

Private Health Plan

Insurance Product Information Document

Company: Live Lateral Limited

Product: Lateral Health Plan

This product is underwritten HCC International Insurance Company plc, trading as Tokio Marine HCC, which is registered in England and Wales and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN: 202655).

This product is arranged and administered by Live Lateral Limited Trading as Lateral, which is registered in England and Wales. Live Lateral Limited (FRN: 1043222) is an appointed representative of Innovative Risk Labs Ltd (FRN: 609155), who are authorised and regulated by the Financial Conduct Authority.

This is a policy summary. The full details of your policy, including terms and conditions can be found in your policy documents. It is important you read and understand these documents before purchasing.

What is this type of insurance?

The Lateral Health Plan is a collection of health services and insurance cover designed to support individuals aged 60+ to maintain good health and an active lifestyle. It is designed to complement the NHS, offering private healthcare access where it's most helpful, while facilitating NHS care in other areas. The Health Plan contains preventative health benefits including an annual health check and digital health services that support overall health and wellbeing.



What is insured?

- ✓ Nurse-led navigation service to help you navigate between the NHS and private healthcare options
- ✓ Private consultations and diagnostic tests up to £2,000 e.g. blood tests, MRIs, ECGs, X-rays and ultrasounds
- ✓ Minor private surgeries up to £5,000 e.g. endoscopies, eyelid surgery, skin lesions or spinal injections
- ✓ Major private surgeries up to £50,000 e.g. bunion, hip replacement, varicose veins, hysterectomy or cataract
- ✓ Access to 6 in-person physiotherapy sessions
- ✓ Access to 6 virtual physiotherapy sessions
- ✓ 1 Annual Health Check per year
- ✓ Access to a virtual GP service for 24/7 consultations to help you get seen as quickly as possible
- ✓ Access to virtual dietitian service
- ✓ Access to virtual cancer support service

! All annual limits are reset upon renewal of the policy.



What is not insured?

- ✗ The first £100 of Consultations and Diagnostics (excess)
- ✗ Face-to-face private GP appointments
- ✗ Pre-existing or chronic conditions
- ✗ Cancer
- ✗ Emergency care
- ✗ Organ transplants
- ✗ Take home drugs prescribed on discharge
- ✗ Private prescriptions or other outpatient costs
- ✗ Crutches or other medical equipment
- ✗ Routine eye or any dental care
- ✗ Congenital or genetic conditions
- ✗ Conditions related to drug or substance abuse, self-inflicted injuries, semi or professional sports
- ✗ Mental health or behavioural conditions
- ✗ Self-referred face-to-face physiotherapy
- ✗ Complementary therapies
- ✗ Any fertility or gender-reassignment costs
- ✗ Costs for cancelling or not attending an appointment



Are there any restrictions on cover?

- ! Coverage and any benefits are only available in the UK to UK residents.
- ! You must be between the ages of 60-74 in your first policy year.
- ! You must consult a GP to be referred for any consultations, diagnostics, surgeries or face-to-face physiotherapy.
- ! If you choose to receive treatment outside of our hospital network, you will be responsible for any costs that exceed the Lateral pre-agreed procedure price. This will be made clear to you in advance.
- ! Any surgeries that are not included within our predefined procedure list.



Where am I covered?

- ✓ The United Kingdom (UK)



What are my obligations?

Obligations at the start of the contract

- You must be a UK resident of the UK and registered with a GP in the UK for at least 2 years.
- You must meet our eligibility criteria regarding BMI, diabetes, smoking, heart complications, cancer or organ failures.
- You must be able to walk 1km/0.6miles unaided.

Obligations during the term of the contract:

- You must tell us of any changes in your address.
- You must complete our Annual Health Check and share your results with us in order to renew your policy.

Obligations in the event a claim is made:

- You must be seen by a doctor first before claiming.
- You must provide any information we require to assess your claim, including medical information.
- You must obtain pre-authorisation from our nursing team before treatment.
- If you book a pre-authorised treatment yourself, you must tell us within 3 months of your treatment



When and how do I pay?

- Policies are purchased through our website with a helpline if you require support.
- For annual policies paid upfront, we'll collect premiums the day you purchase a policy from your payment card.
- For annual policies paid monthly, we'll collect premiums monthly in advance from your payment card.



When does the cover start and end?

- This is an annual plan (12 months) with annual or monthly premiums.
- The start and end date can be found on your health plan schedule.
- Your policy will automatically renew from the same payment card unless we hear otherwise from you.



How do I cancel the contract?

To cancel your policy:

You can cancel at any time contacting us. You can do so by:

Calling our support team (0203 826 8898)

Emailing us (support@lateral.uk)

Writing to us (71-75 Shelton Street, London, WC2H 9JQ)

Refunds - If you have not made a claim*:

Within the first 14 days:

You will receive a full refund if you request to cancel your annual Lateral Health Plan within 14 days of the start date listed on your schedule.

After the first 14 days:

You can cancel at any time after the first 14 days by contacting us.

If you pay monthly, your cover will end at the conclusion of your current billing cycle. No refunds will be issued.

If you paid annually upfront, you will be entitled to a pro-rated refund for the period of cover between the date you requested cancellation and the policy expiry date.

Refunds - If you have made a claim*:

No refunds will be issued, regardless of the time of cancellation. You will need to pay any outstanding premium balance for your annual policy by the end of the original policy period. If you do not, we reserve the right to recover any and all claims costs incurred during the policy period.

*By 'claim' for refunds, we mean either using your Health Check, receiving any private treatment or using the nurse-led navigation service for an eligible and approved condition.