About this summary

This summary is a brief description of Priority Health – your medical insurance package.

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

For terms and conditions, see health-on-line.co.uk/members, where you’ll find:

- the membership handbook
- Our Hospital List which details the hospitals you can use.

On the following pages, you’ll find all the details you need about what 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 **Priority Health?**

Priority Health is a medical insurance package that allows you to choose the options you need.

**Core (applies to all) + Add-ons = Your Priority Health package**

Priority Health is a flexible medical 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 your own personal health needs. You must be a UK resident, and you’re covered for private medical treatment in the UK only.
1 Your Core medical 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 when your specialist refers you
✓ 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 Priority Health specialists

Our Hospital List includes details of the hospitals that 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.

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 find one near you, in the Members’ Area of our website. For details of the specialists near you please call us. You can also find your membership handbook, which tells you more about exactly what's covered on our website, just go to health-on-line.co.uk/members
2 Choose your Add-ons

Tweak your 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 scans when your specialist refers you.

Enhanced Out-patient Add-on
- Within this limit, you’ll also get up to £1,000 a year for GP referred specialist consultations. You will also be covered for diagnostic tests and practitioner charges when your specialist refers you.
- CT, MRI or PET scans when your specialist refers you.

Full Out-patient Add-on
- No yearly maximum for GP referred specialist consultations. You’ll also be covered for diagnostic tests and practitioner charges when your specialist refers you.
- CT, MRI or PET scans when your specialist refers you.

Practitioners are nurses, dieticians, orthoptists and speech therapists.

Therapies Add-on
- Up to £350 a year in total for physiotherapy, osteopathy and chiropractic treatment when you are referred by your GP.
- No limit on the number of sessions.
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.
✓ Chiropody: up to £150 a year.

Get the Extra Care Add-on for free
If you choose the Mental Health Add-on and Therapies Add-on, you’ll get the Extra Care Add-on for free.

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’re a participant in an ethically approved trial and it is agreed by us in advance.
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:

• £1000 (not available if you have chosen either the Standard or Enhanced Out-patient Add-on)
• £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 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’ll 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 medical insurance, you can have private treatment straight away.
Your no claims discount

If you don’t claim, you’ll get a discount, which builds up in 12 steps to 65%. You may get a no claims discount right from when you join: we’ll show this on your quote document and your membership statement.

If someone covered by your medical insurance makes one claim or more in any year, the discount for that person drops by three levels. But it will go up again by one level if they don’t make a claim in the following year.
What are the **main exclusions and limitations** of Priority Health?

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

### All Priority Health packages...

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<th>What’s not covered?</th>
<th>Where is this in the membership handbook?</th>
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</thead>
<tbody>
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<td>Treatment of medical conditions that you had or were aware of before your cover started.</td>
<td>How your policy works with pre-existing conditions and symptoms of them.</td>
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<tr>
<td>Long-term treatment of long-term illnesses.</td>
<td>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.</td>
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<tr>
<td>Routine pregnancy and childbirth.</td>
<td>Your cover for specific conditions, treatment, tests and costs.</td>
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<tr>
<td>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).</td>
<td>Your cover for specific conditions, treatment, tests and costs.</td>
</tr>
<tr>
<td>Urgent or emergency treatment (if you have the Six-week Safety Net).</td>
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<td>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.</td>
<td>Paying your excess.</td>
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Depending on your Add-ons...

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<tr>
<th>What’s not covered?</th>
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<tr>
<td>Tests and specialist consultations as an out-patient, unless you’ve chosen an Out-patient Add-on.</td>
<td>Paying the specialists and practitioners that treat you – extra cover that depends on your Add-ons.</td>
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<tr>
<td>Practitioner charges, unless you’ve chosen the Enhanced or Full Out-patient Add-on.</td>
<td>Paying the specialists and practitioners that treat you – extra cover that depends on your Add-ons.</td>
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<tr>
<td>Physiotherapy, osteopathy and chiropractor charges, unless you’ve chosen the Therapies Add-on.</td>
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<td>Treatment for any kind of mental health problems, unless you’ve chosen the Mental Health Add-on.</td>
<td>Your cover for specific conditions, treatment, tests or costs.</td>
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<tr>
<td>Dental procedures, unless you’ve chosen the Dentist and Optician Cashback Add-on, which will give you some money back.</td>
<td>Your cover for specific conditions, treatment, tests or costs.</td>
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FAQs

What about medical conditions I already have?

If you’re already aware that you 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 you an option that means you could still get cover for the condition in future. Please call us on 01202 544 445 and we can discuss your options.

Once you’ve joined, your membership certificate will show what cover you have for any conditions that you already have. You can also find more information in the ‘How your policy works with pre-existing conditions and symptoms of them’ section of your membership handbook.

How long will my cover last?

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

What happens if I change my mind?

After you sign up, you have a 14-day ‘cooling off’ period when you can change your mind. During this period, you can cancel your medical insurance and we will return your money. There are more details about this in the ‘Cancelling your policy during the cooling off period’ part of the ‘Managing your policy’ section of your membership handbook.

Your cooling off period starts on the day you agree your contract, or on the day you receive your welcome pack, if this is later. You also get a cooling off period after each renewal date.

Can I add someone else to my cover?

Yes: it’s easy to add someone else – for example, your partner or child – to your Priority Health package. They’ll get the same cover as you.
Why is Priority Health cheaper?

There are four main reasons why it's cheaper:
1. We work 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.
4. By offering you a no claims discount that can build up to 65%.

Providing medical 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 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 choose to 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.

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How do I complain?

If you’re unhappy with anything to do with our service or your Priority Health package, please let us know on 0800 587 0956. 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.

FAQs continued

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.
Any questions?

If you have any questions about your policy, please get in touch:

Sales
01202 544 445
Open 9am to 8pm, Monday to Friday

Claims
0845 600 7696
Open 8.30am to 5.30pm, Monday to Friday

Email
information@health-on-line.co.uk

Website
health-on-line.co.uk

We may record and/or monitor calls for quality assurance, training and evidential purposes.

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