



Business Priority Health

Business Priority Health and Business Priority Health 6 Summary

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health-on-line

Contents

About this summary	3
What is Business Priority Health?	4
1 Your Core health insurance	5
2 Choose your Add-ons	6
3 Find ways to bring down the cost	8
What are the main exclusions and limitations of Business Priority Health?	9
All Business Priority Health packages...	9
Depending on your Add-ons...	10
FAQs	11



About this **summary**

This summary is a brief description of Business Priority Health – your health insurance package for you and your employees.

Health-on-Line is backed by AXA PPP healthcare, which means Business Priority Health customers benefit from over 70 years of experience in healthcare insurance.

On the following pages, you'll find all the details you need about what Business Priority Health is and how it works. At the end, we've also given you some answers to questions we're often asked.

If you have a question or would like more information on anything, just give us a call on 01202 544 445 and we'll be glad to help.



What is **Business Priority Health**?

Business Priority Health is a health insurance package for you and your employees that allows you to choose the options you need.



Business Priority Health is a flexible health insurance policy designed to meet the demands and needs of those who would like to have private health cover for new and unforeseen acute illness and injuries that are covered by the policy. You can tailor your package to get the cover that suits you and your employees' health insurance needs. You and your employees must be resident in the UK and cover is for private medical treatment in the UK only.



1 Your Core Cover health insurance

Here's what's covered as part of your Core Cover:

In-patient and day-patient treatment

- ✔ Private hospital and day-patient unit charges, including accommodation, diagnostic tests, surgery, nursing care, drugs and dressings
- ✔ Specialist fees
- ✔ CT, MRI or PET scans if you're referred by a specialist
- ✔ Accommodation for one parent if your child (under 16) is on your package and having treatment that's covered.

Out-patient treatment

- ✔ Surgery
- ✔ Active treatment of cancer, including radiotherapy and chemotherapy.

And also:

- ✔ Health at Hand: a 24-hour health information helpline.

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 their fees will be covered.

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.

You can see details of the hospitals and specialists, and find one near you, in the Members' Area of our website. You can also find your membership handbook here, which tells you more about exactly what's covered. Just go to health-on-line.co.uk/members

2 Choose your Add-ons

Tweak your Business Priority Health package to get the cover and price you want.

Out-patient Add-ons

Choose an Out-patient Add-on and you'll also get:

Standard Out-patient Add-on

- ✔ Up to two GP referred specialist consultations a year.
- ✔ No yearly limit on diagnostic tests that your specialist says you need.
- ✔ CT, MRI or PET scan if referred by a specialist.

Enhanced Out-patient Add-on

- ✔ Up to £1,000 a year for GP referred specialist consultations. Within this limit you will also be covered for diagnostic tests and practitioner charges when your specialist refers you.
- ✔ CT, MRI or PET scan if referred by a specialist.

Full Out-patient Add-on

- ✔ No yearly maximum for GP referred specialist consultations, diagnostic tests and practitioner charges when your specialist refers you.
- ✔ CT, MRI or PET scan if referred by a specialist.

Practitioners are nurses, dieticians, orthoptists and speech therapists.

Therapies Add-on

- ✔ Up to £500 a year in total for physiotherapy, osteopathy and chiropractic treatment when you are referred by your GP.
- ✔ You can have this treatment in any combination up to a maximum of 10 sessions per year.

Mental Health Add-on

Cover if you need treatment for mental health problems (including stress and depression).

- ✔ Cover if you're in hospital overnight or as a day-patient for psychiatric treatment, for up to 30 days a year.
- ✔ Cover for up to £1,000 a year in total for out-patient psychiatric specialist consultations and – if your specialist refers you – psychologist or cognitive behavioural therapist charges.

Extra Care Add-on

- ✔ Hospital at home: a nurse to give you intravenous chemotherapy or antibiotics in your own home, as an alternative to having to go into hospital.
- ✔ NHS cash benefit: £50 a night, up to £2,000 a year.
- ✔ Oral surgery: Some oral surgery treatments are paid in full.
- ✔ Chiropractic: up to £150 a year.

Dentist and Optician Cashback Add-on

Money back for:

- ✔ 80% of your dentist's charges, up to £300 a year.
- ✔ 80% of the cost of prescription glasses and contact lenses that you need to correct your sight, up to £140 a year.
- ✔ Up to £25 a year for eye tests.

Extra Cancer Cover Add-on

- ✔ 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.
- ✔ Experimental drug treatment, as long as you are a participant in an ethically approved trial.

3 Find ways to bring down the cost

If you want a lower price, here are some ways to bring the cost down.

Add an excess

The higher your excess, the lower your price. You can choose:

- £500
- £250
- £100
- No excess.

You pay this amount if you make any claims that are covered. You only pay it once in each policy year.

Choose the Six-week Safety Net

If the NHS can give you the hospital treatment you need within six weeks of when treatment should take place, then you'll use the NHS. If the NHS can't do this, you'll go privately.

The Six-week Safety Net applies to all Business Priority Health treatment except for out-patient consultations (such as consultations with a specialist or osteopath for example) where you'll go privately straight away, however long the NHS wait.

Here's how it works.

- You go to see your doctor on 1 March about a problem with your knee.
- Your doctor refers you to a specialist who says you need some tests, which are undertaken immediately.
- On 30 March your specialist tells you that you will need immediate knee surgery.
- If the NHS can give you the treatment you need within six weeks of the 30 March (so that's by 11 May), then you'll have the treatment on the NHS.
- If they can't treat you by the 11 May, and you're covered under your health insurance, you can have private treatment straight away.

What are the **main exclusions and limitations** of Business Priority Health?

As with all insurance policies, there are things that Business Priority Health doesn't cover. There's a summary of the main exclusions and limitations below.

All Business Priority Health packages...

What's not covered?

Where is this in the membership handbook?

Treatment of medical conditions that you had or were aware of before your cover started.



How your policy works with pre-existing conditions and symptoms of them.

Long-term treatment of long-term illnesses.



How your policy works with conditions that last a long time or come back (chronic conditions).

Also see the leaflet called 'Chronic conditions' for further explanation.

Routine pregnancy and childbirth.



Your cover for specific conditions, treatments, tests and costs.

Any treatment that's caused by any sporting activity that you're paid for in any way – including grants or sponsorships (unless you only receive travel expenses).



Your cover for specific conditions, treatments, tests and costs.

Urgent or emergency treatment (if you have the Six-week Safety Net).



How the Six-week Safety Net works.

Any excess that you've chosen as part of your package. You pay this amount if you make any claims that are covered. You only pay it once per person in each policy year.



Paying your excess.

Depending on your Add-ons...

What's not covered?

Where is this in the membership handbook?

Tests and specialist consultations as an out-patient, unless you've chosen an Out-patient Add-on.

➤ Paying the specialists and practitioners that treat you – extra cover that depends on your Add-ons.

Practitioner charges, unless you've chosen the Enhanced or Full Out-patient Add-on.

➤ Paying the specialists and practitioners that treat you – extra cover that depends on your Add-ons.

Physiotherapy, osteopathy and chiropractor charges, unless you've chosen the Therapies Add-on.

➤ Paying the specialists and practitioners that treat you – extra cover that depends on your Add-ons.

Treatment for any kind of mental health problems, unless you've chosen the Mental Health Add-on.

➤ Your cover for specific conditions, treatment, tests and costs.

Dental procedures, unless you've chosen the Dentist and Optician Cashback Add-on, which will give you some money back.

➤ Your cover for specific conditions, treatment, tests and costs.



FAQs

What about existing medical conditions?

We offer various options for covering existing medical conditions that you or your colleagues are aware of.

Please note: these are options for your cover. We will discuss them with you to find which suits you best.

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 future.

Continuing medical exclusions from another health insurer

- If you already have cover from another health insurer, we may be able to start your cover with the same exclusions – so we won't ask you to fill in a new medical declaration.

Please call us on 01202 544 445 for more information.

How long will my cover last?

Your cover will last for 12 months from the start date shown on your membership certificate.

What happens if I change my mind?

You have a 14 day cancellation period if you are an unincorporated business (a sole trader or a partnership which is not a Limited Liability Partnership) and you are purchasing the cover for yourself as well as your employees. The cancellation period begins on the day your contract is agreed or the day you received your full policy terms and conditions if this is later and will also apply from each renewal date. The cancellation period does not apply if you are not an unincorporated business or where you are purchasing cover that does not include cover for yourself. Full details can be found in your membership handbook.

Can I add someone else to the group?

Yes: it's easy to add someone else – for example, other employees or family members – to your Business Priority Health package.

Why is Business Priority Health cheaper?

There are three main reasons why it's cheaper:

- 1** By working with carefully selected hospitals and specialists.
- 2** We run as much as we can online.
- 3** You can choose what's covered, so you get a price you like.

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

What if I want to use a hospital or specialist that isn't on the list?

We would always recommend that you use a Business Priority Health specialist at a hospital in Our Hospital List. This will mean you can go ahead with treatment knowing that the costs will be covered.

If you use any other hospital or specialist, your policy will only cover part of the costs, and you'll need to pay the rest yourself. This could be a significant amount of money. In some cases, the fees may not be paid at all.

Please always check with us by calling 0845 600 7696 before you go ahead with any private treatment.

Do I have to do everything online?

No. If you need to call us we have experienced people available on the phone 9am to 8pm, Monday to Friday. Simply call us on 01202 544 445.

How do I complain?

If you're unhappy with anything to do with our service or your Business Priority Health package, please let us know on 0800 587 0957. We'll do everything we can to help.

You can find more information in the 'Making a complaint' section of your membership handbook.

If you're unhappy with what we decide about your complaint, you can ask the Financial Ombudsman Service to look into it.

What happens when I need treatment?

Please call us on 0845 600 7696 before you go for treatment so we can check you're covered.

If you need medical treatment, please call us so that one of our experienced advisers can check that you're covered, help you choose your hospital and specialist, and take you through the claim process.

Notes

What is Business Priority Health?

Exclusions and limitations

FAQs

