

Plan 2

Corporate HealthCover4life Plans

In-patient and day-patient	Benefits	Notes
Nursing and accommodation Operating theatre/recovery room Prescribed medicines and drugs Diagnostic procedures Consultations Specialist physicians' fees Physiotherapy	Paid in full	Fees are paid in full within a private hospital or day-patient unit listed in the Directory of Hospitals. <i>Please see the Membership Handbook for full details.</i>
Out of directory cash benefit	£50 a night for in-patient treatment £50 a day for day-patient treatment	Payable if you receive eligible private in-patient / day-patient treatment at a hospital or day-patient unit not listed in the Directory of Hospitals.
Physicians, surgeons and anaesthetists fees	Paid in full	Fees are paid in full when charges are up to the level within our published schedule of procedures and fees. <i>Please see the Membership Handbook for full details.</i>
Private hospital and day-patient unit fees for psychiatric treatment	Up to 28 days	Benefit is per person per policy year.
Hotel accommodation for one close relative or friend while a member is in hospital	Up to £120 per night up to £600 per year	Fees paid for the cost of one close relative or friend to stay near to the private hospital where a member is having treatment. The member must be having treatment covered by the plan and the purpose of the hotel stay must be to provide support to the member.
Accommodation for one parent while their child is in hospital	Paid in full	Covers the cost of one parent staying in hospital with their child. The child must be covered by your membership and having treatment covered by it.
Out-patient - section 1		
CT, MRI and PET scans on specialist referral	Paid in full	Fees are paid in full if you use a scanning centre listed in the Directory of Hospitals. <i>Please see the Membership Handbook for full details.</i>
Active treatment of cancer including radiotherapy and chemotherapy		Includes consultations with your cancer treating specialist and diagnostic tests ordered by your cancer treating specialist.
Out-patient surgical procedures	No yearly limit	
Out-patient - section 2		
Specialist consultations and practitioner fees	No yearly limit	A consultation may be face-to-face, telephone, a video link or an online case assessment with a relevant care service provider we work with.
Diagnostic tests	No yearly limit	
The next three benefits in Section 2 have a combined overall limit of up to £1,500 per person per policy year		
Psychiatric services including consultations	No yearly limit	This includes remote consultations by telephone or via a video link instead of you going to an out-patient clinic.
Physiotherapy	Up to an overall maximum of 10 sessions per policy year	We will pay for physiotherapy treatment when referred by your GP or our muscles, bones and joints service. Further sessions are available when your specialist refers you.
Therapist and acupuncturist treatment	Up to an overall maximum of 10 sessions per policy year	We will pay for osteopath, chiropractor & acupuncturist treatment in any combination when referred by your GP or our muscles, bones and joints service. Further sessions are available when your specialist refers you.

Additional benefits

Home nursing following in-patient or day-patient treatment	No yearly limit	We will pay for the fees for a qualified nurse when nursing is provided under direction of the treating specialist for medical reasons, and it immediately follows in-patient or day-patient treatment.
Private ambulance between medical facilities	Up to £250 ppy	When medically necessary to transfer you between facilities when receiving eligible in-patient or day-patient treatment.
NHS cash benefit	£100 a night	Up to a maximum of £2,000 . Benefit is per person per policy year. We pay this when we would have covered your treatment if you had had it privately.
NHS day-patient benefit	£50 per claim	We pay this when we would have covered your treatment if you had had it privately.
Chemotherapy for cancer or antibiotics by IV drip at home	No yearly limit	The cost of a nurse to administer intravenous chemotherapy or intravenous antibiotics at home. <i>Please see the Membership Handbook for full details.</i>
Radiotherapy and chemotherapy cash benefit	£50 per day	Up to a maximum of £2,000 . Benefit is per person per policy year.
Hospice cash benefit	£75 per day	We will pay this when you are at the terminal stage of cancer. Payable up to a maximum of 15 days for the lifetime of your membership.
Hospice donation	£75 per day	We will pay a charitable donation to a hospice providing care in the terminal stage of cancer. Payable for a maximum of 15 days for the lifetime of your membership.
Provision of external prostheses	Up to £5,000	
Health coaching		We will cover a six-month course each year, with an AXA Health Coach via an app on your smart device. They will help you make appropriate health and lifestyle choices, focusing on diet and nutrition.
The cost of wigs or other temporary head coverings or external prosthesis	Up to £400 for wigs or head coverings and up to £5,000 for prostheses, per person per policy year	Needed because of cancer whilst you are having treatment to kill cancer cells.
New child benefit	£100	There is a qualification period of 10 months for this benefit. It requires an original or certified copy of the long birth certificate or adoption papers.
24/7 health support line		
Counselling and support service		Only available to members aged 16 years and over.
Muscles, bones and joints service		Only available to members aged 18 years and over.
Mental health assessment and support service		Not available on Plan 2a. Only available to members aged 18 years and over.
AXA Doctor at Hand, powered by Doctor Care Anywhere ¹		Video or telephone consultations through the AXA Doctor at Hand service.

¹ Subject to an appointment availability and the Doctor Care Anywhere fair use policy. Access to AXA Doctor at Hand is not available to under 18s covered on the policy.

Plan options

PHC Plus

Out of hospital network	Paid up to the normal daily rates published and charged for a private hospital or day-patient unit not listed in the Directory of Hospitals.
Specialist fees	We will pay eligible treatment charges in full when they are made by a specialist or anaesthetist who is recognised.
Routine out-patient management of specified chronic conditions	We will pay for out-patient routine follow-up consultations and associated diagnostic tests with a specialist for the purpose of monitoring the on-going control of a specified chronic condition. Specified chronic conditions are: angina, asthma, diabetes, epilepsy, heart valve problems, high blood pressure, glaucoma, osteoarthritis, rheumatoid arthritis, thyroid problems and ulcerative colitis.
Fees for visits to a private GP for consultations and minor GP surgery	Fees for private GP consultations and GP minor surgery. Up to £500 per person per policy year.

Option A	
Removal of all psychiatric benefit	

Excess options (payable per person, per policy year)

£0	£100	£150	£250	£500	£1,000	£2,500
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Limits are per person, per policy year (unless otherwise stated). For more details on what is and isn't covered, including any limitations, please refer to the membership handbook.



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