

The PK Guide to Group Private Medical Insurance for Employees

Group Private Medical Insurance (PMI) is provided by employers to provide access to, and funding towards, medical treatments at private healthcare facilities, hospitals and with private consultants.

What are the benefits?

The main benefits of PMI are:

- Avoid lengthy waiting lists and receive medical treatment more quickly than is often the case with the NHS
- A private room if an overnight stay is required
- A choice of hospitals and consultants
- Access to treatments such as physiotherapy without a GP referral
- Most PMI now includes access to a 'virtual' GP – usually within 24 hours

How do I join?

This will vary dependent upon your employer and will either be automatic or voluntary.

Will I need to complete any forms?

Not usually, most schemes will accept you straight away without the need to complete forms.

Benefits may be restricted depending upon what type of scheme is provided:

- **Moratorium:** The insurer excludes any conditions for which the member has received treatment or medication or had symptoms of during the five years immediately prior to their PMI commencing.
- **Medical History Disregarded:** all eligible conditions are covered, regardless of when symptoms began.
- **Full Medical Underwriting:** An application form (and possibly further medical evidence) will be required by the insurer before cover can commence. The insurer will then confirm in writing whether any pre-existing (or related) conditions are excluded.

How are benefits paid?

As long as treatment is pre-authorised by the insurer, the cost of any treatment is usually paid directly to the hospital or medical practitioner providing the treatment. If there is any 'excess' payable this is usually deducted from these payments and is payable by the individual directly to the healthcare provider.

What costs will I incur?

- **Premiums:** Employers may pay premiums for employees and/or for family members that they wish to insure. Some schemes may require employees to fund part or all of their cost and that for their families.
- **Excess:** Many schemes will have an 'excess' applied. This means that the individual is required to pay a specified amount in the event of making a claim. The excess will only be paid once per Scheme Year, irrespective of how many claims are made.

Are there any limits on cover?

The most common restriction on cover found in PMI schemes is a financial limit to how much 'Outpatient Cover' is available per individual per policy year. You should check your own policy to see whether limits apply.

Are my employer-paid premiums taxed?

Yes, employees are liable to Income Tax on the premium that the employer pays.

When does cover cease?

Cover in PMI schemes stops when you leave the sponsoring employer's employment or reach the scheme 'cessation age'. The cessation age will normally be either a fixed age (such as 65, 70 etc) or be expressed as 'State Pension Age' at which point cover ceases for each individual as they reach their own State Pension Age. You may also opt out at any time.

Are there any other benefits?

Some PMI policies come with Wellness Programmes included. These can include rewards programmes to get fit and healthy as well as support to quit smoking, improve your mental health, improve your diet etc.

More information

To find out more about the specific cover your employer offers and find out what extra benefits might be available please contact PK Employee Benefits.

If your employer gives you access to our PK Engage App, you can find out more about your own entitlement there.



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