



What you need to know

Business Health

Plan overview document

Insurer: AXA PPP healthcare Limited trading as AXA Health

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority with registered number 202947. Registered address: 20 Gracechurch Street, London EC3V 0BG.

The information provided in this document is a summary of the key features and exclusions of the plan and does not form part of the contract between the group and AXA PPP healthcare Limited. This document is issued to the group, who is the legal holder of the group private medical insurance policy. Lead members and any family members covered under the contract are entitled to benefits as set out in the plan documents. This document is made available to the group to share with the lead member. This document should be shared with all family members on the plan. Complete pre-contract and contractual information about the product will be provided in the plan documents, including the contract of insurance.

About the Private medical insurance

What is this type of insurance?

Private medical insurance provides cover for the private treatment of new acute medical conditions that arise after joining the plan. There are a number of different options for you to choose from so you can create a plan that works for you.

Where am I covered?

Cover is provided for private medical treatment received in the United Kingdom (UK).

If you have the Extended Cover Option there is also cover for planned private treatment received outside of the UK if agreed with us in advance.

Core benefits - benefits for everyone

- ✓ 24/7 health support line. Direct telephone access to our healthcare professionals for you and your family.
- ✓ Support for muscle, bone and joint problems. Access to a telephone or online consultation with a physiotherapist without the need to see a GP first. For members aged 18 or over.
- ✓ AXA Doctor at Hand service. Access to telephone or video consultations.

Optional cover - build up your cover with these

Diagnostics only option

Out-patient treatment to establish diagnosis

- Diagnostic surgery - no yearly limit.
- CT, MRI and PET scans paid in full at a hospital or scanning centre in our Directory of Hospitals, when referred by the treating specialist.
- Up to two out-patient specialist consultations each year and no yearly limit for diagnostic tests.

Treatment options

In-patient and day-patient treatment

- Private hospital and day-patient unit fees paid in full at a facility in our Directory of Hospitals.
- If the group has the Guided option you will only be covered for fees from a specialist we have sourced for you - no yearly limit.
- If the group does not have the Guided option you have cover for specialist fees from a specialist on our 'fee approved' list - no yearly limit.
- Hospital accommodation for one parent while their child is receiving treatment - paid in full.
- Costs towards a close relative or friend to stay in a hotel nearby when a member is having private treatment - up to £100 a night up to £500 a year.
- Cancer treatment including radiotherapy and chemotherapy.

Out-patient treatment

- Surgery - no yearly limit.
- CT, MRI and PET scans paid in full at a hospital or scanning centre in our Directory of Hospitals, when referred by the treating specialist.

Out-patient options

- Out-patient specialist consultations and diagnostic tests ordered or performed by a specialist:
- No yearly limit with Full out-patient option.
- Up to 4 specialist consultations a year and no yearly limit on diagnostic tests and practitioners fees with Enhanced out-patient option.
- Up to 2 specialist consultations a year and no yearly limit on diagnostic tests with Standard out-patient option.

Therapies option

- Physiotherapist, chiropractor, osteopath or acupuncturist out-patient treatment fees if the group has the Therapies option - no yearly limit up to a maximum of ten sessions. Further sessions may be available on specialist referral.

Mental Health option

- Mental health treatment as an in-patient, day-patient or out-patient.

Private GP option

- Fees for private GP consultations, up to £500 a year.

Dentist and Optician cashback option

- Cashback for dentist and opticians fees if the group has the Dentist and Optician cashback plus option.
- Dentist's fees up to £400 a year - 80% of the costs.
- Prescribed glasses and contact lenses up to £200 a year - 80% of the costs.
- Eye test - up to £25 a year.

Travel option

- Travel cover if the group has the Travel option. (see below for full details on this cover).

Employee Assistance Programme Essential option

- 24/7 phone support for psychological issues.
- LifeManagement™ – help with legal, debt, family, consumer and housing concerns.

Employee Assistance Programme Premier option

- 24/7 phone support for psychological issues plus up to 8 sessions of face to face counselling.
- LifeManagement™ – help with legal, debt, family, consumer and housing concerns.

Are there any restrictions on cover?

- ! If there is an excess on the plan we will take the excess off the amount covered by the plan for the first claim for each person per membership year.
- ! The Extended Cover option is only available if the group does not have the Guided Option.
- ! Cover for treatment of psychiatric illness is only available if the group has the Mental Health Option.
- ! Private treatment of cancer if the group has chosen the NHS cancer support option.
- ! If the group has a 6 week rule plan: Treatment needed urgently, or in an emergency, or treatment that the NHS can provide within 6 weeks of when the member needs it.
- ! We only cover treatment shown to be safe and effective by The National Institute for Health and Care Excellence (NICE) or supported by clinical trials recognised by us. We only cover advanced therapies involving modification of genetic material when they are listed on our website.
- ! If the group has the Guided option: We will only pay for treatment with a specialist we have sourced for you.
- ! If the group has not chosen the Guided option: There is Limited cover for recognised specialists not on our 'fee approved' list unless the group has the Extended Cover Option.

What is not insured?

- ✗ Treatment of medical conditions that the member had, or had symptoms of, before joining. If the group joins on different terms it will be shown in the plan documents.
- ✗ Treatment or monitoring of ongoing, recurrent and long-term conditions (also known as 'chronic conditions'), unless the group has Extended Cover Option and has some cover for the ongoing monitoring of specific chronic conditions.
- ✗ Pregnancy and childbirth.
- ✗ Out-patient specialist consultations, diagnostic tests unless the group has the Standard Out-patient option, the Enhanced Out-patient option or the Full Out-patient option.
- ✗ Out-patient practitioner fees, unless you have the Enhanced Out-patient option or the Full Out-patient option.
- ✗ Out-patient treatment with a physiotherapist, chiropractor, osteopath or acupuncturist, unless the group has the Therapies Option.
- ✗ Fees for services that would normally be carried out by a GP practice unless you have chosen the Private GP Option or have a consultation with the AXA Doctor at Hand service.
- ✗ Fees for services provided by a dentist or optician unless you have the Dentist or Optician cashback option.
- ✗ Fees if members choose to use a hospital that is not in our Directory of Hospitals. The extended cover option has extra cover for hospitals, day-patient units and scanning centres in the UK outside of our Directory of Hospitals.
- ✗ Fees for treatment with specialists we do not recognise.
- ✗ If the group has the Guided Option: Fees for treatment with specialists we have not sourced for you.
- ✗ Treatment of a psychiatric illness unless the Mental Health Option has been chosen.
- ✗ Preventative treatment or tests when there are no apparent symptoms.
- ✗ Fees for out-patient drugs or dressings and private prescriptions.