



Policy Summary

SecureHealth Care Options and SecureHealth Care Options 6 What you need to know

April 2009



PPP HEALTHCARE

SecureHealth Care Options and SecureHealth Care Options 6

This policy summary provides a brief description of this private medical insurance which is underwritten by AXA PPP healthcare. It does not contain the full terms and conditions which can be found in the membership handbook, your membership statement, and the Directory of Hospitals.

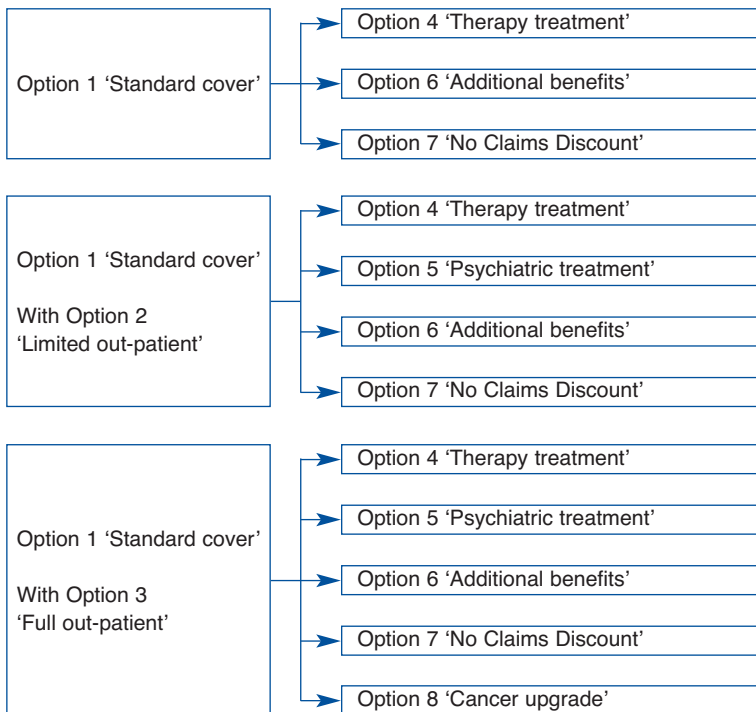
What is SecureHealth Care Options?

The SecureHealth Care Options policy is a private medical insurance policy, which allows you to choose the Options you require. SecureHealth Care Options always includes Option 1 'Standard cover', but you may have chosen additional Options in the following combinations. Details of the benefits that each of the Options contain are shown below.

What is SecureHealth Care Options 6?

The SecureHealth Care Options 6 policy offers you the same benefits as SecureHealth Care Options.

With SecureHealth Care Options 6, if the 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. However, you have immediate access for those operations listed in the benefits table in the membership information handbook and for radiotherapy or chemotherapy performed as day-patient treatment or out-patient treatment.



Option 1 – Standard cover

Standard cover offers you cover as a UK resident for private medical treatment in the UK of new medical conditions that arise after you join. This includes in-patient and day-patient treatment and associated specialists' charges. In addition, it provides you with cover for out-patient surgical procedures, computerised tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET) and radiotherapy.

There is also cover for chemotherapy, including where treatment is necessary for a prolonged period of time, for up to one year.

Option 2 – Limited out-patient

This Option provides you with cover for up to £1,100 of benefits per year for out-patient diagnostic tests, out-patient consultations and clinical practitioner charges for each person covered on the policy.

Option 3 – Full out-patient

This Option provides you with full cover for out-patient diagnostic tests, out-patient consultations and clinical practitioner charges.

Option 4 – Therapy treatment

This Option provides you with cover for up to £1,100 of benefits per year for out-patient complementary practitioner and physiotherapists' charges.

Option 5 – Psychiatric

This Option provides you with cover for the in-patient and day-patient treatment of psychiatric conditions, subject to the policy terms and conditions. It includes cover for up to 28 days' in-patient treatment and up to £1,200 per year for out-patient specialists' consultations and clinical practitioners' charges.

Option 6 – Additional benefits

- Hospital at home – to cover the cost of a nurse to administer intravenous chemotherapy for the treatment of cancer or intravenous antibiotics at home.
- Oral surgery – no annual maximum for treatment of certain specified oral surgical conditions.
- Ambulance transport – cover for up to £500 per year when it is medically necessary to transport you between a hospital and another medical facility.
- Parental accommodation – cover for one parent to stay with a child under 11 who is covered by the policy when the child is receiving eligible treatment.

Option 7 – No Claims Discount

If you have Option 7, you will be entitled to a no claims discount provided you don't make a claim. There are eight levels from 0% to 50%. When you join we will tell you the initial discount level to which you are entitled. If you need to make a claim, you have the option of paying for treatment yourself, and keeping your no-claims discount. If a person covered by the policy chooses to make a claim, the level of discount for that person drops. But it will go up again if that person doesn't make a claim for the following policy year. In any year when a person covered by the policy makes one or more claims, the no claims discount for that person drops by three levels.

Option 8 – Cancer upgrade

If you have Option 8, cover for prolonged chemotherapy for the treatment of cancer will be included for up to three years, rather than the one year which is included with Option 1 'Standard cover'.

What are the main exclusions and limitations of SecureHealth Care Options and SecureHealth Care Options 6?

As with all insurance policies general exclusions apply. The following is a summary of the main exclusions and limitations of the policy.

What are the main exclusions and limitations of cover?	Where can I find more information?
Treatment of medical conditions that existed, or you had symptoms of, before joining.	'Existing medical conditions' section of the membership handbook.
Ongoing, recurrent or long-term treatment of long-term illnesses (usually referred to as 'chronic conditions').	'Recurrent, continuing and long-term treatment' section of the membership handbook.
Emergency or urgent treatment.	'Your cover' section of the membership handbook.
Out-patient diagnostic tests, out-patient consultations and clinical practitioner charges unless you have Option 2 or 3.	'Your cover for certain types of treatment' section of the membership handbook.
Out-patient complementary practitioner and physiotherapist charges, unless you have Option 4.	'Who we pay for treatment' section of the membership handbook.
General dental procedures.	'Your cover for certain types of treatment' section of the membership handbook.
Psychiatric treatment, unless you have Option 5.	'Recurrent, continuing and long-term treatment' section of the membership handbook.
Routine pregnancy and childbirth.	'Your cover for certain types of treatment' section of the membership handbook.
In-patient or day-patient treatment, MRI, CT or PET scans, oral surgical procedures or cataract surgical procedures not received in a hospital, scanning centre or facility listed in the Directory of Hospitals.	'Where you are covered for treatment' section of the membership handbook.
We pay most fees in full, but we only pay charges up to the average level if the person treating has in the past charged fees outside the range that is usual for the treatment they provide.	'Who we pay for treatment' section of the membership handbook.
Mandatory excess. This means you pay the first £100 of eligible claims, once each policy year, for each person covered by your policy.	'Additional information' section of the membership handbook.
SecureHealth Care Options 6 only: Emergency or urgent treatment.	'Your cover' section of the membership handbook.

As detailed in the 'Main exclusions and limitations' section of this policy summary your cover is restricted for treatment of conditions you had prior to joining. How this applies to your cover will depend on the basis on which you join. Whichever method you join on will be confirmed on your membership statement. Further details can be found in the 'Existing medical conditions' section of your membership handbook or any addendum we may send you.

continued overleaf

How long will my cover last?

Your policy will be arranged for 12 months from the effective date on your membership statement.

What do I do if I want to make a claim?

If you need to make a claim simply call the Customer Helpline on 0845 607 6163. Full details of how to make a claim are included in the membership handbook.

How do I complain?

We aim to provide you with the highest possible standards of service but accept there may be occasions when you feel that things have gone wrong for you and you are unhappy with us.

If you have a complaint about any matter please contact us and we will do our best to address your concerns. Your feedback is vital to helping us improve. Further details on how to complain can be found in the 'Complaint and regulatory information' section of your membership handbook. If you are dissatisfied with the outcome of our investigation, you can ask the Financial Ombudsman Service to consider your complaint.

If you have a claim against AXA PPP healthcare

In the unlikely event that AXA PPP healthcare becomes insolvent and is unable to pay the benefits under your policy, you are protected by the Financial Services Compensation Scheme (the FSCS).

The first £2,000 of any claim is protected in full. For amounts above this FSCS will ensure that policyholders are compensated to 90% of the value that their policy would have paid.

Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk.

What if I change my mind?

You have a 14 day cancellation period. During this period you have the right to cancel your policy and have your premium returned in line with the terms for cancellation at renewal, as detailed in the 'Legal rights and responsibilities' part of the 'Complaint and regulatory information' section of your membership handbook. 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.



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