



Business Priority Health

Your Group Secretary Guide and Annual Agreement

October 2014

health-on-line

Contacting us

Calling us

Queries about administering or changing your group policy

Call the plan administration team on

0800 587 0957

Monday to Friday 8.30am to 5.30pm

If anyone needs to make a claim

Always call the Claims team first on

0845 600 7696

Monday to Friday 8.30am to 5.30pm

For confidential health information from the Health at Hand helpline

Call

0800 003 004

Open 24 hours a day, every day

Please note: calls may be recorded or monitored for quality assurance, training, and in case of any queries.

Writing to us

Health-on-Line main address

Health-on-Line
80 Holdenhurst Road
Bournemouth
Dorset BH8 8AQ

Address for claims

Health-on-Line
Claims Department
PO Box 503
Tunbridge Wells TN2 9RT

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Your **guide** to your new Business Priority Health group policy

Welcome to your new business health insurance from Health-on-Line

1 Some notes about the terms we use

First, we need to give you a few notes about the special terms we use in this leaflet.

- When we use 'group policy' in this leaflet, we mean the group policy as a whole.
- When we use 'policy', we mean the individual contract of insurance with each employee who is covered by the group policy.
- When we use 'you' or 'your', we mean the policyholder and any family member named on the policyholder's membership statement.
- When we use 'we', 'us' or 'our', we mean Health-on-Line on behalf of AXA PPP healthcare, who underwrite your group policy.

Please also note that Health-on-Line looks after the administration of your policy on behalf of AXA PPP healthcare Limited.

2 Summary of Business Priority Health

The Business Priority Health policy offers you cover for necessary treatment of new medical conditions that arise after you join. It doesn't cover you for treatment of medical conditions that existed, or you had symptoms of before joining. However, in some circumstances you may have joined on a different basis, please refer to the 'How your membership works with pre-existing conditions' section of the membership handbook for further information. There is also no cover for ongoing, recurrent and long-term conditions (also known as chronic conditions).

Business Priority Health is a modular private medical insurance policy, so levels of cover can be chosen to create the package. The main benefits are described as 'Core cover' which includes:

- in-patient and day-patient treatment and associated specialists' charges
- out-patient surgical procedures
- cancer treatment, including radiotherapy and chemotherapy
- In-patient and day-patient Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) scans.

Summary of what's not covered

 **Be aware**

Your policy will not cover you for:



More information see the listed sections in your handbook

Routine pregnancy and childbirth.



Your cover for certain types of treatment.

The key limitations listed below apply if you have Core cover only. Please refer to your handbook for details of how your benefits may have been extended by an Add-on to cover some of these items.

Any dental procedures.



Your cover for certain types of treatment.

Out-patient diagnostic tests and out-patient consultations.



Your cover for certain types of treatment.

Out-patient Computerised Tomography (CT) Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET).



Your cover for certain types of treatment.

Out-patient chiropractor, osteopath or physiotherapist charges.



Who we pay for treatment and where you can be treated.

Out-patient practitioner charges.



Who we pay for treatment and where you can be treated.

Psychiatric treatment.



Recurrent, continuing and long-term treatment.

! Please note

Customer contribution

We'll pay eligible fees in full for a private hospital or day-patient unit included in Our Hospital List. If you have eligible treatment at a hospital or day-patient unit not included in Our Hospital List we'll only pay 60% of the fees normally paid by AXA PPP healthcare and you'll be responsible for paying the remaining charge.

3 Summary of Business Priority Health 6

The Business Priority Health 6 policy offers you cover for necessary treatment of new medical conditions that arise after you join. It doesn't cover you for treatment of medical conditions that existed, or you had symptoms of before joining. However, in some circumstances you may have joined on a different basis, please refer to the 'How your membership works with pre-existing conditions' section of the membership handbook for further information. There is also no cover for ongoing, recurrent and long-term conditions (also known as chronic conditions).

Business Priority Health 6 is a modular private medical insurance policy, so levels of cover can be chosen to create the package. The main benefits are described as 'Core cover' which includes cover for:

- in-patient and day-patient treatment and associated specialists' charges
- out-patient surgical procedures
- cancer treatment, including radiotherapy and chemotherapy
- In-patient and day-patient Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) scans.

'Six week Safety net'

This is a 'Six week Safety net' policy, therefore, if the National Health Service (NHS) can give you the hospital treatment you need within six weeks of the date on which the treatment should be undertaken, then you must use the NHS. Please see page 11 of the membership handbook for more information.

Summary of what's not covered

 **Be aware**

Your policy will not cover you for:



More information see the listed sections in your handbook

Routine pregnancy and childbirth.



Your cover for certain types of treatment.

Urgent or emergency treatment.



Arranging treatment and making a claim.

The key limitations listed below apply if you have Core cover only. Please refer to your handbook for details of how your benefits may have been extended by an Add-on to cover some of these items.

Any dental procedures.



Your cover for certain types of treatment.

Out-patient diagnostic tests and out-patient consultations.



Your cover for certain types of treatment.

Out-patient Computerised Tomography (CT) Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET).



Your cover for certain types of treatment.

Out-patient chiropractor, osteopath or physiotherapist charges.	Who we pay for treatment and where you can be treated.
Out-patient practitioner charges.	Who we pay for treatment and where you can be treated.
Psychiatric treatment.	Recurrent, continuing and long-term treatment.

! Please note

Customer contribution

We'll pay eligible fees in full for a private hospital or day-patient unit included in Our Hospital List. If you have eligible treatment at a hospital or day-patient unit not included in Our Hospital List we'll only pay 60% of the fees normally paid by AXA PPP healthcare and you'll be responsible for paying the remaining charge.

4 Running your policy

How do I add new members to the group policy?

Call us on 0800 587 0957 and we will send you the forms you need to add people to the group policy.

It's easy to add colleagues or their family members this way. However, you may choose to restrict when colleagues can add family members.

Each colleague who wants to join the group policy will need to fill in an application form. We will not be able to add them until we have received their form and accepted them.

Do I need to tell colleagues anything before they join?

Yes, please make them aware of the following:

- how we will use their data (please ask them to read the section below called 'What we do with your personal data')
- the rules about joining the company group policy
- when the group policy renews, and that they will be in a yearly contract after this
- which family members they can add
- that joining a private medical insurance group policy may affect the amount of income tax they pay
- whether or not they will need to pay any excess on your group policy
- whether their group policy will cover any conditions they may already have
- if they would like a copy of the membership handbook before they join, please call us.

How do I remove someone from the group policy?

If you need to remove someone from the group policy, please call us on 0800 587 0957 as soon as possible. Please let us know as soon as possible before the employee is due to leave and not later than 30 days after they have left – otherwise we may continue to charge you their premium. Your employees can benefit with our continuation options by calling us on 01202 544445.



How do I change our level of cover?

You're very welcome to change your Add-ons, set up a different level of cover, or change your excess. To do this, simply call us on 0800 587 0957 and let us know at least 30 days before the group policy is due to start or to renew.

Please note that we cannot make these changes during the policy year, so your changes will apply from the beginning of your next policy year.

Your changes will apply to all colleagues on that level of cover.

How do I pay premiums?

We will send you an invoice:

- when you first take out your policy
- each time you renew, and
- if you add or remove any members.

We will also send you a letter each year that shows you how much to pay and when.

We offer several payment options:

Paying yearly:

You can pay yearly by cheque (please make it payable to AXA PPP healthcare Limited) or by Direct Debit. If you pay yearly, we'll give you a 5% discount off your premium – you'll see this on your invoice.

If we need to send you a refund (for example, if a member leaves and we need to credit back part of your premium), we will normally show this as a credit on your next invoice, unless you ask us to refund it directly to you.

Paying monthly:

You can pay monthly by Direct Debit. If you do this, we will adjust your payments automatically if you add or remove members.

How long can children stay on their parent's cover?

Children can stay on a parent's cover so long as:

- they are not married, and
- they are under 25.

Please let us know when any children covered are going to be 25 within the policy year.

Can members add newborn babies?

Yes. If a member has a baby after joining the group policy, they can add the newborn baby to their cover.

If members contact us within three months of the baby's birth, we can normally add the baby from their date of birth, and the member will not need fill in any medical forms.

However, we will require details of the baby's medical history if the baby has been adopted or was born after taking any prescription or non-prescription drug or other treatment to increase fertility, or as the result of any method of assisted conception such as IVF.

What documents will you send members?

To keep all members informed, we will send them a membership statement each year. They can always access an up-to-date version of their handbook online.

If we send a member's documents to you, please give them to the member straight away.

What else do I need to tell members?

Please tell members if their cover changes in any way, either at renewal or at any other time. You can find all the documents to do with your group policy on your group secretary site.

Who do I call if I have any questions?

If you have any questions at all about running your group policy, please call your group adviser on 0800 587 0957.

5 More about your cover

Restrictions on members' cover

Each member on your group policy may have different rules and restrictions on their cover.

We show all individual restrictions on the member's membership statement. The restrictions that apply to everyone on the group policy are in the membership handbook.

How the excess works

Adding an excess to your group policy is a simple way to reduce the premium you pay.

The excess applies:

- once each policy year
- to each person covered.

The person covered is responsible for paying the excess amount. We will take the excess off the amount we pay for the claim.

Because the excess applies once each policy year, if the person's treatment goes over the renewal date, they will need to pay two excesses – one for each policy year.

If you would like to add an excess to your group policy, or change the excess you have, please call your group adviser. We currently offer the following excess levels:

- £100
- £250
- £500.



Our Hospital List and Business Priority Health specialists

Our Hospital List includes details of the hospitals that Business Priority Health members can use. We would always recommend that if you need treatment, you have it at one of the hospitals on the list. This will mean you can go ahead with your treatment knowing that the fees will be paid.

If you have any treatment at a private hospital or day-patient unit that is not listed, we will pay 60% of the hospital charges normally paid by AXA PPP healthcare.

If it is medically necessary for you to have treatment in any private hospital or day-patient unit not in Our Hospital List and we have specifically agreed to this in writing before the treatment begins, then we will pay those hospital charges.

Business Priority Health specialists are chosen specially to provide treatment to our members. If you have treatment from them, you can relax knowing that their charges will be covered.

If you see a specialist who is recognised by AXA PPP healthcare but who is not a Business Priority Health specialist we'll only pay 60% of the fees normally paid by AXA PPP healthcare and you will be responsible for paying the remaining charge.

You can see details of the hospitals and specialists, and find one near you, on your group secretary site.

6 How we work out your premium and reward low claims

If your company doesn't make many claims, we believe we should reward you. However, if we only base premiums on how many claims are made, this could mean your premium varies considerably from year to year, and one large claim could make a significant difference to the price you pay.

So we work out your premium in a way that gives you the best of both worlds: it protects you from the effects of large claims, but still rewards you if you make fewer claims than average.

Here's how it works. We base your premiums on several factors, including:

- your group policy
- any excess on your group policy
- the hospitals you can use
- how many people are covered
- how old the members are
- how we're covering medical conditions the members already had when they joined (their underwriting)
- any claims they've made.

We will then put your group policy into a 'rating pool' of companies that are broadly the same across these factors.

When we work out your premium at renewal, we'll look again at these factors and any recent claims experience. Then, if necessary, we'll move your group policy to a different rating pool that's a better match. When we look at the price for each rating pool, we take into account what kind of claims all smaller companies are making, not just yours.

What this means is that your premium will reflect the claims your group policy has made, but there are some important safeguards too.

For example:

- we'll review your group policy's claims in the wider context, not just your claims over one year
- if your group policy has made any unusually large claims, we can review these in the context of the size of your group policy.

This means your premium will always be in line with other similar group policies, and your premium won't change excessively from year to year.

7 What we do with your personal data

Please show this section to everyone who wants to join the group policy, or make them aware of it.

Health-on-Line and AXA PPP healthcare Limited and any intermediaries or reinsurers involved will deal with all personal information supplied to us in the strictest confidence, as required by the Data Protection Act (1998).

We send personal and sensitive personal information in confidence for processing by other companies and intermediaries, including those located outside the European Economic Area (EEA) including to countries where the laws protecting personal information may not be as strong as in the EEA. We take steps to ensure that any sub-contractors give at least the same protections as Health-on-Line and AXA PPP healthcare Limited do.

To provide the services set out in this policy, administer your policy and develop customer relationships and services, Health-on-Line and AXA PPP healthcare Limited and any intermediaries or reinsurers involved will use information about you and any family members covered by your policy supplied by:

- you
- those family members
- medical providers
- your employer (if applicable).

If you give us information about family members, we will take this as confirmation that you have their consent to give us this information.

As the policyholder acts on behalf of any family member covered by this policy, we will send all documents to do with this policy – including communications about claims – to the policyholder, unless anyone tells us to do otherwise.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. Additionally, we are obliged to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical practitioner's fitness to practise may be impaired.

If you have agreed, Health-on-Line and AXA PPP healthcare Limited, and any AXA Group companies we named at that time, may use the information you have provided to contact you by post, telephone, or electronically with details of our other products and services. With your agreement, we may also share some of your details with other AXA Group companies, companies associated with Health-on-Line and other carefully selected companies based in the EEA to enable them to contact you about their products and services and, if appropriate, to administer them.

Agreement between AXA PPP healthcare Limited and your company

1 Purpose

The **company** wishes to purchase private medical insurance (“cover”) for all, or certain of, its employees and has agreed that AXA PPP healthcare Limited (“AXA PPP healthcare”) shall provide that cover, and AXA PPP healthcare has agreed to provide that cover. The purpose of this Agreement is therefore to set out the arrangements entered into between the **company** and AXA PPP healthcare for that purpose.

2 Definitions

Unless we give a different meaning to them in this Agreement, words and phrases in bold have the same meanings as set out in the handbook glossary which is contained in the members handbook. For the purpose of this Agreement the word member (“**member**”) shall mean both **policyholder** and **family members** jointly.

3 Cover

The terms of the cover provided to the **members** are as shown in the handbook terms and the **benefits table** provided to each **policyholder**. AXA PPP healthcare will pay benefits direct to the **members** in accordance with the terms of the cover.

4 Eligibility

Unless otherwise specifically agreed in writing:

- 4.1** The **company** hereby warrants that all eligible employees as at the effective date will be included and that other eligible employees who become eligible for inclusion subsequently will be included from the first day on which they become eligible.

4.2 Family members who are eligible for inclusion will be included from the same date as the eligible employee or from the date on which the person concerned first satisfied the definition of **family member** contained in the membership handbook glossary. If any **family member** is not included within three months of the date of first eligibility they may join subsequently, but will then be subject to full medical underwriting irrespective of any agreement which may exist between AXA PPP healthcare and the **company** to allow enrolment without such underwriting.

4.2.1 Family members shall cease to be included on the same date as that on which the relevant eligible employee ceases to be included.

4.2.2 The **company** can, subject to clause 5.5 on the next page, withdraw employees who for whatever reason cease to be eligible employees by giving written notice. They will be withdrawn either:

- a from the end of the day on which they leave the **company's** employment providing we are notified beforehand; or
- b from the end of the month in which Health-on-Line receives written notice of their withdrawal; or
- c if later, from the end of the month in which they leave the **company's** employment. The **company** shall immediately advise both Health-on-Line and the eligible employee in writing when any eligible employee is no longer to be included. If the **company** fails to advise Health-on-Line for any reason the **company** will remain responsible for the payment of the premium until the end of the month in which such notice is given.

5 Premiums

- 5.1** The premium shall be calculated by AXA PPP healthcare at the beginning of the **year**. AXA PPP healthcare reserves the right to change the amount of the premium during a **year** to reflect any changes in Insurance Premium Tax or other government levies.
- 5.2** All premiums are immediately due and payable on written notification from **us** to the **company** or their intermediary or agent. Premiums are payable for the whole **year** and are due annually in advance, but may be paid in instalments if agreed between **us** and the **company**. **We** reserve the right to discontinue forthwith any agreement to accept premiums by instalments if any instalment shall not be received by **us** on the date on which it was due or for any other reason. In such event all remaining premium instalments in respect of that **year** shall become immediately due and payable. For the avoidance of doubt, the **company** shall not be entitled to terminate the Agreement on notice or otherwise avoid liability for payment of premiums for the whole **year**.
- 5.3** Premiums paid by the **company** to an intermediary or agent shall be received and held by such intermediary or agent on behalf of the **company** and not on behalf of AXA PPP healthcare. Until such monies are paid to **us** by the intermediary or agent on the **company's** behalf, the **company** remains liable and responsible to AXA PPP healthcare for such payment.
- 5.4** The **company** shall be responsible for the payment of the premium for all eligible employees and **family members** included under this Agreement. The **company** may recover from any eligible employees that part of the premium which relates to **family members** if agreed between **us** and the **company**. The **company** may not recover any part of the premium relating to eligible employees from those employees.
- 5.5** The **company** shall obtain the agreement of **us** in writing if, during a **year**, it wishes to make any changes in the classes of eligible employees, or in the numbers to be included which will affect membership by more than 5% of the total numbers which were included at the beginning of the **year**. If such change is agreed

AXA PPP healthcare shall have the right, if appropriate, to reconsider the basis of calculation of the premium and to require the immediate payment of any further premium thereby made necessary.

6 Commencement, renewal and termination

- 6.1** Cover shall operate from the effective date subject to payment by the **company** of the appropriate premium or part premium as specified by AXA PPP healthcare.
- 6.2** Unless otherwise agreed by **us** in writing, this Agreement is for a **year** and is renewable on the agreed date by the **company** paying the renewal premium. **We** will, before the renewal date, provide information for the **members** detailing changes to the membership terms and/or **benefits table** effective from the renewal date, and renewal will be subject to the terms of the membership handbook and **benefits table** as amended.
- 6.3** AXA PPP healthcare reserves the right to refuse to renew this Agreement. However if **we** offer renewal terms in writing then this Agreement shall automatically renew for a **year** on those renewal terms unless the **company** shall have advised **us** in writing of its unwillingness to renew on such terms within 14 days of the date such terms were sent to the **company**.
- 6.4** AXA PPP healthcare reserves the right to terminate this Agreement, forthwith on the giving of written notice, if:
- a** any part of the premium remains unpaid for more than 28 days after it has become due and payable; or
 - b** the **company** shall mislead AXA PPP healthcare in any way; or
 - c** there shall be a material breach by the **company** of any of its obligations arising under this Agreement and, in case of such breach being capable of being remedied, such breach shall not have been so remedied within 28 days of notice being given by **us** to the **company** specifying such breach.
- 6.5** Any termination of this Agreement shall be without prejudice to any accrued rights and obligations of both parties in respect of the period for which the premium has been paid.

7 Liability

- 7.1** The liability of AXA PPP healthcare to pay benefits under this Agreement is limited to **treatment** received during the period for which the premium has been received by **us**. In the event that any part of the premium remains unpaid for more than five days after it has become due and payable AXA PPP healthcare may suspend payment of benefits until such time as the outstanding premium is paid.
- 7.2** Without prejudice to the provisions of Clause 7.1 AXA PPP healthcare may at its discretion continue to make payment of benefits to **members** where the premium for the relevant period remains outstanding if the **member** has incurred the **treatment** costs in good faith and the **company** has given AXA PPP healthcare no written reason to believe that the outstanding premium will not be paid. In such event if the agreement is then terminated the **company** shall within 14 days of being given written notice from **us** refund to AXA PPP healthcare the full amount of any benefits paid for the basis of calculation of the premium and to require the immediate payment of any further premium thereby made necessary.

8 Administration

- 8.1** As the purpose of the Agreement is to provide cover for eligible employees and **family members** the **company** undertakes to ensure that any revised handbook terms or **benefits tables** sent by **us** to the **company**, or any notice sent by **us** to the **company** relating to the cover, are issued without delay to all eligible employees.
- 8.2** The **company** undertakes that it will advise all eligible employees immediately if for any reason this Agreement should not be renewed or this Agreement should be terminated in accordance with the provisions of clause 6 above so that such eligible employees are made aware that all cover has ceased and that benefits will not be payable in respect of eligible employees or **family members**.

- 8.3** The **company** hereby indemnifies AXA PPP healthcare from and against any and all costs, losses and expenses incurred by AXA PPP healthcare consequent upon any failure by the company to discharge its obligations under this Agreement.
- 8.4** The **company** shall designate a responsible person ("the Group Secretary") to administer this Agreement in accordance with its terms and any guidance issued by **us** from time to time and shall notify **us**, in writing, of any change in the person designated.
- 8.5** The **company** shall remain responsible for ensuring its obligations under this Agreement are fully discharged notwithstanding that all or any part of those obligations are delegated to an intermediary or agent who shall be deemed to be the agent of the **company**.
- 8.6** The **company** shall advise **us** immediately if it goes into liquidation or becomes bankrupt, or if an administrator or receiver or an administrative receiver is appointed in respect of all or any part of the business or assets of the **company**.

9 General

- 9.1** AXA PPP healthcare may alter the handbook terms or **benefits table** from time to time but no alteration shall take effect until the next annual renewal of this Agreement. **We** shall notify such changes to the **company** and to the **members** (either directly or via the **company**) in writing.
- 9.2** AXA PPP healthcare may amend the terms of this Agreement from time to time (subject to giving 60 days prior notice in writing to the **company**) to reflect any changes in Insurance Premium Tax or any levy or imposition made under any legislation or regulation to which AXA PPP healthcare or any insurance under the Agreement may from time to time be subject.
- 9.3** AXA PPP healthcare reserves the right to revise or discontinue the **policy** with effect from any renewal date.

- 9.4** This Agreement can only be varied in writing. No variation will be admitted unless it is in writing and signed on behalf of AXA PPP healthcare by an authorised employee.
- 9.5** Any notice to be sent under this Agreement must be in writing and be sent either by post or by fax and shall be considered to have been given if sent to Health-on-Line, 80 Holdenhurst Road, Bournemouth, BH8 8AQ or the **company** at its normal place of business or registered office (if different) on the day after it was posted or, if sent by fax, at the time of despatch.
- 9.6** The waiver by AXA PPP healthcare of any breach of any term or condition of this Agreement shall not prevent the subsequent enforcement of that term or condition and shall not be deemed to be a waiver of any subsequent breach.
- 9.7** The introduction of any change by AXA PPP healthcare in interpretation or practice in respect of any term or condition of the handbook shall not prevent the subsequent enforcement of that term or condition and shall not be deemed to form a precedent for any subsequent interpretation or practice.

10 Governing law

This Agreement shall be governed by and construed in accordance with the Laws of England and Wales and the parties agree to submit to the jurisdiction of the English courts.

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