

health-on-line

Business Priority Health

Summary of plan

April 2018



Contents

Section	Page
1 Overview of Business Priority Health	3
This section gives a brief description of our Business Priority Health plan	
2 Ways to reduce the premium	9
Including excess levels and the Six Week Safety Net	
3 Important information	11
Additional useful plan information	

Questions about the plan

If you have any questions
please call us on:

01202 544 445

Monday to Friday,
9am - 8pm



1. Overview of Business Priority Health

This section gives you a brief description of our Business Priority Health medical insurance from Health-on-Line. The plan is backed and underwritten by AXA PPP healthcare which means that Business Priority Health customers benefit from over 70 years of experience in healthcare insurance.

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

- 1.1 > Summary of the Business Priority Health plan
- 1.2 > Summary of the Business Priority Health 6 plan
- 1.3 > Choose from a range of Options
- 1.4 > The main things we don't cover in the Business Priority Health plans
- 1.5 > Our hospital list and Priority Health specialists

1.1 > Summary of the Business Priority Health plan

Business Priority Health is a health insurance package for you and your employees. You can select as many 'options' as you wish to build the cover.

The cover

With our Business Priority Health plan we include 'Core cover' as standard. 'Core cover' includes your members main benefits. You can then select from various 'Options' to tailor the plan to suit you and your employees. This means you only pay for the cover they need.



The Business Priority Health plan covers you for treatment of new medical conditions that you get after you join. It doesn't generally cover you for treatment of medical conditions that existed, or that you had symptoms of before joining.



Core cover includes:

If your members are in-patients or day-patients:

- ✓ Private hospital and day-patient unit fees as long as your members use a hospital or day-patient unit in our hospital list
- ✓ No yearly limit on specialist fees as long as your members use a Priority Health specialist
- ✓ Treatment of cancer, including radiotherapy and chemotherapy
- ✓ Ambulance transport when medically necessary to transport you between facilities
- ✓ Accommodation for one parent is paid in full while a child (under 16) is in hospital. We'll also pay for one parent to stay in hotel accommodation near the hospital. This child must be covered by the plan and having treatment covered by it.

If your members are out-patients:

- ✓ No yearly limit for surgery.

Other benefits:

- ✓ Health at Hand - Direct telephone access to our healthcare experts for your members and their family
- ✓ Cash payment if your members have chemotherapy or radiotherapy free on the NHS that would have been covered by the plan
- ✓ Fast Track Appointments - This service means we can save your members time and trouble by quickly finding up to three Priority Health specialists. We can also arrange and book the appointments at suitable times and locations
- ✓ Working Body - If your members experience muscle, bone or joint pain, they can speak to a physiotherapist over the phone without the need to see a GP first. The physiotherapist will listen to their concerns and advise the most appropriate treatment for them. Please note: to use this service members will need to be aged 18 or over.

» [For further details about Core cover, see Section 1.3 in the membership handbook.](#)

1.2 > Summary of the Business Priority Health 6 plan

The Business Priority Health 6 plan offers your members the same benefits as Business Priority Health but with the Six Week Safety Net included. The Six Week Safety Net means that your members' cover is for in-patient treatment, day-patient treatment, surgical procedures and out-patient radiotherapy and chemotherapy, only if the NHS can't give them that treatment within six weeks of when treatment should take place.

If your members have the Business Priority Health Six Week Safety Net, and the NHS can give them the hospital treatment they need within six weeks of the date on which treatment should be undertaken, then they must use the NHS.

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

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

1.3 > Choose from a range of Options

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

You can personalise your Business Priority Health plan by choosing from the Options below.

Out-patient Options

If you would like out-patient cover for your members then there are three levels available. Please only choose one of these.

Standard Out-patient Option

- Specialist consultations - up to two specialist consultations a year
- No yearly limit on diagnostic tests if referred by a specialist
- CT, MRI or PET scans if referred by a specialist.

Enhanced Out-patient Option

- A combined yearly limit of £1,000 for specialist consultations, diagnostic tests if referred by a specialist and practitioner fees if referred by a specialist
- CT, MRI or PET scans if referred by a specialist.

Full Out-patient Option

- No yearly limit for specialist consultations, diagnostic tests if referred by a specialist and practitioner fees if referred by a specialist
- CT, MRI or PET scans if referred by a specialist.

Practitioners are nurses, dieticians, orthoptists and speech therapists.

Therapies Option

- A combined yearly limit of £500 for fees for out-patient treatment by physiotherapists, osteopaths or chiropractors when referred by a GP or specialist
- This is available up to an overall maximum of ten sessions a year
- Further sessions (when referred by a specialist 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 for up to 30 days a year
- No yearly limit on specialist fees for psychiatric treatment.

Out-patient

- A combined limit of £1,000 a year for out-patient psychiatric specialist consultations and - if referred by a specialist - psychologist and cognitive behavioural therapist charges.

Extra Care Option

- Cash payment when your members have free in-patient treatment under the NHS that would have been covered by the plan. £50 a night up to £2,000 a year
- Oral surgery paid in full for specified procedures
- Up to £150 a year for chiropody and podiatry fees
- A nurse to give your members intravenous chemotherapy for cancer or antibiotics in their own home as an alternative to having to go to hospital.

Dentist and Optician Cashback Option

- 80% of your members' 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.

Extra Cancer Cover Option

- No time limit on cover for specialist cancer drugs, such as biological therapies (including Herceptin and Avastin) as long as they are used within the terms of their licence
- Unproven drug treatment - as long as you're a participant in a clinical trial approved by an appropriate ethics committee and it's agreed by us in advance.

Private GP Cover Option

- Up to £500 a year for private GP consultations
- Doctor@Hand - Up to five consultations with a private GP a year. This GP service is for online, video or telephone consultations.

» [For more details about the Options, see Section 1.4 in the membership handbook](#)

1.4 > The main things we don't cover in the Business Priority Health plans

Like all health insurance plans, there are a few things that the group plan 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 your members had, or had symptoms of, before they joined

- Treatment of ongoing, recurrent and long-term conditions (chronic conditions).
- Fees for services that would normally be carried out by a GP practice, dentist or optician.

Six Week Safety Net Option (in addition to the above)

- In-patient treatment, day-patient treatment, any surgical procedure and out-patient radiotherapy and chemotherapy within six weeks of when treatment should take place
- Emergency or urgent treatment.

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

- If they don't have an out-patient Option, they do not have any cover for out-patient consultations or diagnostic tests including CT, MRI and PET scans
- If they don't have the Therapies Option, they do not have cover for fees for physiotherapists, osteopaths or chiropractors
- If they don't have the Mental Health Option, they do not have cover for any psychiatric treatment
- If they don't have the Dentist and Optician Cashback Option, they do not have cover for dentists' or opticians' fees.

» [For more details, see Section 3 and 4 in the membership handbook](#)

1.5 > Our Hospital List and Priority Health specialists

The hospital list includes details of the hospitals that customers can use. We would always recommend that if your members need treatment, they have it at one of the hospitals on the list. This will mean they can go ahead with their treatment knowing that their fees will be covered.

Priority Health specialists are chosen specially to provide treatment to our customers. If your members have received approval and had treatment from them, they can relax knowing that their charges will be covered.

» [For more details on the hospitals and specialists your members can use please call our claims team on 0345 600 7696](#)

2.1 > Six Week Safety Net

This is a great way to save on the premium yet still avoid long NHS waiting times. The Six Week Safety Net means if in-patient treatment, day-patient treatment, any surgical procedure and out-patient radiotherapy and chemotherapy is available on the NHS within six weeks from the date it should take place then your members use the NHS. However, if the wait for treatment is longer than six weeks then they can contact us to arrange for private treatment.

2.2 > Excess levels

You have the option of including an excess for your members to reduce your premium. The excess options are: No excess, £100, £250 or £500.

As an example, if you choose to add an excess of £100 your members will pay the first £100 of eligible claims – but only once per plan year – for each person covered.

2.3 > Why is Business Priority Health so competitively priced?

There are three main reasons why it is cheaper:

- 1** We work with carefully selected hospitals and specialists
- 2** You can choose what's covered, so you get a price you like
- 3** We offer our customers access to plan documents online, helping us to save money.

Providing health insurance in this way keeps the costs down without cutting the cover you receive.

3.1 > How long is my cover?

The plan will be in place for 12 months from the start date on your statement.

3.2 > What about medical conditions my members already have?

If your members are already aware that they have (or may have) any kind of medical condition, there are likely to be limits on the cover for this condition.

However, we may be able to offer them an option that means they could still get cover for the condition in the future. Please see the options below or contact us for more information.

Two Year Watch and Wait period

You may see this called a 'moratorium'.

- You don't fill in a medical declaration when you join
- You'll only have cover for medical problems that you've experienced in the last five years:
 - after you've been a member for two years in a row, and
 - once you've had a period of one year trouble-free from that condition.

By trouble-free, we mean that you haven't:

- seen any medical professional, including GPs, specialists, practitioners, osteopaths or physiotherapists
- taken any drugs (even over the counter drugs) or followed a special diet
- had any medical treatment.

Full declaration

- You fill in a medical declaration when you join
- If necessary, we may ask your GP or hospital for a medical report
- We won't cover any conditions that you're already suffering from or aware of
- We'll tell you which conditions are not covered and whether we'll be able to review that in the future.

» For further information please see 'How the plan works with pre-existing conditions and symptoms of them' section in the membership handbook.

3.3 > What if a member wants to use a hospital or specialist that isn't on the list?

We would always recommend that they use a Priority Health specialist at a hospital in our hospital list. This will mean they can go ahead with treatment knowing that the costs will be covered.

If they choose to use any other hospital or specialist, their plan will only cover part of the costs, and they'll need to pay the rest themselves. This could be a significant

amount of money. In some cases, the fees may not be paid at all.

3.4 > Can I add someone else to the group?

Yes. It's easy to add someone else for example another employee or their family member. Please call us on 0800 587 0957 and we will be happy to help.

3.5 > What happens if I change my mind?

You have the legal right to cancel the group plan up to 14 days from the day that the contract begins, or the day that you receive the full plan terms and conditions, whichever comes last. 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 or your members haven't made a claim within that period.

3.6 > 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 (0300 123 9123 or 0800 023 4567) to find out whether you would be eligible to have your complaint considered by the FOS, as you'll need to meet specific criteria depending on your particular circumstances.

3.7 > Claiming against AXA PPP healthcare

In the unlikely event that AXA PPP healthcare becomes insolvent and is unable to pay benefits under the 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.

Questions about the plan

If you have any questions about the plan,
please get in touch:

Sales

01202 544 445

Open 9am - 8pm, Monday to Friday

Email

information@health-on-line.co.uk



Business Priority Health is underwritten by AXA PPP healthcare Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England No. 3148119. AXA PPP healthcare Limited. Registered Office: 5 Old Broad Street, London EC2N 1AD United Kingdom.

Health-on-Line (UK) Ltd is authorised and regulated by the Financial Conduct Authority. Registered in England No. 3655704. Registered address: Health-on-Line, 5 Old Broad Street, London EC2N 1AD United Kingdom.

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