



# SME PMI Health Insurance

## Target market statement

Bupa Insurance Limited have prepared this document to provide an overview of its insurance product. It is intended to help distributors understand the target market and distribution strategy for this product, at point of sale. In addition, distributors should consider whether any changes in a customer's circumstances may result in some features of the product no longer being suitable (for example: dual cover, group size, distribution channel, features and benefits, communication methods or payment method).

### Characteristics of target market

This product is designed for companies, partnerships, sole traders, or charitable organisations who are the contracting party (hereafter referred to as the sponsor) and want to provide private medical insurance to a group of main members and dependants.

#### Sponsor eligibility

The sponsor must:

- be involved in the performance of some business or commercial purpose which is resourced via the main members; and
- include a minimum of two main members in the scheme. During the term of the agreement we will consider, on a case-by-case basis, any request to reduce the number of main members in the scheme to one. We will determine in our sole discretion whether to allow any such reduction or to end the agreement. Exceptionally, and at our sole discretion, policies with one main member may be accepted at inception where they are introduced through a pre-agreed relationship.
- There is no defined upper limit on the number of main members that can be added to the scheme, but the product has been specifically designed for schemes including up to 249 main members in mind.

### Group eligibility

The group includes only the following members:

1. Main Members, meaning individuals who meet at least one of the following eligibility requirements:

- the sponsor (if an individual)
- any individuals who are partners of a sponsor (if the sponsor is a partnership);
- employees; and
- retired former employees who, at the time of their retirement were main members of the group; and/or
- widows, widowers, or civil partners of deceased main members.

2. Dependants of main members, meaning a partner of the main member, or any child the main member or their partner are responsible for. Child dependants can be enrolled up to the age of 29 and are removed from cover on the first cover end date following their 30th birthday.

3. All members must be resident in the United Kingdom (Great Britain, Northern Ireland, Channel Islands, Isle of Man).

4. For policies, whose underwriting type is full medical underwriting, moratorium, or moratorium switch: at the cover start date members must have been registered continuously with a GP for at least six months or must have access to, and be able to provide, their full medical records in English.

### Objectives, needs and interests of target market

This product is for companies, partnerships, sole traders, or charitable organisations who want:

- ✓ to provide private medical insurance for a group of main members (e.g. employees) and their dependants (e.g. partners and children)
- ✓ to cover the cost of pre-planned (i.e. not accident and emergency treatment) private healthcare interventions, from diagnosis to treatment, with an insurance product that is intended to complement/supplement the NHS and not to entirely replace the NHS services
- ✓ to also cover the cost of some wider digital wellbeing services which provide ways to support the mental and physical health
- ✓ a policy that is intended for the UK (Great Britain, Northern Ireland, the Channel Islands and the Isle of Man), and not for overseas treatment
- ✓ the flexibility to (i) choose from different levels of cover and further options to enhance the cover or reduce the premium; and (ii) to make different policy choices for different main members of the group
- ✓ a price that is mainly community/age rated, with some elements of group experience rating.

### Customers for whom the product would not provide the intended value

- ✗ Members who are resident outside the UK.
- ✗ Sponsors who want their members to pay Bupa direct.
- ✗ Sponsors seeking cover for:
  - accident and emergency treatment
  - chronic conditions
  - overseas treatment
  - pre existing conditions, special conditions and moratorium conditions
  - unrecognised healthcare professionals, hospitals and clinics.

## What is the distribution strategy and is it appropriate for the target market?

The SME Select product is on sale to new and renewing business. This product is for companies, partnerships, sole traders, or charitable organisations who want to provide private medical insurance for a group of main members (e.g. employees) and their dependants (e.g. partners and children).

Bupa's distribution strategy is considered appropriate for the target market with the product available:

- via BISL (non-advised) through appropriately skilled agents (via telephone, email, or face-to-face via the Account Management model) and appropriately designed online journeys (via the website or our Connect portal) to equip customers with all the information they need to make an informed purchase decision.
- via a network of intermediary partners (advised and non-advised), through appropriately trained third party distributors equipped with all the information that they need (target market statement, product information etc.) to recommend Bupa products where appropriate. Some policy terms are only available through preferred provider arrangements.