

Private medical insurance

Insurance Product Information Document



Company: AXA PPP healthcare Limited

Product: Forces Pension Society Flexicare

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority with registered number 202947. Registered address 20 Gracechurch Street, London EC3V 0BG.

The information provided in this document is a summary of the key features and exclusions of the plan and does not form part of the contract between us. Complete pre-contract and contractual information about the product will be provided in your plan documents.

What is this type of insurance?

Private medical insurance provides cover for the private treatment of new acute medical conditions that arise after joining the plan.



What is insured?

In-patient and day-patient treatment

- ✓ Private hospital and day-patient unit fees paid in full at a facility in our Directory of Hospitals.
- ✓ Specialist fees from our 'fee approved' list – no yearly limit.
- ✓ Hospital accommodation for one parent while their child is receiving private treatment - paid in full.
- ✓ Costs towards a close relative or friend to stay in a hotel nearby when a member is having private treatment - up to £100 a night up to £500 a year.
- ✓ Cancer treatment. In-patient and day-patient treatment.

Out-patient treatment

- ✓ Surgery - no yearly limit.
- ✓ CT, MRI and PET scans paid in full at a hospital or scanning centre in our Directory of Hospitals, when referred by the treating specialist.

Other benefits

- ✓ Expert Help. Direct telephone access to our healthcare experts for you and your family.
- ✓ Working Body. Access to a telephone consultation with a physiotherapist without the need to see your GP first. For members aged 18 or over.
- ✓ AXA Doctor at Hand service. Access to telephone or video consultations with a GP at the AXA Doctor at Hand service.

Optional cover

- Specialist consultations up to a maximum of 3 visits each year and no annual maximum for diagnostic tests, if you have Option 9.
- Specialist consultations, diagnostic tests, practitioner charges and treatment fees with a physiotherapist, chiropractor, osteopath or acupuncturist as an out-patient:
 - Up to £1,000 per year if you have Option 1
 - No annual maximum if you have Option 2.
- Travel cover if you have Option 6.



What is not insured?

- ✗ Treatment of medical conditions that you had, or had symptoms of, before joining.
- ✗ Treatment or monitoring of ongoing, recurrent and long-term conditions (also known as 'chronic conditions').
- ✗ Pregnancy and childbirth.
- ✗ Fees for services that would normally be carried out by a GP practice, dentist or optician.
- ✗ Fees if you choose to use a hospital that is not in our Directory of Hospitals.
- ✗ Preventative treatment or tests when there are no apparent symptoms.
- ✗ Fees for treatment with specialists we do not recognise.
- ✗ Fees for out-patient drugs, dressings and private prescriptions.
- ✗ Treatment of psychiatric illness.



Are there any restrictions on cover?

- ! If you have an excess we will take your excess off the amount covered by your plan for the first claim for each person per membership year.
- ! Physiotherapist, chiropractor, osteopath or acupuncturist fees, unless you have Option 1 or 2.
- ! If you have chosen the Core Cover Plus (Option 9) you are limited to a maximum of 3 specialist consultations each year.
- ! We only cover treatment shown to be safe and effective by The National Institute for Health and Care Excellence (NICE) or by clinical trials recognised by us. However we only cover a small number of approved Advanced Therapeutic Medicinal Products (ATMPs) as shown on our website.



Where am I covered?

✓ Cover is provided for private medical treatment received in the United Kingdom.



What are my obligations?

- You must give us complete and accurate answers to any questions we may ask.
- If anything changes between the time you agreed to join and the start date you must contact us.
- You must pay any excess that applies to your plan.
- You must pay the premium on time.
- You must inform us if any of your personal details change, including your address.
- If you need to make a claim call our team of Personal Advisers to ensure your claim is covered under the plan.



When and how do I pay?

You can pay your premium annually by Direct Debit, credit card, cheque or bank transfer or monthly by Direct Debit.



When does the cover start and end?

Your membership will start on the date you choose to accept our quote and buy your plan, which will be shown on your plan documents, and is in place for one year. If we have agreed something different with you it will be shown on your plan documents.



How do I cancel the contract?

You can cancel your membership by writing to or calling us within the first 14 days of receiving your membership pack (your cooling-off period). If you do this you will receive a refund of the premium you have paid provided that no claims have been paid in that time. If you do not cancel within this time, your membership will continue so long as you continue to pay your premium.

After your cooling-off period:

- if you pay monthly you can cancel your plan from the next monthly payment date.
- If you pay yearly you can cancel your plan and receive a pro-rata refund based on whole months remaining in the year. We will deduct an administration fee of £20 and the costs of any claims for that year.

If you cancel during the year we will not pay for any claim for treatment you were given after the date of cancellation.