

The complaint

Miss G complains that UnitedHealthcare Insurance dac (UHI) has turned down a claim she made on a group private medical insurance policy.

What happened

The circumstances of this complaint are well-known to both parties. So I've simply set out a summary of what I think are the key events.

Miss G is insured under a group private medical insurance policy. In August 2025, Miss G experienced a significant change in her personal circumstances, which led to a significant deterioration in a number of medical conditions she suffered from. Her consultant psychiatrist recommended that Miss G should be repatriated to her family home in another country, so that she could recover and receive support from her family. So Miss G made a claim on the policy for medical repatriation and evacuation.

UHI let Miss G know that her claim wouldn't be covered, as it felt she could undergo the treatment she needed in the UK. But Miss G appealed. UHI reviewed Miss G's claim. However, it maintained its decision.

Miss G arranged her own transport and travelled to her family home, incurring significant expenses. As she remained unhappy with UHI's position, she asked us to look into her complaint. She also felt that UHI had unreasonably delayed making a claims decision, which had caused her to incur additional costs.

Our investigator didn't think UHI had treated Miss G unfairly. She felt it had been fair for UHI to conclude that Miss G could undergo the treatment she needed in the UK. So she thought it had been reasonable for UHI to find that Miss G's claim wasn't covered. And she also considered UHI had dealt with Miss G's claim in a timely way.

Miss G disagreed and I've summarised her responses in my own words. In brief, she felt that UHI hadn't considered her unique situation and the need for urgent medical repatriation. She thought it hadn't fairly applied the policy terms or placed appropriate weight on the evidence from her psychiatrist. She didn't think UHI had met the relevant regulator's rules and principles when it considered her claim – in particular, because she was a vulnerable consumer. She maintained that UHI had unreasonably delayed her claim, causing her to incur further costs. She wanted us to direct UHI to review its practices and procedures around claims for complex psychiatric repatriation.

The complaint was passed to me to decide.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, whilst I'm very sorry to disappoint Miss G, I don't think it was unfair for UHI

to turn down her claim and I'll explain why.

First, I'd like to say how sorry I was to hear about Miss G's illness and the impact the very difficult situation in which she found herself had on her. It's clear this was a very upsetting and worrying time for Miss G. I'd also like to reassure Miss G that while I've summarised the background to her complaint and her detailed submissions to us, I've carefully considered all that's been said and sent. In this decision though, I haven't commented on each point that's been raised and nor do our rules require me to. Instead, I've focused on what I think are the key issues.

It's also important I make it clear that we're not the industry regulator. This means we can't tell financial businesses to change their policies or procedures. So I can't direct UHI to review its practices or procedures with regard to psychiatric claims. Our role is to consider complaints brought by individual consumers and to decide, based on the specific circumstances of that case, whether we think a financial business did something wrong which has caused a consumer to lose out or suffer material distress and inconvenience.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they mustn't turn down claims unreasonably. I've taken those rules into account, amongst other relevant considerations such as regulatory principles and guidance, the policy terms and the available evidence, to decide whether I think UHI handled this claim fairly.

Was it fair for UHI to turn down Miss G's claim?

I've first considered the policy terms and conditions, as these form the basis of the insurance contract. UHI does provide cover for medical evacuation and repatriation services. The contract says:

*'If an Insured Member sustains an Illness or Bodily Injury and **adequate medical facilities are not available locally in the opinion of Our Medical Director**...We will provide evacuation (under medical supervision if necessary) to the nearest facility within their area of cover capable of providing adequate care by whatever means are medically necessary.'* (My emphasis added).

The policy also sets out a list of things UHI has specifically chosen to exclude from cover. This includes:

'Travel and accommodation costs unless specified under the benefit or agreed by us in writing prior to travel.'

In my view, the contract terms make it clear that UHI will cover medical evacuation and repatriation if adequate local medical facilities aren't available to treat an insured member's illness or injury.

UHI reviewed the medical evidence Miss G had provided and the circumstances of her claim, including with its Medical Director. And it concluded that the claim wasn't covered because it felt adequate medical facilities were available in the UK to treat her particular conditions. I've therefore gone on to decide whether I think this was a reasonable conclusion for UHI to draw.

I've considered a letter written by Miss G's consultant psychiatrist. In brief, they explained the change in Miss G's personal circumstances and the deterioration of her medical conditions. They said:

'In the current circumstances, it is important that (Miss G) is repatriated safely to her family

home in (another country) where she can be supported by her family, recover in a reassuring environment and start to rebuild her life...

In (another country) she will need close monitoring and support either through enhanced community treatment or perhaps a brief inpatient admission.'

It's clear from the psychiatrist's letter that they felt it was important for Miss G to be repatriated to her family so she could be supported and recover. It's also clear that the psychiatrist felt Miss G needed further treatment.

However, I don't think it was unreasonable for UHI to conclude that this letter wasn't sufficient evidence to show that Miss G's claim was covered by the policy terms. That's because the psychiatrist didn't suggest that local facilities in the UK weren't adequate to treat Miss G's conditions or that local UK facilities would be unable to do so. Instead, the psychiatrist focused on the support Miss G's family could offer her.

I can see from UHI's records that it did discuss Miss G's claim more than once and that it did take her particular vulnerabilities into account when doing so. So I'm satisfied it fairly met its regulatory obligations when it assessed Miss G's claim.

It's important I make clear that neither UHI nor I dispute that it was important for Miss G to return to her family to recover. But that doesn't mean that UHI is bound to pay a claim which isn't otherwise covered. I haven't seen any persuasive medical evidence that shows local facilities in the UK couldn't have provided the treatment the psychiatrist concluded Miss G needed. And so, I don't think UHI acted unfairly or unreasonably when it decided that Miss G's medical evacuation and repatriation claim wasn't covered. I'd add too that on the facts of this case, I don't think there are any reasonable grounds upon which I could tell UHI to depart from a strict application of the policy terms.

UHI has stressed that it will consider a claim for the costs of medical treatment Miss G incurs either in the country she's been staying in or in the UK. It's open to Miss G to make such a claim if she wishes to do so.

Overall, despite my natural sympathy with Miss G's position, I don't think it was unfair or unreasonable for UHI to turn down her claim.

Did UHI handle the claim fairly?

Miss G feels that UHI unfairly delayed making a claims decision and that this led her to incur costs she wouldn't otherwise have done. I've listened to the initial claims call between Miss G and UHI. Miss G explained the situation and I think UHI's call handler clearly told Miss G upfront that her costs wouldn't be covered. Given Miss G's appeal and her vulnerabilities, I think it was reasonable and appropriate for UHI to consider her claim further, including asking a specialist team to review her psychiatrist's letter. It made a final claims decision seven days after Miss G made her claim and issued a final complaint response the day after that. I don't find this to be an unreasonable period of delay.

I think then that UHI considered Miss G's claim in a timely way and that it appropriately managed her expectations from the start as to the likely outcome of her claim. So I don't think it would be fair or reasonable for me to make an award of compensation, when I'm not persuaded that UHI handled Miss G's claim unreasonably.

My final decision

For the reasons I've given above, my final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss G to accept or reject my decision before 3 December 2025.

Lisa Barham
Ombudsman