

As detailed in the 'Main exclusions and limitations' section of this policy summary, cover is restricted for treatment of medical conditions your child had prior to joining.

How this applies to your cover will depend on which basis you choose for your child to join the policy, either on moratorium or a fully underwritten basis. Whichever method you decide on will be confirmed on the membership statement.

Further details can be found in the 'Existing medical conditions' section of your membership handbook.

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 our team of Personal Advisers on the telephone number shown on your membership statement. Alternatively you can write to us at:

AXA PPP healthcare, Phillips House, Crescent Road,
Tunbridge Wells, Kent TN1 2PL.

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 the 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 on the day you received your full policy terms, if this is later, and will also apply from each renewal date.



PPP HEALTHCARE



PB34428a/04.09

POLICY SUMMARY

FIRST HEALTHCARE
April 2009



PPP HEALTHCARE

First Healthcare

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

The following is a summary of the key benefits of First Healthcare.

Benefits		
In-patient and day-patient treatment		
Hospital charges for treatment in a hospital listed in the Directory of Hospitals.		✓*
Hospital charges for treatment in any hospital in the United Kingdom.		✓*
Consultant/specialist fees.		✓*
Diagnostic tests.		✓*
Radiotherapy/chemotherapy.		✓*
Psychiatric treatment.		X
Out-patient treatment	Before diagnosis	After diagnosis
Surgical procedures.	✓	✓*
Consultations with a consultant/specialist.	✓	✓ Treatment for these benefits must be received
Diagnostic tests.	✓	✓ within three months of related eligible in-patient or day-patient treatment.
Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).	✓	✓
Physiotherapy and other therapies.	X	✓ Treatment for these benefits must be related to eligible in-patient or day-patient treatment.
Radiotherapy/chemotherapy	X	✓
Psychiatric treatment.	X	X

* If these benefits are available on the NHS within six weeks of the date on which the treatment should be undertaken, then your child must use the NHS.

Benefits	
Additional benefits	
Parent accommodation for one parent to stay with a child under 11 covered by the policy.	✓
Private ambulance.	✓
Hospital-at-home – the cost of a nurse to administer intravenous chemotherapy for the treatment of cancer, or intravenous antibiotics at home.	✓

What is First Healthcare?

The First Healthcare policy offers cover for your child as a UK resident for private medical treatment in the UK of new medical conditions that arise after joining. This includes in-patient and day-patient treatment, associated specialists' charges and out-patient surgical procedures.

First Healthcare provides cover for the following out-patient treatments when they are performed before diagnosis:

- computerised tomography (CT);
- magnetic resonance imaging (MRI);
- positron emission tomography (PET);
- diagnostic tests; and
- out-patient consultations.

In addition, it provides cover for the following out-patient treatments when they are performed after diagnosis provided they are performed within three months immediately following related eligible in-patient or day-patient treatment:

- computerised tomography (CT);
- magnetic resonance imaging (MRI);
- positron emission tomography (PET) scans;
- diagnostic tests;
- out-patient consultations; and
- clinical practitioner charges (including physiotherapy).

Further to this, out-patient radiotherapy and chemotherapy are also covered when they follow related eligible in-patient or day-patient treatment. The three month time limit does not apply in this case.

With First Healthcare, if the NHS can give your child the in-patient treatment, day-patient treatment or out-patient surgical procedure following diagnosis that they need, within six weeks of the date on which the treatment should be undertaken, then they must use the NHS.

What are the main exclusions and limitations of First Healthcare?

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 your child 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.
General dental procedures.	'Your cover for certain types of treatment' section of the membership handbook.
Treatment of injuries sustained from playing professional sport.	'Your cover for certain types of treatment' section of the membership handbook.
Routine pregnancy and childbirth.	'Your cover for certain types of treatment' section of the membership handbook.
Psychiatric treatment.	'Your cover for certain types of treatment' section of the membership handbook.
Emergency or urgent treatment.	'Your cover' 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.
Out-patient consultations, diagnostic tests, computerised tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), clinical practitioners' and physiotherapists' charges when these are performed after diagnosis unless treatment is received within three months of related eligible in-patient or day-patient treatment.	'Benefits table' section of the membership handbook.
Radiotherapy and chemotherapy received as an out-patient after diagnosis unless related to eligible in-patient or day-patient treatment.	'Benefits table' section of the membership handbook.