OUT-PATIENT AND ADDITIONAL BENEFITS

- Specialists services for consultations, investigations, day-case surgery, pathology, physiotherapy, x-rays and scans.
- Alternative treatments of chiropractic, osteopathy, homeopathy and acupuncture.
- Radiotherapy and chemotherapy.
- An £800 maternity grant when both parents are members.
- Parent accompanying child.
- Home-nursing following private treatments.
- Private ambulance.
- Personal accidental death benefit of £5,000.
- Personal accident disability cover of £1,000.

OVERSEAS COVER

- Continuation of cover when travelling abroad on holiday or business.

SPECIAL GUARANTEED TRANSFER FACILITY

Cover can be transferred from an existing medical plan and future claims made for acute conditions originating at the time the member was participating in a previous plan will be honoured. No health questions are asked or medical examination required and there will be no break in protection when you transfer to the Medical Care Plan.

LONG-TERM ILLNESS

All private health plans cover short-term medical conditions which are curable. Long-term conditions which are not covered are those which are recurrent, persistent or incurable. When a condition is first diagnosed as being long-term (and did not exist prior to enrolment) benefit will be provided for such diagnosis and any necessary treatment, under the terms of the contract, for one initial episode.

As private health cover was never intended to replace the NHS, but meant to complement the service, all subsequent treatment will be given by the NHS. However, our plan does provide, a £1,000 LONG-TERM ILLNESS GRANT that can be used at the discretion of the plan administrators to help in the transition to NHS care.

MONEY-BACK GUARANTEE

If not satisfied you may return the PG Mutual Medical Care Plan within thirty days for a full refund. You will be subject to the Rules of Membership which are incorporated in the Membership Certificate which will be sent to you immediately upon your election. The subscription payable is based upon the age of the oldest person included in the enrolment.

FREE MEDICAL INFORMATION AND COUNSELLING HELPLINE

This service is provided free of charge to PG Mutual Medical Care Plan members. It is operated by qualified medical staff and provides a wealth of support and information irrespective of whether the member is making a claim for medical treatment.

This also includes a counselling service which is available 24 hours a day, 365 days a year, allowing our members to discuss their problems confidentially with a qualified counsellor at a time convenient to them.

QUESTIONS AND ANSWERS

Here is a list of the questions most frequently asked by members of trade and professional groups on the subject of private medical cover provided by our Medical Care Plan. If you have any additional questions please telephone our Helpline on 01423 796262.

Q. Does the Medical Care Plan have an excess or deductible, such as the first £500 of a claim being paid by the member?

A. No. We believe that our members should have cover from the commencement of any treatment covered under the Medical Care Plan.

Q. May I transfer from my plan to your Medical Care Plan?

A. Yes. If you are in a medical plan you can transfer to the Medical Care Plan with no break in protection.

Q. I have no existing private medical cover, can I join?

A. Yes, you can join and after one full year's membership providing you have been treatment and symptom free for 12 consecutive months, HMCA will cover any pre-existing medical condition that occurred prior to joining us.

Q. Can you explain the benefit levels in the Description of Benefits and Levels of Cover?

A. Charges for in-patient accommodation, ward drugs and nursing charges are covered in full. Other benefits are based on the type of treatment received and the complexity of any operations carried out. The complexity of all operations is advised by the specialist carrying out your treatment. Our benefits are based on our experience of the likely costs involved and we apply limits to protect against overcharging which would have the effect of increasing claims costs and our members' subscriptions.

Q. Are your terms similar to those in my present plan?

A. The benefits are listed in the 'Summary of benefits', and important additional information is detailed in 'Key Facts' and these may differ from your current plan.

Q. Is the scope of the PG Mutual Medical Care Plan wider than many others?

A. As well as providing comprehensive benefits for treatment of acute medical conditions the Plan has a number of very important extra features which extend the scope:

- We include treatment for injuries sustained whilst playing sport. There are no specific exclusions.
- Cover continues whilst you are abroad on holiday or business for up to six months, at no extra cost.
- A free help-line is provided to give information on treatment, costs or any other general medical-related questions. This includes a confidential counselling service.
- Children of Plan holders are included free, including unmarried children, either living at home or in full time education up to age 26.

Q. Who do I speak to when I want to make a claim?

A. Our UK based claims team who offer a personal service and provide prompt settlement.

Q. What happens if I am admitted to an NHS hospital?

A. If you choose to have all your treatment solely through the NHS you will receive £200 a night spent in hospital, for up to 30 nights. Of course, this is tax-free cash which you keep to spend as you wish.

Q. May I choose the hospital which treats me?

A. Yes. There are no restrictions, you can use any of the hospitals detailed on our comprehensive list. If your preferred hospital is not listed please contact our Helpline.

Q. Do you pay my specialist or hospital directly if I claim?

A. Yes. We are happy to pay your specialist or hospital on your behalf or we can reimburse you.

Q. Can you pay the hospital direct?

A. Yes. We have arrangements with leading hospital groups and they will bill us direct for any admissions to hospital. Please contact our Helpline for more information.

Q. Is day-case surgery covered?

A. Yes. The plan provides payment towards day-case surgery.

Q. Am I covered for alternative medical treatment?

A. Yes. Under our Specialist Services section you are covered for chiropractic, osteopathy, homeopathy and acupuncture given by qualified practitioners.

Q. Do you have restrictive clauses relating to the NHS waiting lists?

A. No. We do not have restrictive clauses relating to the NHS waiting lists.

Q. Am I covered when travelling overseas?

A. Yes. Cover continues when you travel abroad on holiday or business at no extra cost.

Q. Am I covered for sporting injuries?

A. Yes. There is no restriction on any sport.

Q. What is the maximum age at which I may join the PG Mutual Medical Care Plan or transfer from another plan?

A. There is no age limit when joining the plan.

Q. What is Insurance Premium Tax (IPT)?

A. IPT is a tax on general insurance, for example motor, household and medical cover, levied by the government.

Q. Are my children covered free?

A. Yes, the benefits of the plan are extended to include all children of plan holders free, including unmarried children either living at home or in full time education up to age 26.

CHECKLIST

You should compare the PG Mutual plan with other plans by using this checklist.

- ✓ **NO MORATORIUM OR WAITING PERIOD FOR TRANSFERS**
- ✓ **SPECIALIST**
Freedom of Choice
- ✓ **PROMPT CLAIMS SERVICE**
Our UK based claims team who offer a personal service and provides prompt settlement.
- ✓ **NO MEDICAL EXAMINATION**
- ✓ **CHOICE OF COUNTRYWIDE HOSPITALS**
You have the choice of over 550 hospitals on our list and others with prior arrangement.
- ✓ **SPORTS ACTIVITIES**
There are no exclusions.
- ✓ **OVERSEAS COVER**
Cover continues when you travel abroad on holiday or business and is included at no extra cost, whereas most other plans may reduce benefits or ask for increased subscriptions, or indeed offer no cover at all.
- ✓ **NO REDUCTION IN BENEFITS**
Our underwriters have consistently improved the benefits of its Medical Plans.
- ✓ **PROSTHESES**
The plan includes these.
- ✓ **DENTAL TREATMENT**
In-hospital or day-case surgical treatment is included.
- ✓ **PREGNANCY AND CHILDBIRTH**
Complications and miscarriages are covered.
- ✓ **HOME-NURSING**
The plan allows up to £3,600 each year.
- ✓ **LONG-TERM ILLNESS GRANT**
After enrolment, a member receiving treatment that ceases to be short-term qualifies for a grant of up to £1,000. This benefit can be given at the discretion of the plan administrators.
- ✓ **PLAN HOLDERS CHILDREN ARE INCLUDED FREE**
- ✓ **SPECIAL GUARANTEED TRANSFER FACILITY**
Cover can be transferred from an existing plan and future claims made for acute conditions originating at the time you were participating in a previous plan will be honoured. No health questions are asked or medical examination is required and there is no break in protection when you transfer to the Medical Care Plan.
- ✓ **NHS HOSPITAL CASH BENEFIT**
A £200 a night tax-free cash benefit is available, for up to 30 nights, if treatment is wholly in an NHS Hospital.
- ✓ **FREE MEDICAL INFORMATION AND COUNSELLING HELPLINE**
This service is provided free of charge to all PG Mutual Medical Care Plan members. It is operated by qualified medical staff and offers a wealth of information and help regardless of whether the member is making a claim. Information can be given on medical conditions, changing your doctor, social services, self-help groups and much more. This also includes a counselling service which is available 24 hours a day, 365 days a year, allowing our members to discuss their problems confidentially with a qualified counsellor at a time convenient to them.

KEY FACTS

PG Mutual has teamed up with underwriting specialists The Care Insurance Company Ltd and the medical plan administrators Hospital & Medical Care Association (HMCA/s plc) to provide a great value for money medical care plan that is tailor made for the busy professional. These **key facts** are a summary of this plan: for full details please refer to the enclosed personalised Description of Benefits and Levels of Cover and the definitions, exclusions and conditions on the reverse, or telephone us on 01423 796262.

The plan is underwritten by The Care Insurance Company Limited, 33/2 Cannon Lane, Gibraltar, GX11 1AA. It is governed by English law and all documents will be provided in English.

The Medical Care Plan provides a range of benefits for the private treatment of acute surgical and medical conditions which are listed on the enclosed Description of Benefits.

The term of the contract is 12 months and your subscription is quoted on the enclosed correspondence. If you wish to change your mind you have the right to cancel within 30 days of receipt of your certificate and any subscriptions paid will be refunded. After the first 30 days you may cancel your cover at any payment date thereafter by writing to HMCA, Beech Hall, Knaresborough, Yorkshire HG5 0EA.

To make a claim telephone 01423 866985 or write to the Claims Department, HMCA, Beech Hall, Knaresborough, Yorkshire, HG5 0EA.

HMCA operates a three-stage complaints procedure

If you have a complaint please write to The Directors of HMCA, Beech Hall, Knaresborough, Yorkshire, HG5 0EA. If you are dissatisfied with the response you should write to The Care Insurance Company Limited, 33/2 Cannon Lane, Gibraltar, GX11 1AA. If after their review you are still dissatisfied, your complaint can be referred to the Financial Ombudsman Service at Exchange Tower, Harbour Exchange Square, London E14 9SR.

SIGNIFICANT FEATURES AND EXCLUSIONS

The Medical Care Plan provides benefits for in-hospital and out-patient treatment.

- An NHS benefit of £200 a night is paid if treatment is carried out in an NHS hospital
- An NHS grant is payable when treatment is received free as an NHS patient, as accident or emergency admissions are not covered (exclusion 2.28 refers).
- A personal accident and disability benefit is provided.
- A free Medical Information Helpline is provided.
- When you transfer to the PG Mutual Medical Care Plan from an existing plan, conditions that originated whilst you had cover with your previous provider will be covered. This is called the HMCA Transfer Facility (see condition 3.3 for a full description).
- There is no age limit for enrolment in the PG Mutual Medical Care Plan.
- Long-term conditions which are recurrent, persistent or incurable are not covered. These are commonly known as chronic conditions. (See condition 3.3.2 for a full description).
- There are some restrictions in the first year for claims for joint and back conditions (see exclusion 2.24). This does not apply to those enrolling under the transfer facility.

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COMPENSATION

The Care Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme in the unlikely event that The Care Insurance Company Limited cannot meet its obligations. This depends on the type of business and circumstances of the claim and would provide cover for 100% of the first £2,000 and 90% of the remainder of the claim without any upper limit. Further information about compensation scheme arrangements is available from the FSCS. (www.fscs.org.uk - telephone is 020 7741 4100.)

HMCA/s PLC, trading as the Hospital & Medical Care Association (HMCA) of Beech Hall, Knaresborough, Yorkshire, HG5 0EA is an intermediary and is authorised and regulated by Financial Conduct Authority, reference no. 307587. This can be verified by visiting the FCA's website <https://register.fca.org.uk> or by contacting the FCA on 0800 111 6768.

HMCA only offers Private Health Plans underwritten by The Care Insurance Company Limited. We do not offer advice and the information sent will allow you to make a choice of how to proceed.

THE DIRECT DEBIT GUARANTEE



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit HMCA/S PLC will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request HMCA/S PLC to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by HMCA/S PLC or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when HMCA/S PLC asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Who regulates and monitors HMCA and Care Insurance?

HMCA/s PLC, trading as the Hospital & Medical Care Association (HMCA) of Beech Hall, Knaresborough, North Yorkshire, HG5 0EA is an intermediary and is authorised and regulated by the Financial Conduct Authority (FCA), reference no. 307587.

The Care Insurance Company Ltd of 33/2 Cannon Lane, Gibraltar, GX11 1AA is regulated by the Financial Services Commission (FSC), governed by English Law and is covered by the Financial Services Compensation Scheme (FSC).