



PPP HEALTHCARE

redefining / healthcare

Personal Health and Personal Health 6

Summary

October 2016



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Questions about the plan

Phone us:

01202 544 445

Monday to Friday

9am to 8pm

We may record and/or monitor calls for quality assurance, training and as a record of our conversation.



1. Overview of Personal Health

This section gives you a brief description of our Personal Health private healthcare plan from AXA PPP healthcare.

It doesn't contain the full terms and conditions. These can be found in your membership handbook.

1.1 > Summary of the Personal Health plan

1.2 > Summary of the Personal Health 6 plan

1.3 > Cancer cover on Personal Health plans

1.4 > Choose from a range of Options

1.5 > The main things we don't cover in the Personal Health plans

1.1 > Summary of the Personal Health plan

The Personal Health plan offers you cover for necessary treatment of new medical conditions that you get after you join. You can build a Personal Health plan which is unique to you. You can choose to select as many 'Options' as you wish to build your cover.

Your cover

With the Personal Health plan you have 'Core Cover' as standard. 'Core Cover' describes the main benefits. You can then choose 'Options'.

Our Core Cover includes services like Fast Track Appointments. This means we can save you time and trouble by quickly finding up to three specialists. We can also arrange and book the appointments at suitable times and locations for you.

Core Cover also includes:

If you're an in-patient or day-patient:

- Private hospital and day-patient unit fees as long as you use a hospital or day-patient unit in our Directory of Hospitals
- Cash payment of £50 each day or night if you use a hospital or day-patient unit that isn't in our Directory of Hospitals
- No yearly limit on specialist fees
- Hospital accommodation paid in full for one parent while a child (under 16) is in hospital. We'll also pay up to £100 a night (up to £500 a year) for one parent to stay in hotel accommodation near the hospital. This child must be covered by your membership and having treatment covered by it.

If you're an out-patient:

- No yearly limit for surgery
- CT, MRI or PET scans paid in full. A specialist must refer you.
- Cash payment of £50 a visit if you have a CT, MRI or PET scan at a hospital or day-patient unit that isn't in our Directory of Hospitals.

Other benefits:

- Ambulance transport which is medically necessary when you're having in-patient treatment
- Cash payment of £50 a day up to £2,000 a year if you have chemotherapy or radiotherapy free on the NHS
- Expert Help. Direct access to our healthcare experts for you and your family. This includes our paediatric and Ageing Well helplines.
- Working Body - If you experience muscle, bone or joint pain, you can speak to a physiotherapist over the phone without the need to see a GP first. The physiotherapist will listen to your concerns and advise the most appropriate treatment for you.

- Cash payment when you have free in-patient treatment under the NHS. You'll receive £50 a night up to £2,000 a year.
- Certain oral surgery will be paid in full as long as you use a facility that we have an agreement with covering oral surgery.

Extra cover for children aged 14 and under on your plan:

- Up to six sessions of speech therapy needed for developmental delay when referred by a GP or specialist
- Laser treatment to improve the appearance of removal of port wine stain birthmark from face
- One operation (called a pinnaplasty) to treat bat ears
- Telephone support from our dedicated Paediatric helpline for concerns about your child's health.

» For further details about Core Cover, see Section 1.1 in the membership handbook.

1.2 > Summary of the Personal Health 6 plan

The Personal Health 6 plan offers you the same benefits as Personal Health but with the Six week Option included. The Six week Option means your cover is for in-patient treatment and day-patient treatment and any surgical procedure only if the NHS can't give you that treatment within six weeks of when treatment should take place.

If you have the Personal Health Six week Option, and the NHS can give you the hospital treatment you need within six weeks of the date on which treatment should be undertaken, then you must use the NHS.

If you have an 'Out-Patient Option', you can go privately for out-patient consultations, diagnostic tests that don't involve surgery and CT, MRI or PET scans, whatever the length of the NHS wait.

» For further details about the benefits included in the Personal Health 6 please see Section 1.1 of this Summary.

1.3 > Summary of cancer cover on Personal Health plans

Personal Health and Personal Health 6 come with two levels of cancer cover.

Comprehensive Cancer Cover

If you have the Comprehensive Cancer Cover your cover includes:

- Radiotherapy and chemotherapy
- Surgery
- No time limit on cover for specialist cancer drugs, such as biological therapies (including Herceptin and Avastin) as long as they're used within the terms of their licence
- Specialist consultations with the specialist treating your cancer when you're an out-patient
- Experimental drug treatment, as long as you're a participant in an ethically approved trial and it's agreed by us in advance.

» For further details please see Section 4.1a in the membership handbook.

NHS Cancer Support

If you have the NHS Cancer Support cover we won't pay for the treatment of cancer. You'll need to use the NHS, or pay for the costs of treatment yourself.

If you're having cancer treatment on the NHS and you need a licensed cancer drug which the NHS won't pay for there is some cover.

» For further details please see Section 4.1b in the membership handbook.

1.4 > Choose from a range of Options

You will have 'Core Cover' as standard. You can then tailor your plan to suit you by choosing which 'Options' you want.

You can personalise your Personal Health plan by choosing from the following Options:

Out-patient Options

If you'd like out-patient cover there are two levels available. Please only choose one of these.

Standard out-patient Option

- Specialist consultations - up to three specialist consultations each year
- No yearly limit on diagnostic tests and practitioner fees when your specialist refers you.

Full out-patient Option

- No yearly limit for specialist consultations, diagnostic tests when your specialist refers you and practitioner fees when your specialist refers you.

Therapies Option

- No yearly limit on fees for out-patient treatment by physiotherapists, osteopaths or chiropractors when your GP refers you or when you have therapist treatment through our Working Body team. This is available up to an overall maximum of 10 sessions a year.
- Further sessions (when your specialist refers you as long as we agree them first).

Mental Health Option

In-patient or day-patient

- Private hospital and day-patient unit fees for psychiatric treatment paid in full
- Cash payment if you use a hospital or day-patient unit that isn't in our Directory of Hospitals. You'll receive £50 a night for in-patient treatment and £50 a day for day-patient treatment.
- No yearly limit on specialist fees for psychiatric treatment.

Out-patient

- No yearly limit on specialist consultations for psychiatric treatment
- No yearly limit for psychiatric treatment by psychologists and cognitive behavioural therapists.

Dentist and Optician Cashback Option

- 80% of your dentist's fees, up to £400 a year
- 80% of the cost of prescribed glasses and contact lenses, up to £200 a year
- Up to £25 a year for an eye test.

» For more details about the 'options', see Section 1.2 in the membership handbook

Extended Cover Option

- Fees for treatment at any hospital, day-patient unit, or scanning centre in the UK paid in full up to the normal daily rates published and charged by the facility
- Charges for treatment received outside of the UK paid up to the cost we would pay for equivalent treatment in the UK
- Fee limited specialist fees paid in full
- Doctor@Hand - Up to five consultations with a private GP a year. This GP service is for online, video or telephone consultations.
- Up to £500 a year for private GP consultations.

» For more details, see Section 4.1 in the membership handbook

European and Worldwide Travel Cover Option

- Our European and Worldwide Travel Cover plan will be applied with this option. This provides cover towards the cost of emergency medical treatment abroad.

» For more details, see the European and Worldwide Travel Cover Summary.

1.5 > The main things we don't cover in the Personal Health plans

Like all health insurance plans, there are a few things that your membership isn't designed to cover.

We've listed a summary of the more significant things here.

The main things we don't cover:

- Pregnancy and childbirth
- Treatment of medical conditions a member had, or had symptoms of before they joined
- Treatment of ongoing, recurrent and long-term conditions (chronic conditions)
- If you don't have [Comprehensive Cancer Cover](#), you don't have cover for treatment of cancer.

Six week Option (in addition to the above)

- Treatment that the NHS can give you within six weeks of when treatment should take place
- Emergency or urgent treatment if the Six week Option is selected.

The main things we don't cover depending on the 'Options' you have:

- If you don't have an [out-patient Option](#), you don't have any cover for out-patient diagnostic tests or consultations
- If you don't have the [Therapies Option](#), you don't have cover for fees for physiotherapists, acupuncturists, homeopaths, osteopaths or chiropractors
- If you don't have the [Mental Health Option](#), you don't have cover for any psychiatric treatment
- If you don't have the [Dentist and Optician Cashback Option](#), you don't have cover for dentists' or opticians' fees
- If you don't have the [Extended Cancer Cover Option](#), you don't have cover for hospital fees if you choose to use a hospital that is not in our Directory of Hospitals.

» For more details, see [Section 3 in the membership handbook](#)

2. Ways to reduce your subscription

2.1 > Six week Option

2.2 > Excess levels

2.3 > No Claims Discount

2.1 > Six week option

This option is a great way to save on your subscription yet still avoid long NHS waiting times. The Six week option means if in-patient or day-patient treatment or any operation is available on the NHS within six weeks from the date it should take place then you'll use the NHS. However, if the wait for treatment is longer than six weeks then you can contact us to arrange for private treatment.

2.2 > Excess levels

You have the option of including an excess to reduce your subscription. If you choose to have an excess, the minimum excess is £100. This means you'll pay the first £100 of eligible claims – but only once per membership year – for each person covered. To reduce your subscription further you can add an excess of £250, £500, £1,000*, £2,500* and £5,000*.

*£1,000, £2,500 and £5,000 excesses are not available with the 'Standard out-patient Option'.

2.3 > No Claims Discount (NCD)

There are 17 steps of No Claims Discount (NCD), from 0% to 80%. When you join we'll tell you the NCD level to which you're entitled. If you don't make a claim you'll be entitled to a further discount each year, up to 80%, see below. However, if you make a claim your discount will drop for that year.

If you pay for treatment yourself or have it on the NHS, your discount level won't be affected.

How to protect your NCD

If you need to make a claim, you have the option of paying for treatment yourself, and keeping your no claims discount. You might choose to do this if your claim is small. If you or anyone on your plan chooses to make a claim, the level of discount for that person drops by three levels. But it will go up again by one level if that person doesn't make a claim for the following year.

When you come to renew your membership, you can choose to pay us back for any claims we've paid during the previous year. We'll then re-calculate your no claims discount and subscription.

You may also have the option of protecting your NCD for an additional cost when you join or at renewal.

» For further information on the above please see Section 5 in the membership handbook.

3. Important information

3.1 > How long is my cover?

3.2 > What do I do if I need to make a claim?

3.3 > How to complain

3.4 > Claiming against AXA PPP healthcare

3.5 > What if I change my mind?

3.1 > How long is my cover?

Your plan will be arranged for 12 months from the start date on your certificate.

3.2 > What do I do if I need to make a claim?

If you need to make a claim simply call our team of Personal Advisers.

» For further information on making a claim please see Section 2 in the membership handbook.

3.3 > How to 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'll do our best to address your concerns. Your feedback is vital to helping us to improve. Further details on how to complain can be found in the 'Making a complaint' section of the membership handbook. If you're dissatisfied with the outcome of our investigation, you can ask the Financial Ombudsman Service (FOS) to consider your complaint. You should contact the FOS (0800 023 4567 or 0300 123 9 123) to find out whether you'd be eligible to have your complaint considered by the FOS, as you'll need to meet specific criteria depending on your particular circumstances.

3.4 > Claiming against AXA PPP healthcare

In the unlikely event that AXA PPP healthcare becomes insolvent and is unable to pay benefits under your plan, you may be entitled to claim compensation from the Financial Services Compensation Scheme (FSCS). To find out whether you'd be eligible to claim under the scheme you should contact the FSCS (0207 892 7300).

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

3.5 > What if I change my mind?

You have the legal right to cancel your plan up to 14 days from the day that your membership contract begins, or the day that you receive the full plan terms and conditions. This is known as the 'cooling off period'. If you cancel during this period, you'll not have to pay anything, as long as you haven't made a claim within that period.

Notes

Notes

How to get in touch

Questions about your plan

01202 544 445

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