



Health

# Forces Pension Society



Offering you a private  
healthcare insurance plan from  
AXA Health with flexible options  
to suit your needs.





## Bringing the security of private healthcare cover within your reach

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The Forces Pension Society has teamed up with Towergate Health & Protection to offer its members a specially arranged private healthcare insurance plan which is available to all serving or retired members of the Armed Forces and their families.

The cover is underwritten by AXA PPP healthcare Limited, AXA's UK health and wellbeing specialist, under the trading name of AXA Health. We're one of the UK's leading medical insurers with over 80 years experience in providing healthcare cover.

### Why private healthcare insurance?

Private healthcare insurance provides you with prompt access to eligible medical treatment when you need it. It also gives you choices too. You usually have a choice of where you want to be treated – from a national network of over 250 hospitals, day-patient units and scanning centres – and more importantly, at a time, convenient for you.

We've developed 'Flexicare' especially for Towergate Health & Protection – an independent healthcare insurance specialist. It's a plan that can offer you and your family peace of mind, with benefits that can be tailored to suit your needs – and your pocket.

# Flexicare

## Affordable private health cover - with your choice of options

**We developed Flexicare to help bring quality private healthcare insurance within the reach of individuals and families who may not have considered it previously.**

We've achieved this by offering a flexible range of options that you can add to the core cover. This allows you to select the optional benefits that are most appropriate for you and your family.

Which, of course, means you don't pay for benefits that you don't want.

### Build your own personal plan around our core cover product

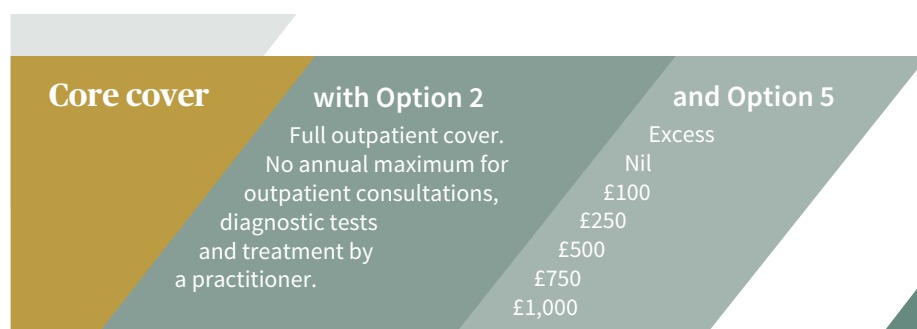
Flexicare core cover provides cover for a range of inpatient and day patient treatment and outpatient surgical procedures, with additional benefits such as parent accommodation and private ambulance cover included.

You'll find these (plus all the various optional benefits) fully explained in the following pages and the benefits tables that follow.

**If you wish, you may simply take the core cover on its own – ie without any additional benefit options. Please note that you can't choose any of the options without the core cover.**

All people included on your plan must select the same options.

The following diagram illustrates how the options can be added to the core cover to help you create your own private healthcare plan.



# Comprehensive range of benefits available

The tables below provide a summary of the benefits available on the core cover, and the options which you can choose. Please refer to the following pages for further details on the benefits shown.

## About the inpatient, day patient and outpatient treatment included with core cover

With Flexicare core cover, we'll pay your eligible inpatient and day patient hospital treatment charges in full as long as the hospital you choose for treatment is included in our Directory of Hospitals. And you use a specialist whose fees we've agreed to pay in full and the treatment meets the conditions of your plan.

We can normally settle eligible bills directly with the specialist or hospital, so your only concern is getting better. You are covered for all the essentials during your inpatient or day patient hospital stay: accommodation, meals, drugs and dressings. As an inpatient, you'll usually have your own private room, with an en-suite bathroom and television.

Core cover provides cover for eligible out-patient surgical procedures, outpatient radiotherapy and chemotherapy, and out-patient MRI, CT and PET scans.

Benefits of core cover	Cover	Notes
<b>Inpatient and day patient treatment</b>		
Hospital charges	✓	As long as the hospital or day-patient unit you choose for treatment is included in our Directory of Hospitals, we'll pay the eligible treatment charges in full.
Consultant/Specialist fees	✓	You can be reassured that the vast majority of specialists we recognise have eligible treatment charges we routinely pay in full.
Active treatment of cancer. Including charges for radiotherapy (the use of radiation to treat cancers) and chemotherapy (the use of drugs to treat cancers)	✓	To find out how we can support you when you've been diagnosed with cancer, see page seven of this brochure.
Diagnostic tests on specialist referral	✓	
Hospital accommodation. This benefit is for the cost of one parent staying in hospital while their child is receiving eligible private treatment. The child must be covered by the policy and the benefit is paid from the child's benefits.	✓	Paid in full.
Hotel accommodation. This benefit is for the cost of one close relative or friend staying in a hotel near the private hospital where the member is receiving eligible private treatment. The member must be covered by the policy and the purpose of the hotel stay must be to provide support to the member.	✓	Up to £100 a night up to £500 a year.
<b>Outpatient treatment</b>		
Surgical procedures	✓	
Cancer treatment, including radiotherapy and chemotherapy	✓	
CT, MRI and PET scans	✓	As long as the hospital, day-patient unit or scanning centre you choose for treatment is included in our Directory of Hospitals, we'll pay the eligible treatment charges in full.
<b>Extended cancer cover – This option is automatically included in your cover.</b>		
Additional expenses incurred to support you whilst you are undergoing active treatment of cancer Purchase of wigs Provision of external prostheses	✓	– up to £400 a year – up to £5,000 a year.
Hospice donation. This charitable donation is paid to a registered hospice charity that is providing you with end of life care related to cancer either at a hospice or for hospice at home.	✓	£100 a night.
<b>Additional benefits</b>		
AXA Doctor at Hand service – powered by Doctor Care Anywhere	✓	Phone or video appointments with a GP or Advanced Nurse Practitioner, with our AXA Doctor at Hand service. And if you include an outpatient option with core cover, you could benefit from access to some GP-referred diagnostic tests without needing to see a consultant first.*
Hospital-at-home	✓	To cover the cost of a nurse to administer intravenous chemotherapy for cancer or intravenous antibiotics at home.

\* Where clinically and geographically appropriate (available in England, Scotland and Wales). For those aged 18 and over. Outpatient limits may apply. All referrals and treatment recommended are on a private basis. The GPs and Advanced Nurse Practitioners are unable to refer to the NHS.



Benefits of core cover	Cover	Notes
<b>Additional benefits – continued</b>		
Ambulance transport	✓	When you are receiving eligible private inpatient or day patient treatment and it is medically necessary to use a road ambulance to transport you between a hospital and another medical facility.
NHS cash benefit – this benefit is paid for each night you receive treatment free on the NHS that would have been covered by your plan.	✓	£50 a night, up to £2,000 a year.
Day patient and outpatient NHS radiotherapy and chemotherapy cash benefit.	✓	£200 a day up to £5,000 a year To find out how we can support you when you've been diagnosed with cancer, see page seven of this brochure.

## Core cover plus (Option 9)

With Option 9, members are covered for three outpatient specialist consultations per year, and cover includes no annual maximum for diagnostic tests on specialist referral.

Benefits of Option 9 in addition to core cover	Cover	Notes
Specialist consultations	✓	We will pay for three consultations a year.
Diagnostic tests on specialist referral.	✓	No annual maximum for specialist-referred diagnostic tests.

## Limited outpatient (Option 1)

With Option 1, you're covered for up to £1,000 per year for outpatient specialist consultations, diagnostic tests and treatment by a practitioner (including an audiologist). Within this limit you also have cover for treatment from an acupuncturist and therapist (physiotherapist, chiropractor or osteopath).

If you're referred to a therapist or acupuncturist by your GP, or to a physiotherapist or osteopath by our muscles, bones and joints service (known as Working Body in your handbook), you will be covered for up to a maximum of 10 sessions in any plan year subject to the benefit limit. Any further sessions must be on specialist referral. Available to members aged 18+.

Benefits of Option 1 in addition to core cover	Cover	Notes
Specialist consultations	✓	These four benefits have a combined overall limit of £1,000 per year. Within the above limit we'll pay for GP referred therapist and/or acupuncturist treatment in any combination, up to an overall maximum of ten sessions a year. This also applies to physiotherapy and osteopathy treatment referred by our muscles, bones and joints service (this is known as Working Body in your handbook).
Diagnostic tests	✓	
Practitioner charges	✓	
Therapist and acupuncturist charges	✓	

## Full outpatient limit (Option 2)

With Option 2, there is no annual maximum for outpatient specialist consultations, diagnostic tests and treatment by a practitioner (including an audiologist). You also have cover for treatment from an acupuncturist and therapist (physiotherapist, chiropractor or osteopath).

If you're referred to a therapist or acupuncturist by your GP, or to a physiotherapist or osteopath by our muscles, bones and joints service (known as Working Body in your handbook), you will be covered for up to a maximum of 10 sessions in any plan year subject to the benefit limit. Any further sessions must be on specialist referral. Available to members aged 18+.

Benefits of Option 2 in addition to core cover	Cover	Notes
Specialist consultations	✓	No annual maximum. However we'll only pay for GP referred therapist and/or acupuncturist treatment in any combination or physiotherapy and osteopathy treatment referred by our muscles, bones and joints service (known as Working Body in your handbook), up to an overall maximum of 10 sessions a year.
Diagnostic tests performed by your specialist or on specialist referral	✓	
Practitioner charges	✓	
Therapist and acupuncturist charges	✓	

For more information please call [Towergate Health & Protection on 0800 389 7724](tel:0800 389 7724)



## Option 5 – Excess

An excess on a medical insurance plan – just like the excess on motor and home insurance – enables you to enjoy lower premiums in exchange for agreeing to pay a set amount towards claims. At AXA Health we only expect you to pay your excess once per person, per plan year that you, or anyone covered, claims. This is regardless of the number and cost of claims made. If a claim spans two plan years the excess will be applied twice i.e. once in each plan year.

With Option 5 you can choose an excess amount of £100, £250, £500, £750 or £1,000 to reduce your premiums further.

Your excess will be deducted from the total benefit amount available to you for the remainder of that plan year.

### Important note:

The above benefits tables are only intended to provide you with a summary of the benefits offered by the Forces Pension Society Flexicare cover. They are designed to help you decide upon the most appropriate type of private healthcare insurance for your individual needs and circumstances.

Further details are set out in the supporting product literature which we strongly advise you to read carefully and thoroughly, when you receive your plan documents.

When you join, all claims will be assessed against both the terms and conditions of the cover, any Options chosen and any individual exclusions placed on your plan. Please refer to page eight for information on the underwriting styles available. If you wish to find out more about the terms and conditions of cover, please contact your intermediary.

Excess options	Notes
£0, £100, £250, £500, £750 or £1,000 excess for each person covered by this plan each year.	Choosing a higher excess can reduce your subscriptions further.

## What are the significant exclusions and limitations of Flexicare private healthcare insurance?

- Treatment of medical conditions that existed, or you had symptoms of, before joining. In certain circumstances, such as if you're switching to us from another provider, there may be cover for these conditions. Please see page eight for more information or full details will be given to you before you join.
- Outpatient specialist consultation fees and diagnostic tests unless you have Option 1, Option 2 or Option 9.
- Outpatient therapist, acupuncturist and practitioner treatment unless you have Option 1 or Option 2.
- Psychiatric treatment.
- Any dental procedures (except eligible oral dental surgery in hospital).
- Treatment of injuries sustained from engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).

- Routine pregnancy and childbirth.
- Ongoing, recurrent or long-term treatment of long-term illnesses (usually referred to as chronic conditions). Please refer to page eight for more information.
- Fees charged by a practitioner and acupuncturist above the level within our published schedule of procedures and fees.
- Routine examinations, visits to a GP or dentist and outpatient medicines are not covered under your plan.
- Fees charged by an approved specialist or therapist who we have identified to you as someone whose fees we'll pay in full if, without our prior agreement, they charge significantly more than their usual amount for treatment.
- Charges when treatment is received outside of our Directory of Hospitals.

A full list of exclusions will be included with your plan documents.

For more information please call [Towergate Health & Protection](tel:08003897724) on 0800 389 7724

# Cancer and heart care

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## Lean on us if you're ever seriously ill

When it comes to cancer and heart conditions, there's no road map to follow. But that doesn't mean you have to find your way on your own. We're here to guide you.

We've got a team of nurses who specialise in these conditions. Every one of them knows what a diagnosis like this means. And they're just a phone call away. Whether or not you've had your diagnosis, they'll be there for you. A listening ear at the end of the phone and a soothing voice to answer your questions. They'll be there for your family too, to make things a little easier for the people you're closest to.

We know how much our members worry about these conditions. That's why cancer and heart care is part of the core cover we provide.

## Practical and emotional support when you need it

For many of our members, having a listening ear at the end of the phone is something they couldn't do without.

**24/7 support** – Often the questions we have about our health come when we least expect it so at AXA Health our experienced practitioners are available at the end of the phone day or night – we're here for you.<sup>1</sup>

**Dedicated cancer care team** – If cancer is diagnosed, as soon as you let us know, we'll connect you to your dedicated care manager, who will then talk you through how they can support you.

## Access to eligible cancer drugs and treatments

We want to help you get healthy and on your way to recovery as much as possible. That's why if your specialist recommends it, we will cover the costs of any licenced drug being prescribed within the terms of their licence. Outpatient drugs are not covered by this plan.

**£200 per day up to £5,000 per plan year, available for radiotherapy and chemotherapy received as an NHS outpatient or day patient.**

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<sup>1</sup> Speak to our specialist cancer and heart nurses 9am-5pm Monday – Friday. Outside these hours our experienced nurses, counsellors and pharmacists provide round the clock support by phone.

# Other important information regarding your Flexicare cover

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## Treatment of chronic medical conditions

To keep your premiums as low as possible, Flexicare is primarily designed to pay for the treatment of eligible medical conditions that the patient should respond quickly to and make a full recovery.

Unfortunately, there are certain medical conditions (known as chronic conditions) from which, even with treatment, the patient may not make a complete recovery or may require on-going, recurrent or long-term treatment – diabetes or asthma, for example. We do not cover continuing or recurrent treatment, preventative treatment or monitoring for such conditions. Initial inpatient and day patient tests and diagnostics will be covered, if eligible, as will inpatient treatment of acute flare ups.

A full list of exclusions and limitations will be included with your plan documents.

## No medical examination required

You don't have to take a medical examination to join AXA Health. All you have to do in order to apply for cover is complete the application form to enable us to confirm the scope and the price of the cover we can offer.

## About the various underwriting terms available

Three different medical underwriting terms are available. These are:

**1. Moratorium** – We'll provide cover for treatment of medical conditions that arise after you join. If you have experienced symptoms or been treated for a medical condition in the last five years, you'll be covered for that condition after:

- You've been covered by us for two consecutive years (this is the moratorium period).
- You've been completely free of any form of treatment, medical advice, drugs or medicines or special diets relating to that condition for a consecutive 12 month period after joining.

There are some medical conditions – those that continue or keep recurring – that you'll never be able to claim for. This is because you'll never be able to have a consecutive one year trouble free period after joining.

For further information, please refer to the moratorium section in the **ABI guide to buying private medical insurance** or contact your intermediary at Towergate Health & Protection.

**2. Fully underwritten** – If you're unsure about the extent of the exclusion(s) that will apply under your plan, you may like to declare your medical history to us. This requires each applicant to supply a medical declaration on the application and, in certain circumstances, information from your doctor. Treatment of pre-existing medical conditions and conditions associated to them is then excluded where necessary.

**3. Continued medical exclusions** – If you're transferring your medical insurance from another provider, you may be able to retain any medical underwriting applied by your previous insurer subject to meeting certain criteria. However, the plan terms will be those of your new plan with AXA Health and therefore the benefits and limitations will differ from those of your previous insurer. Please contact your intermediary at Towergate Health & Protection for further details.

## Our network of hospitals

Our national network of healthcare facilities currently comprises hospitals, day-patient units and screening centres all around the country.

A list of all the hospitals appears in our Directory of Hospitals. You'll receive more detailed information on these hospitals, day-patient units, scanning centres and rehabilitation units included in our network with your plan documents.



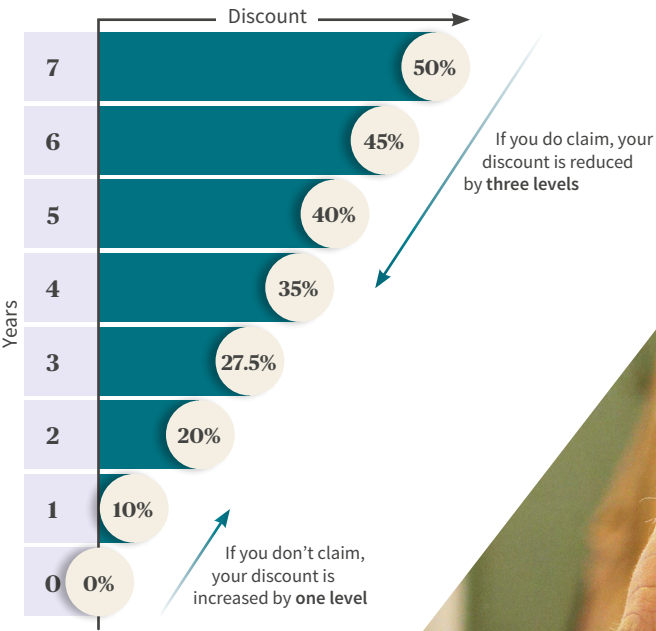
# Other important information regarding your Flexicare cover - continued

## No Claims Discount (NCD)

We are starting you off with a great 40% no claims discount when you join, even if you've never had healthcare cover before.

And for each year you don't claim, your no claims discount will increase by one level – up to a maximum of 50%.

Just like car or home insurance, if you, or anyone named on your policy, does make a claim then your no claims discount will reduce by three levels. The minimum level is 0%.



# Flexicare

## also brings you these additional benefits

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### 24/7 health support line

Call with your health queries any time, 24 hours a day, 365 days a year. This is known as Health at Hand in your handbook.

Our medical team is made up of many of the health professionals you'd find working at a local health centre. We have nurses, counsellors, midwives and pharmacists available to talk to you.

They're ready to help whether you want to talk about a specific health question, medication, treatment or simply need a little guidance and reassurance. Nurse and counsellor helpline is open 24/7. Pharmacists and midwives are available 8am to 8pm, Monday to Friday, 8am to 4pm on Saturday and 8am to 12pm on Sunday.

### Specialist appointment booking service

We can get you to see the right specialist, at the right time and place for you. You just need an open referral from a GP. An open referral is when a GP doesn't name a particular specialist, but instead gives the type of specialist the member needs to see, for example a cardiologist. We'll then book an appointment for you at a time and place that suits you best. Or we'll give you a choice of up to three doctors with the right specialism. Your consultation will be covered if you choose to add one of the outpatient options to your cover.

### Our team are at your service, ready to help

The AXA Health 'personal care' begins from the moment you join. Our team is on hand to help you with any queries you may have regarding making a claim and pre-authorising medical treatment. They will even help you fill out a claim form if necessary. To make it easy to contact our team, we provide you with a direct line to them.

For all general membership queries about your benefits, or to change your personal details, please contact your intermediary at Towergate Health & Protection.

Call with your health queries  
any time, 24 hours a day,  
365 days a year

### Your complete satisfaction is very important to us

Perhaps two of the greatest advantages to taking out an AXA Health plan are the confidence and sense of security it can provide. We recognise our members are our business. That means your complete satisfaction is very important to us.

### Can I review my cover?

If your application is accepted, when you receive your membership documents you will have 14 days in which to ensure you are completely satisfied with your cover. If you've not made a claim, you can cancel for any reason during this period and owe nothing. In the unlikely event of you wishing to cancel during those 14 days, any money that you have paid or we have collected from your group will be returned, provided you have not claimed.

Full details of our complaints procedure will be provided with your membership handbook and is available on request. All our plans are governed by the law of England and Wales and this is the law that is used in the case of any disputes.



## The role of Towergate Health & Protection and Forces Pension Society (FPS)

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Towergate Health & Protection is an independently authorised intermediary, who acts on your behalf. As an independent intermediary, Towergate Health & Protection is also able to undertake a market review for you.

To support their members, FPS works with Towergate Health & Protection to enable Towergate Health & Protection to market the plan, for which FPS receives a fee. Towergate Health & Protection negotiates the overall renewal terms AXA Health offers on this plan, with FPS agreeing the recommendation. FPS has no other role within the administration of this arrangement.

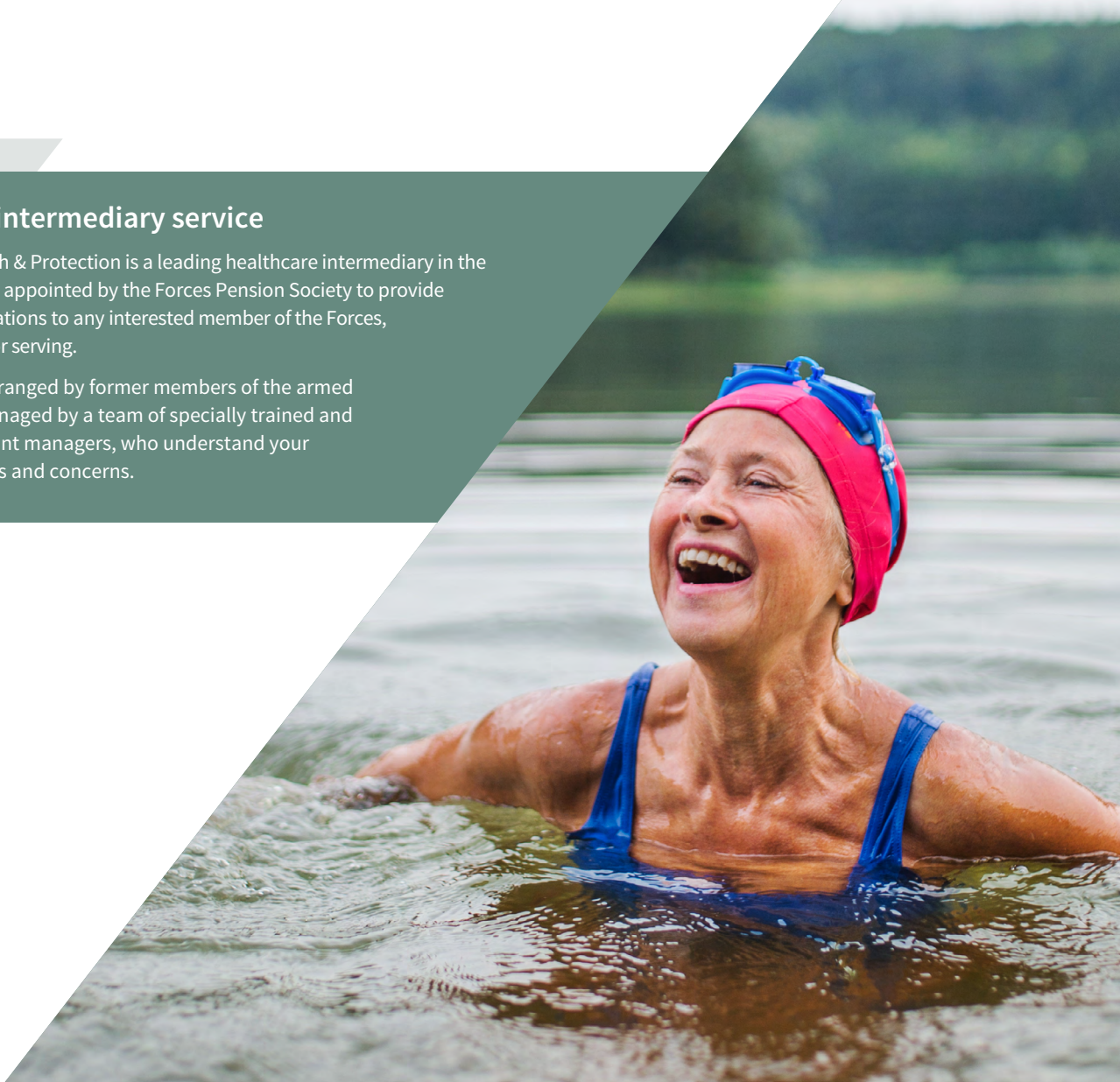
For clarity, there is no commercial agreement between AXA Health and FPS. FPS do not represent you or negotiate any aspect of your healthcare insurance with AXA Health.

This cover is an individual contract of insurance between you and AXA Health. The subscriptions under this arrangement are set each year by AXA Health to take into account the claims made by all the members of FPS and their family members covered under the product.

### Dedicated intermediary service

Towergate Health & Protection is a leading healthcare intermediary in the UK and has been appointed by the Forces Pension Society to provide advice and quotations to any interested member of the Forces, whether retired or serving.

This plan was arranged by former members of the armed forces and is managed by a team of specially trained and dedicated account managers, who understand your healthcare needs and concerns.





## Frequently answered questions

The following questions are those most often asked about our healthcare plans.  
If you have another question, please contact your intermediary.

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### There are lots of medical insurers in the market; why should I choose AXA Health?

AXA Health has over 80 years of experience helping people to secure healthcare cover, making us one of the longest established medical insurers in the UK. We're also one of the largest. We look after the healthcare insurance needs of around two million customers in the UK and abroad.

As AXA's UK health and wellbeing specialist, we're part of one of the world's largest insurance and asset management companies. As well as giving us financial strength and stability, we can also learn from its global experience and history in other markets to help us develop innovative products and services that are right for our customers.

Towergate Health & Protection is an independent private healthcare insurance specialist intermediary, providing you with access to affordable and competitive medical insurance, in conjunction with the Forces Pension Society.

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### Will my pre-existing conditions be covered?

When you switch to us from another insurer, you may be able to retain any medical underwriting applied by your previous insurer subject to meeting certain criteria. Please note, the terms and conditions of your new plan with AXA Health will apply.

If you are new to private healthcare insurance, we will underwrite you on a moratorium basis, which means any new condition that develops from the date of joining will be covered subject to the terms and conditions of your plan. Any medical conditions experienced during the last five years are only covered after being a member for two continuous years and after being free from all treatment, medical advice, drugs or medicines or have followed a special diet related to that condition for one continuous year after joining.

For more details on this, please see the underwriting terms which can be found on page eight of this brochure.

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### How often can I claim?

There is no limit to the number of times you can claim, subject to the terms and conditions and any monetary limit on the benefits of the plan.

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### Do I have to pay for treatment and then claim the money back?

No, AXA Health normally receives accounts from the specialists or hospitals and settles them directly.

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### How can I be sure that I'm covered before I go ahead with treatment?

Just call our team on 0800 364 524 with the details of your proposed treatment and specialist. They will confirm if your treatment is eligible for cover, so you may go ahead with the peace of mind that you are covered for that treatment.

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### Can I change my level of benefits?

You can change your cover level and claims excess at your plan renewal only. Please speak to Towergate Health & Protection for more information about this.

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### What happens if I don't call and get pre-authorisation for hospital treatment?

We would strongly recommend that you obtain authorisation for your proposed treatment before it is undertaken so you can relax in the knowledge that it is covered. However, we will pay for a claim which has not been pre-authorised provided that it is eligible under the terms of your plan.

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### Are there any ways in which I can reduce the costs of my private healthcare insurance subscriptions?

You can reduce your subscriptions by choosing an optional excess (Option 5) of £100, £250, £500, £750 or £1,000. If you take this option, you choose to pay the first £100, £250, £500, £750 or £1,000 of eligible treatment for each person covered by your plan – once each year, after which we pay for any further eligible fees for that year.

# To get the affordable private health cover you want, here's what to do next...

Please check all your personal details on your enrolment form, including your telephone number, email address and number of dependents you wish to cover under your plan.

## And then finally:

- Sign and date the policyholder's declaration.
- Insert the date you wish to be enrolled from.
- Tick the level of cover that's right for you.
- Remember, you can reduce your subscriptions by opting to pay a voluntary excess.
- Tick the type of medical underwriting (new member – two year moratorium or switching to us from another insurer). If you're choosing full medical underwriting, please complete the fully underwritten form.
- If you're transferring to us from another insurer on continued medical exclusion underwriting terms, please complete section 4 of the enrolment form and include your current medical insurance certificate.
- Complete and sign the AXA PPP healthcare Direct Debit mandate.
- Please send your application and direct debit instruction to Towergate Health & Protection by using the business reply envelope enclosed.

If you need any help completing the application form, please call **Towergate Health & Protection** on **0800 389 7724** and they will be happy to help you. Lines are open Monday to Friday 9am to 5pm.





**Flexicare has been designed to suit a range of needs and budgets. To find the right balance of cover that suits you, please speak to Townergate Health & Protection who will be happy to help.**





**For further information, please call  
Towergate Health & Protection on  
0800 389 7724**

Lines are open Monday to Friday 9am to 5pm.



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