

Group private medical insurance

Insurance Product Information Document

Company: AXA PPP healthcare Limited



PPP HEALTHCARE

Product: PHC Healthcover4life Plan 1

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. 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 - no yearly limit.
- ✓ Hospital accommodation for one parent while their child is receiving private 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. In-patient and day-patient.
- ✓ Psychiatric services up to 45 days per person per year.

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, on specialist referral.
- ✓ Specialist consultations with a cancer treating specialist.
- ✓ Specialist consultations, diagnostic tests ordered or performed by a specialist and practitioner fees on specialist referral paid with no yearly limit.
- ✓ Psychiatric services including consultations, up to 20 sessions per person per year for treatment with physiotherapists, up to 20 sessions per person per year for treatment with chiropractors, osteopaths, acupuncturists and homeopaths - no annual maximum.
- ✓ Provision of external prosthesis – up to £5,000 a year.

Other benefits

- ✓ Nurse to give chemotherapy or antibiotics by intravenous drip at home which would otherwise have required admission as an in-patient or day-patient.
- ✓ Expert Help. Direct telephone access to our healthcare experts for you and your family.



What is not insured?

- ✗ Treatment of medical conditions that you had, or had symptoms of, before joining. If you join on different terms it will be shown on your membership certificate.
- ✗ Treatment of ongoing, recurrent and long-term conditions (chronic conditions), apart from routine out-patient management of certain specified chronic conditions if the 'Plus' upgrade is chosen.
- ✗ Pregnancy and childbirth.
- ✗ Any general dental procedures.
- ✗ Fees for services that would normally be carried out by a GP practice, dentist or optician.



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.
- ! Working Body is only available to members age 18 or over.
- ! Psychiatric benefit, including Stronger Minds, will not apply if the group has Plan 1a.
- ! Stronger Minds is only available to members age 18 or over.
- ! Treatment must be received at a facility that is in our Directory of Hospitals.

- ✓ Working Body – for muscle, bone or joint pain, members age 18 or over can speak to a physiotherapist over the phone without the need to see a GP first.
- ✓ Fast Track Appointments service can help the member find a suitable specialist and make an appointment.
- ✓ AXA Doctor at Hand service. Access to telephone or video consultations with a GP at the AXA Doctor at Hand service.

Optional cover

- Private hospital and day patient unit charges paid up to normal daily rates at a facility not listed in our Directory of Hospitals if the 'Plus' upgrade is chosen.
- Specialist fees for specialists who is recognised, if the 'Plus' upgrade is chosen - no yearly limit.
- Routine out-patient management of certain specified chronic conditions if the 'Plus' upgrade is chosen.
- GP fees. Up to £500 per person per year towards private GP fees if the 'Plus' upgrade is chosen.



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.