

Group private medical insurance

Insurance Product Information Document



Company: AXA PPP healthcare Limited

Product: PHC Healthcover4life Plan 3

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 Insurance Product Information Document (IPID) is issued to the group, who is the policyholder 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 and any of their eligible 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.

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.



What is insured?

In-patient and day-patient treatment

- ✓ Private hospital and day-patient unit charges paid in full at a facility in our Directory of Hospitals.
- ✓ Specialist fees from a specialist on our 'fee approved' list - no yearly limit.
- ✓ Hospital accommodation for one parent while their child is receiving eligible private treatment - paid in full.
- ✓ Costs towards a close relative or friend to stay in a hotel nearby when a member is having eligible private treatment - up to £100 a night up to £500 a year.
- ✓ Cancer treatment. In-patient and day-patient treatment.

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.
- ✓ Specialist consultations, diagnostic tests and practitioner charges as an out-patient.
- ✓ Up to a combined limit of £1,000 for:
 - Psychiatric services including consultations;
 - Up to 10 sessions per person per year for treatment with physiotherapists;
 - Up to 10 sessions per person per year for treatment with chiropractors, osteopaths and acupuncturists.
- ✓ Specialist consultations with a cancer treating specialist.

Other benefits

- ✓ Nurse to give antibiotics by intravenous drip at home which would otherwise have required admission as an in-patient or day-patient.
- ✓ 24/7 health support line. Direct telephone access to our healthcare professionals for members and their families.
- ✓ 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



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').
- ✗ Pregnancy and childbirth.
- ✗ Fees for services that would normally be carried out by a GP practice, unless you have a consultation with the AXA Doctor at Hand service.
- ✗ Fees for services provided by a dentist or optician.
- ✗ Fees if members choose to use a hospital that is not in our Directory of Hospitals.
- ✗ Any dental procedures.
- ✗ Preventative treatment or tests when there are no apparent symptoms.
- ✗ Fees for treatment with specialists we do not recognise.
- ✗ Fees for out-patient drugs, dressings and private prescriptions.



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.
- ! If the group has Plan 3b - 6 week wait: No cover for treatment needed urgently or in an emergency, or treatment that the NHS can provide within 6 weeks of when it is needed.
- ! Limited cover for recognised specialists not on our 'fee approved' list.
- ! Treatment must be received at a facility that is in our Directory of Hospitals.

and over. (Subject to the terms and conditions and the underwriting conditions applied to their cover).

- ✓ Mental health assessments and support service – for any mental health concerns, members aged 18 or over can speak to a counsellor or psychologist over the phone without the need to see a GP first. (Subject to the terms and conditions and the underwriting conditions applied to their cover).
- ✓ Our specialist appointment booking service can help the member find a suitable specialist and make an appointment.
- ✓ Access to the Counselling and Support Service to discuss your issues and provide guidance, including everyday matters such as legal and financial concerns. For members aged 16 or over.
- ✓ AXA Doctor at Hand service. Access to telephone or video consultations.
- ✓ Road ambulance transport between a hospital and another medical facility when it's medically necessary – paid up to £250 per person per year.

- ! 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.
- ! Psychiatric treatment, including mental health assessments and support service, will not apply if Plan 3a or 3b is chosen.
- ! Cover for treatment of psychiatric illness as an in-patient is limited to 28 days per person per year.
- ! Support for muscle, bone and joint problems is only available to members aged 18 or over.
- ! Mental health assessments and support service is only available to members aged 18 or over.
- ! Counselling and Support Service is only available to members aged 16 and over.



Where am I covered?

- ✓ Cover is provided for private medical treatment received in the United Kingdom.



What are my obligations?

- You must give us complete and accurate answers to any questions we may ask.
- If anything changes between the time the group agreed to enter into the group insurance contract and the start date, you must contact us.
- The premium must be paid on time.
- You must meet the terms set out in the group insurance contract.



When and how do I pay?

The group premium can be paid yearly by Direct Debit, cheque or bank transfer or monthly or quarterly by Direct Debit.



When does the cover start and end?

The group policy will start on the date shown on the certificate of insurance and is in place for one year.



How do I cancel the contract?

The group insurance contract can be cancelled by writing to or calling us within the first 14 days after the start or renewal date. If this is done, the group will receive a refund of the premium that has been paid provided that no claims have been paid in that time. If the group insurance contract is not cancelled within this time, it will continue so long as the group premium continues to be paid.