

Policy summary / **Health Cover Range**



What you need to know

April 2010



PPP HEALTHCARE

redefining / standards

Health Cover Range



This policy summary provides a brief description of this private medical insurance from AXA PPP healthcare, your membership statement and our Directory of Hospitals.

The following is a summary of the key benefits of Health Cover, Health Cover Extra, Health Cover Plus, H

Benefits	Health Cover	Health C
In-patient and day-patient treatment		
Hospital charges for treatment in a hospital listed in our Directory of Hospitals.	✓	✓
Consultant/specialist fees.	✓	✓
Diagnostic tests.	✓	✓
Radiotherapy/chemotherapy.	✓	✓
Psychiatric treatment.	x	x
Out-patient treatment		
Surgical procedures.	✓	✓
Diagnostic tests.	x	✓
Consultations with a consultant/specialist.	x	Two consu
Physiotherapy and complementary practitioners' charges.	x	x
Radiotherapy/chemotherapy.	✓	✓
Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) in a scanning centre listed in our Directory of Hospitals.	✓	✓
Psychiatric treatment.	x	x
Additional benefits		
NHS cash benefit of £50 per night up to £2,000 a year.	✓	✓
Day-patient and out-patient NHS radiotherapy and chemotherapy cash benefit of £50 a night up to £2,000 a year.	✓	✓
Parent accommodation for one parent to stay with a child under 14 covered by the policy.	✓	✓
Private ambulance.	✓	✓
Hospital-at-home – the cost of a nurse to administer intravenous chemotherapy for the treatment of cancer, or intravenous antibiotics at home.	✓	✓

are. It does not contain the full terms and conditions which can be found in the membership handbook,

Health Cover Plus Extra and Health Cover Deluxe.

Health Cover Extra	Health Cover Plus	Health Cover Plus Extra	Health Cover Deluxe
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✗	✗	✗	(Upgrade available)
✓	✓	✓	✓
✓	Up to a combined limit of £1,000 per year. Physiotherapy and complementary practitioners' charges included within the above limit, with a combined maximum of 10 GP referred sessions per year.	✓	✓
Multitreatments		Up to a combined limit of £1,000 per year. Physiotherapy and complementary practitioners' charges included within the above limit, with a combined maximum of 10 GP referred sessions per year.	✓
✓	✓	✓	Up to a combined maximum of 10 GP referred sessions per year.
✓	✓	✓	✓
✓	✓	✓	✓
✗	✗	✗	(Upgrade available)
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓

What is Health Cover?

The Health Cover policy offers you cover as a UK resident for private medical treatment in the UK, of new medical conditions that arise after you join. This includes in-patient and day-patient treatment and associated specialists' charges. In addition, it provides you with cover for out-patient surgical procedures, radiotherapy and chemotherapy, computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).

In addition you will be entitled to a no claims discount provided you don't make a claim.

There are eight levels from 0% to 50%. When you join we will tell you the initial discount level to which you are entitled. If you need to make a claim, you have the option of paying for treatment yourself, and keeping your discount. If a person covered by the policy chooses to make a claim, the level of discount for that person drops. But it will go up again if that person doesn't make a claim for the following policy year. In any year when a person covered by the policy makes one or more claims, the no claims discount for that person drops by three levels.

What is Health Cover Extra?

Health Cover Extra offers you the same benefits as Health Cover. In addition it offers two specialist out-patient consultations and no annual maximum for out-patient diagnostic tests for each person covered on the policy.

What is Health Cover Plus?

Health Cover Plus offers you the same benefits as Health Cover. In addition it offers up to £1,000 of benefits per year for out-patient diagnostic tests, consultations, complementary practitioner and clinical practitioner charges (including physiotherapy) for each person covered on the policy.

What is Health Cover Plus Extra?

Health Cover Plus Extra offers you the same cover as Health Cover. In addition it offers no annual maximum for out-patient diagnostic tests and up to £1,000 of benefits per year for out-patient consultations and complementary practitioner and clinical practitioner charges (including physiotherapy) for each person covered on the policy.

What is Health Cover Deluxe?

Health Cover Deluxe offers you the same benefits as Health Cover, together with no annual maximum for out-patient diagnostic tests, consultations, complementary practitioner and clinical practitioner charges (including physiotherapy) and psychiatric treatment (available as an upgrade), for each person covered on the policy.

What are the main exclusions and limitations of Health Cover, Health Cover Extra, Health Cover Plus, Health Cover Plus Extra and Health Cover Deluxe?

As with all insurance policies, general exclusions apply. The following is a summary of the main exclusions and limitations of the policy.

What are the main exclusions and limitations of cover?	Where can I find more information?
Treatment of medical conditions that existed, or you had symptoms of, before joining.	'Existing medical conditions' section of the membership handbook.
Ongoing, recurrent or long-term treatment of long-term illnesses (usually referred to as 'chronic conditions').	'Recurrent, continuing and long-term treatment' section of the membership handbook.
Health Cover only: Out-patient diagnostic tests, out-patient consultations.	'Your cover for certain types of treatment' section of the membership handbook.
Health Cover and Health Cover Extra: Clinical practitioners and complementary practitioner charges.	'Your cover for certain types of treatment' section of the membership handbook.
General dental procedures.	'Your cover for certain types of treatment' section of the membership handbook.
Psychiatric treatment (unless you have selected the upgrade available on Health Cover Deluxe).	'Your cover for certain types of treatment' section of the membership handbook.
Routine pregnancy and childbirth.	'Your cover for certain types of treatment' section of the membership handbook.
Treatment of injuries sustained from playing professional sport.	'Your cover for certain types of treatment' section of the membership handbook.
In-patient or day-patient treatment, MRI, CT or PET scans, oral surgical procedures or cataract surgical procedures not received in a hospital, scanning centre or facility not listed in our Directory of Hospitals.	'Where you are covered for treatment' section of the membership handbook.
We will pay eligible fees in full when a specialist, complementary practitioner or clinical practitioner charges up to the level within our published schedule of procedures and fees.	'Who we pay for treatment' section of the membership handbook.
Mandatory Excess This means you pay the first £100 of eligible claims, once each policy year, for each person covered by your policy.	'Additional information' section of the membership handbook.

As detailed above in the 'Main exclusions and limitations' section of this policy summary, your cover is restricted for treatment of medical conditions you had prior to joining. How this applies to your cover will depend on which basis you choose to join the policy, either on a moratorium or a fully underwritten basis. Whichever method you decide on will be confirmed on your membership statement. Further details can be found in the 'Existing medical conditions' section of your membership handbook.

How long will my cover last?

Your policy will be arranged for 12 months from the effective date on your membership statement.

What do I do if I want to make a claim?

If you need to make a claim simply call our team of Personal Advisers on 0800 454 080. Full details of how to make a claim are included in the membership handbook.

How do I complain?

We aim to provide you with the highest possible standards of service but accept there may be occasions when you feel that things have gone wrong for you and you are unhappy with us. If you have a complaint about any matter please contact us and we will do our best to address your concerns. Your feedback is vital to helping us improve. Further details on how to complain can be found in the 'Complaint and regulatory information' section of your membership handbook. If you are dissatisfied with the outcome of our investigation, you can ask the Financial Ombudsman Service to consider your complaint

If you have a claim against AXA PPP healthcare

In the unlikely event that AXA PPP healthcare becomes insolvent and is unable to pay the benefits under your policy, you are protected by the Financial Services Compensation Scheme (the FSCS).

Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk.

What if I change my mind?

You have a 14 day cancellation period. During this period you have the right to cancel your policy and have your premium returned in line with the terms for cancellation at renewal, as detailed in the 'Legal rights and responsibilities' part of the 'Complaint and regulatory information' section of your membership handbook. The cancellation period begins on the day your contract is agreed or on the day you received your full policy terms, if this is later, and will also apply from each renewal date.

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