



Health

Your health in expert hands

Personal Health

Private healthcare cover for individuals





We know health

How precious it is How much it means How to help you live life well

We were founded in 1940 by doctors and hospitals working together. Our founders came together to bring quality healthcare to more people. And we're still shaped by clinicians today.

Every day we use what we learned on the ward round, at the clinic, and in the operating theatre to make AXA Health the best it can be for you.

We help look after the health of our members. Reassuring them when they're worried. Helping them get the care they need when they're ill. Helping them and their families live well every day.

We'll be there when you need us most.
Nothing's more important to us.

Helping you and your family live well every day.

What's inside

Welcome to Personal Health	4
Specialist appointment booking service	5
Cancer cover	6
Family cover	7
Physiotherapy service	8
Welcome to a fast easy way to see a GP	8
Create your Personal Health plan	9
Your health when you join us	14

With access to medical specialists and other practitioners, and hospitals across the UK, you're never far from the help you need.

Welcome to Personal Health

When life throws you an unexpected challenge, access to diagnosis and treatment are what matter most, along with genuine help, support and understanding from people who care. The earlier you get help, the sooner you can start feeling like yourself again.

With Personal Health cover you're seen and treated quickly when you're ill. You're treated in a private hospital, or the private wing of an NHS hospital. And you have your treatment in comfort – usually your own room, an en-suite bathroom, and flexible visiting hours.

Like all private healthcare plans, we can't cover everything. Outpatient drugs aren't covered on this plan, and we may limit what you're covered for depending on your health when you join us.

You're irreplaceable. You're a one-of-a-kind combination of the genes you were born with and the experiences you've had. Whatever it takes to be well, we think you're worth it.



Specialist appointment booking service

1. We make it easy to help you see a specialist quickly, when you've chosen to include an outpatient cover option on your plan, we make it easy to help you see a specialist at a time that suits you. You just need to ask the GP for an open referral.
2. We can give you a choice of up to three specialists and you can get in touch when you're ready or we can book an appointment for you.
3. We aim to come back to you by the end of the next working day or sooner, having sourced and booked an appointment with a specialist near you.



Cancer cover

Opting to include Comprehensive Cancer Cover on your Personal Health plan offers peace of mind and the feeling of reassurance

We've highlighted below some of our key benefits this cover offers. (Please note access to Comprehensive Cancer Cover depends on your medical history and cover options chosen).

Prompt access to expert help

When you've been diagnosed with cancer, you'll have quick access to specialists, and other health professionals when needed.

Often the questions we have about our health come when we least expect it. You can speak to our specialist cancer healthcare professionals on our cancer support service 9am to 5pm Monday to Friday. Outside these hours our healthcare professionals provide round the clock support by phone.

Access to eligible cancer drugs and treatments

We want to help you get healthy and on your way to recovery as quickly as possible. That's why if your specialist recommends it, we will cover the costs of licensed drugs when they're prescribed within the terms of their license. Outpatient drugs are not covered by this plan.

Treatment at a location to suit you

Across our Directory of Hospitals, you'll find specialist units, screening centres, day-patient units and treatment units that suit you and your needs.

We want your journey to be as smooth as possible, so if your doctor thinks it is appropriate, you'll also be able to receive chemotherapy to kill cancer cells by IV drip, injection or tablets at home.

We're here for you day and night.

Family cover

We'll be here to hold your hand

With enhanced family cover from Personal Health, we're here for you day and night, just as you're there for your loved ones. We'll help you protect your family and keep everyone well. And, amidst the whirl of family life, we'll have the time to support you – whenever you need us.

Free cover for new arrivals

When your baby arrives, you'll feel reassured to know your little one has cover on your plan too (restrictions may apply). Just give us a quick call within 13 weeks of their birth to share your news and cover for your new-born will be free until your renewal date.

A helping hand in pregnancy and beyond.

Being a new parent is a joyful but daunting time. Even if you've had a baby before, it can be hard to know everything's as it should be.

If you have a question before or after the baby is born, with enhanced family cover you can contact our 24/7 health support line and speak to one of our qualified midwives. They can offer support and information, check how things are progressing for you and your baby – and help you adjust to your vital new role. Midwives are available from 8am to 8pm Monday to Friday, until 4pm on Saturday, and until 12pm on Sunday

Supporting developmental delay

We understand you want the best for your little one. If your child needs a little extra support in the development of their speech, we can help. Up until the age of 14, we offer up to six sessions of speech therapy per year, without affecting your no claims discount. This is only available as long as they do not have any speech therapy sessions booked or are on a waiting list for speech therapy when your cover starts.

Accommodation when your child is in hospital

Being away from home can be a worrying time for children, especially when their stay is in hospital. We make it easier for you to be near your child while they receive treatment covered by the plan. We'll pay for a parent to stay with them in hospital, and up to £100 a night towards accommodation for another in a nearby hotel (up to £500 a year).

Answers when you need them

We all want answers we can trust. There's no need to waste time wading through the web for help. Our online health centres will guide you straight to the information you need, and with your Personal Health cover, if you'd rather speak to someone, you can call our health information helpline – day or night. Whether you're worried about your 100 year old grandmother or your one week old baby, an experienced 24/7 health support line nurse is just a phone call away.

Our online GP and muscles bones and joints services fit around you and your life.

Getting you to the right care for muscles, bones and joints, fast

**You can't postpone back pain or schedule a sprain
We'll help you get the support you need, when you need it**

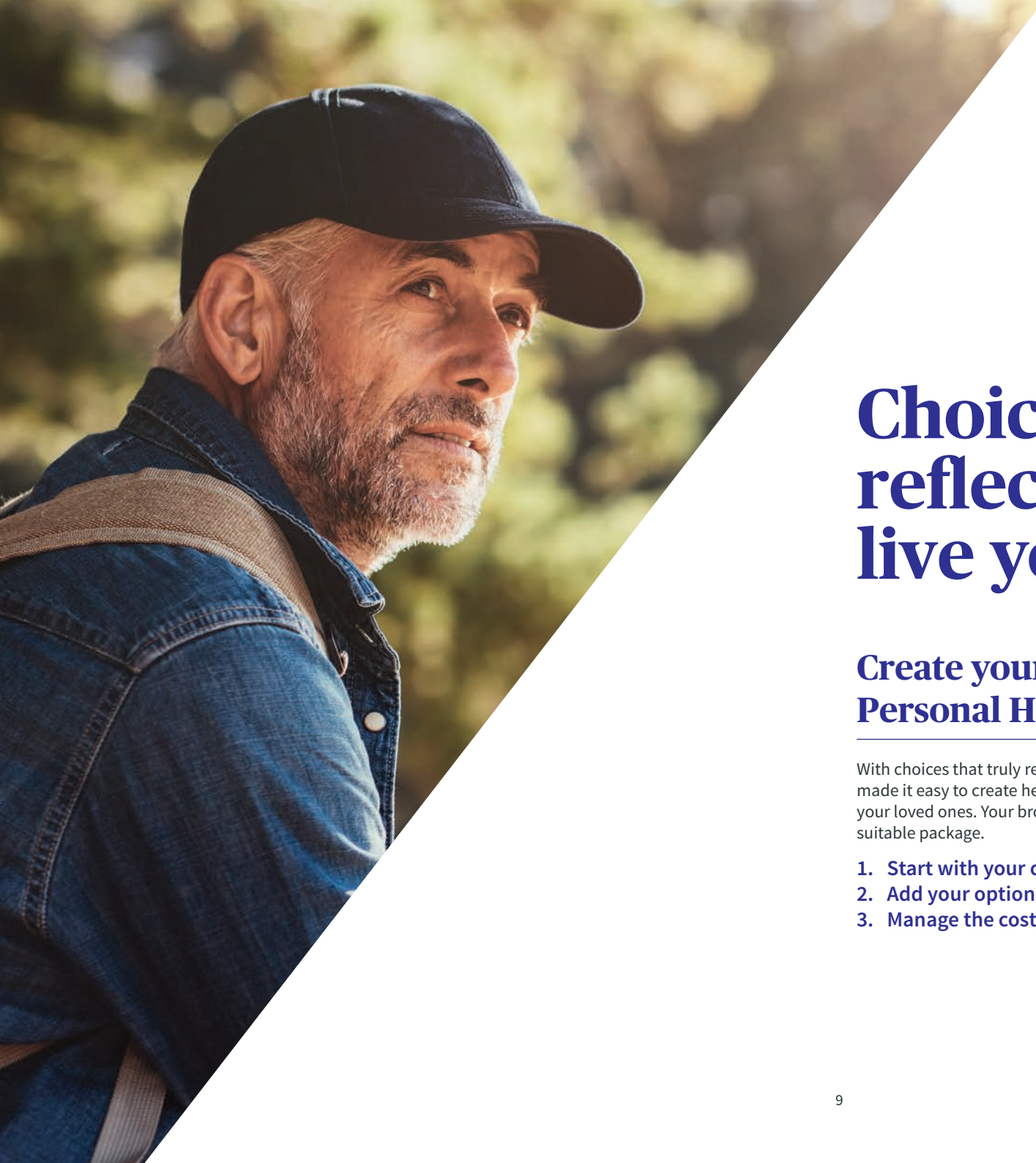
With your healthcare cover, you don't need a GP referral to talk to a physiotherapist or specialist. Appointments are available online or over the phone as long as you're 18 or over.

Welcome to a fast easy way to see a GP

**AXA Doctor at Hand is a 24/7 online service,
available wherever and whenever you need it**

From a choice of appointments with GPs or Advanced Clinical Practitioners for advice, prescriptions,¹ or eligible referrals, AXA Doctor at Hand, powered by Doctor Care Anywhere, takes care of things seamlessly.

¹If the AXA Doctor at Hand service has prescribed medication, this can be delivered to an address of your choice. Private prescription and delivery charges are not covered by your plan.



Choices that truly reflect the way you live your life.

Create your Personal Health plan

With choices that truly reflect the way you live your life, we've made it easy to create healthcare cover that's right for you and your loved ones. Your broker can also help you put together a suitable package.

1. Start with your core cover
2. Add your options
3. Manage the cost of your subscriptions

Your core cover: start with peace of mind

We know health. And we know healthcare. In the eight decades we've been helping people stay well, we've learnt exactly what goes into creating real peace of mind. So we provide it as standard with every plan we put in place.

Here's a summary of what's included in every core plan	
Inpatient and day patient treatment	<ul style="list-style-type: none"> Full hospital fees including operating-theatre costs, nursing care, specialist fees, consultations, diagnostic tests, CT, MRI and PET scans and physiotherapy. Just use a hospital from our Directory of Hospitals
Outpatient treatment	<ul style="list-style-type: none"> CT, MRI and PET scans at a scanning centre or hospital from our Directory of Hospitals Surgery – no yearly limit
Extra support	<ul style="list-style-type: none"> A nurse to administer antibiotics by intravenous drip at home Ambulance transport to another medical facility if you're receiving eligible private inpatient or day patient treatment A cash payment of £50 a night up to £2,000 a year when you have inpatient treatment free on the NHS that would have been covered by the plan Oral surgery for a number of procedures, paid in full as long as you use a facility that we have an agreement with covering oral surgery
Cover for children	<ul style="list-style-type: none"> Hospital accommodation for one parent, while your child is receiving eligible treatment Surgery to correct prominent ears for a child aged 14 and under Laser treatment to improve the look of a port-wine stain on the face of a child aged 14 and under Six sessions of speech therapy needed for a child aged 14 and under as a result of a delay in their development Free cover on your plan for newborns until your renewal date (cover restrictions may apply). To add a newborn to your cover please call us within 13 weeks of their birth

What's not covered

To keep subscription costs down for everyone, there are some things we won't pay for. These include:

- ✗ Treatment of medical conditions that you had or had symptoms of before you joined (unless you've switched from another plan and have underwriting called 'continuing medical exclusions')
- ✗ Pregnancy and childbirth
- ✗ Treatment of on-going, recurring and long-term conditions, such as diabetes or asthma. We also call these 'chronic conditions'
- ✗ Cosmetic treatment (except for birthmarks and prominent ears under our enhanced family cover)
- ✗ There are some specialists whose costs we don't pay in full, so it's important you call us if you need to claim
- ✗ If you choose our Guided Option, we will not cover treatment by a specialist that we didn't source for you.

Full details of what we cover, what we don't cover and any limits to our cover can be found in the membership handbook.

Your options: add what's important to you

Before you take out your plan, think about what's important to you and what you want to cover. Make a list of your priorities if you like. It'll help you decide which options to add to your core plan.

Here are the main options you can choose	
Standard Outpatient option	<ul style="list-style-type: none"> Up to three specialist consultations a year No yearly limit on diagnostic tests when your specialist refers you No yearly limit on practitioner charges when a specialist refers you (includes dieticians, nurses, orthoptists, speech therapists and audiologists)
Full Outpatient option	<ul style="list-style-type: none"> No yearly limit on specialist consultations No yearly limit on diagnostic tests when your specialist refers you No yearly limit on practitioner charges when a specialist refers you (includes dieticians, nurses, orthoptists, speech therapists and audiologists)
Therapies option	<p>Adds cover for outpatient treatment by physiotherapists, acupuncturists, osteopaths and chiropractors</p> <ul style="list-style-type: none"> No yearly limit that can include: up to an overall maximum of ten outpatient sessions with an acupuncturist, osteopath or chiropractor when referred by a GP, or physiotherapist, or through our muscles, bones and joints service Further sessions (as long as we agree them first) when your specialist refers you
Comprehensive Cancer Cover (Available subject to medical history. For further cancer treatment information see Using the NHS for cancer treatment below)	<ul style="list-style-type: none"> Diagnostic surgery, CT, MRI and PET scans Specialist consultations with the specialist treating your cancer when you're an outpatient Chemotherapy and radiotherapy Support from one of our dedicated cancer case managers £100 a night charitable donation to a hospice where you're being cared for as an inpatient or at home External prostheses up to £5,000 a year, and wigs and head coverings up to £400 a year – when you're having treatment to kill cancer cells So long as you're a member, we'll cover your cancer no matter what path it takes, and we'll continue to cover treatment if it becomes terminal

Using the NHS for cancer treatment

As with all private medical insurance plans, your eligibility for cover depends on your medical history. Occasionally we won't be able to offer you comprehensive cover for cancer because of your medical history. If this happens, you can feel reassured that we'll make sure that you have access to the support that you need as part of your core plan.

If you have NHS Cancer Support instead of Comprehensive Cancer Cover, we won't pay for the treatment of your cancer. You'll use the NHS instead, or pay for the costs of treatment yourself.

During your treatment, if your specialist wants you to have a licensed cancer drug which the NHS won't pay for, we'll pay for that drug and the cost of the drug to be given to you. This doesn't include outpatient drugs as they aren't covered on this plan.

<p>Mental Health option</p>	<p>Extends your cover to include mental health treatment</p> <p>As an inpatient or day patient</p> <ul style="list-style-type: none"> ■ Psychiatric treatment, including accommodation, diagnostic tests and drugs, paid in full at a hospital or day-patient unit in our Directory of Hospitals ■ No yearly limit on specialist fees for psychiatric treatment <p>As an outpatient</p> <ul style="list-style-type: none"> ■ No yearly limit on specialist consultations for psychiatric treatment ■ No yearly limit on psychiatric treatment by psychologists and cognitive-behavioural therapists, as long as your specialist oversees treatment
<p>Dentist and Optician Cashback</p>	<ul style="list-style-type: none"> ■ Dentist's fees – 80% of costs up to £400 each year ■ Optician's fees – 80% of the cost of prescribed glasses and contact lenses up to £200 each year ■ £25 a year towards the cost of an eye test
<p>Extended Cover (this option can't be taken out with the Guided Option)</p>	<ul style="list-style-type: none"> ■ Cover for visits to a private GP for consultations up to £500 a year ■ Cover when you use hospitals outside our Directory of Hospitals ■ Fee limited specialists paid in full so long as they do not charge significantly more than they usually do for that, or similar treatment ■ Planned treatment overseas, up to the cost of the UK equivalent (when agreed by us in advance)
<p>European or Worldwide Travel Cover For full details about your travel exclusions please see your Travel handbook</p>	<ul style="list-style-type: none"> ■ Cover for emergency medical expenses abroad ■ Cover for travel-related hassles like lost baggage, delays and lost passports ■ If you choose to add the Adventure Sports upgrade, you'll be covered for activities such as bungee-jumping, paragliding and off-piste winter sports ■ With Worldwide Travel Cover, you'll have cover for emergency dental treatment and business travel (not available on the European Cover option) ■ We won't cover you if you travel against medical advice, the advice of the Foreign, Commonwealth & Development Office, or aren't medically fit to travel ■ Claims relating to a member's terminal illness are not covered. Most other pre-existing conditions are covered.



Personal Health is all about peace of mind.

Good to know:

Therapies and cashback claims won't affect your no claims discount.

Your costs: manage your subscriptions

Private healthcare cover is a way of getting the benefits of private healthcare, without the worry of how you're going to pay for it.

You pay regular subscriptions, then we pay for your treatment, as long as it's covered under your plan.

Of course, because Personal Health is all about peace of mind, you can adjust the cost of your subscriptions to make sure you're comfortable with what you're paying. We explain how.

Let us choose your specialists for you

If you take out our Guided Option, you'll use our specialist appointment booking service every time you need to see a specialist. You'll still have full access to our hospital list, but we'll do the work for you – sourcing up to three specialists, who focus on your condition.

As long as you have an Outpatient option with your plan, we'll book the one you choose at a time and place that's right for you. And, as you'll be using specialists we've negotiated with, we can pass on the savings to you with a reduced subscription. This option can't be taken out if you have our Extended Cover Option.

Choose your excess

With an excess, you decide how much of your yearly claims you'd be happy to pay per person per year. Including an excess reduces your subscriptions – the higher the excess, the greater the reduction.

Pay up-front

A simple way to **save 5%**. Pay your subscription yearly instead of monthly.

Choose cancer support on the NHS

If you choose this option, or we're unable to fully cover you for cancer because of a previous medical condition, your cover will cost you less.

Protect your no claims discount

Your no claims discount (NCD) applies from the moment you join us – you don't have to be with us for years first.

We'll work out what your discount is and apply it to your subscriptions. Each year you renew, we'll review your discount until you could have our best ever **discount of 80%** on your subscription cost. If you claim then your NCD will be affected.

Sometimes, you can protect your no claims discount. Speak to your intermediary or broker for more about this.

Your health when you join us

We take account of your health when you join us so that we can work out your subscriptions and the cover we can offer you.

You can choose how we do this by either:

■ **Telling us some details about your health**

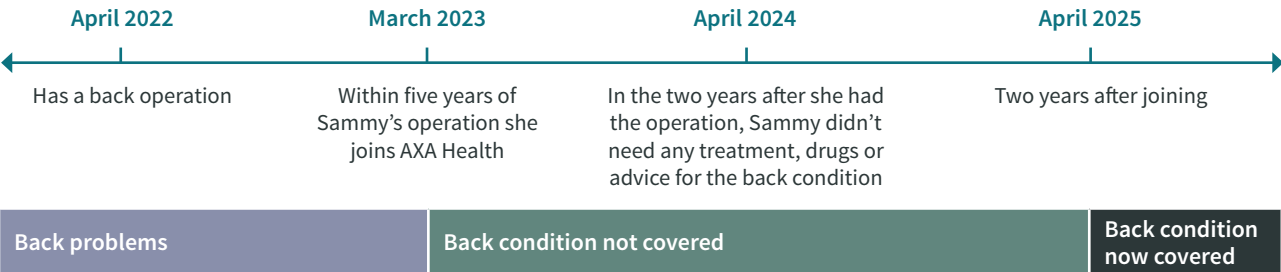
We call this ‘full medical underwriting’. We’ll ask you for some details about your health and sometimes for reports from your GP or other medical practitioners, if we need them and decide whether exclusions need to be added.

■ **Joining us on the understanding that you won’t be covered straight away for conditions that you had in the five years before you joined.**

We call this ‘moratorium underwriting’. We won’t ask you any questions about your health when you join us. Instead, we won’t cover pre-existing medical conditions for at least two years after joining.

When you’ve had a period of two years in a row, after joining, free of investigations, special diets, advice, treatment or monitoring of a condition you had before you joined, we’ll see if we can cover it for you.

Sammy chose moratorium underwriting – this is how treatment for an old back injury was covered



How moratorium underwriting may affect your cover for certain conditions

If you choose to join us on moratorium terms, there are some specific rules about diabetes, raised blood pressure and PSA tests.

We will exclude specified conditions from your cover for at least two years after you join if:

- you were already aware that you had diabetes when you joined, or
- you have had treatment for raised blood pressure (hypertension) in the five years before you joined, or
- you were already being investigated, monitored or treated as a result of a PSA (Prostate Specific Antigen) test to do with the prostate when you joined.

The specified conditions we will not cover are listed in the table below. We will not cover treatment for these specified conditions whatever the cause, even if they were not related to the pre-existing condition, and even if they develop after you joined.

Pre-existing conditions when you joined	Specified conditions we do not cover
If you have been diagnosed with diabetes	We will not cover treatment for: <ul style="list-style-type: none">■ diabetes■ reduced blood supply to the heart muscle (ischaemic heart disease)■ cataracts■ damage to the retina of the eye caused by diabetes (diabetic retinopathy)■ kidney disease caused by diabetes (diabetic renal disease)■ disease of the arteries■ stroke
If you have had treatment for raised blood pressure (hypertension) in the five years before you joined	We will not cover treatment for: <ul style="list-style-type: none">■ raised blood pressure■ reduced blood supply to the heart muscle (ischaemic heart disease)■ stroke■ kidney failure as a result of high blood pressure (hypertensive renal failure)
If you are being investigated, monitored or treated as a result of a PSA (Prostate Specific Antigen) test	We will not cover treatment for: <ul style="list-style-type: none">■ Any disorder of the prostate

Talk to your broker today about looking after you and your family with Personal Health.

Switching to us is easy

Already have private medical insurance? If you'd like to switch to the benefits of a Personal Health plan with AXA Health just let your intermediary know. We'll do everything we can to make your cover seamless.

Even if the cover on this plan looks the same as your old plan, the terms and conditions may be different. Make sure this plan still gives you the cover you need.

Find out more at
axahealth.co.uk



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