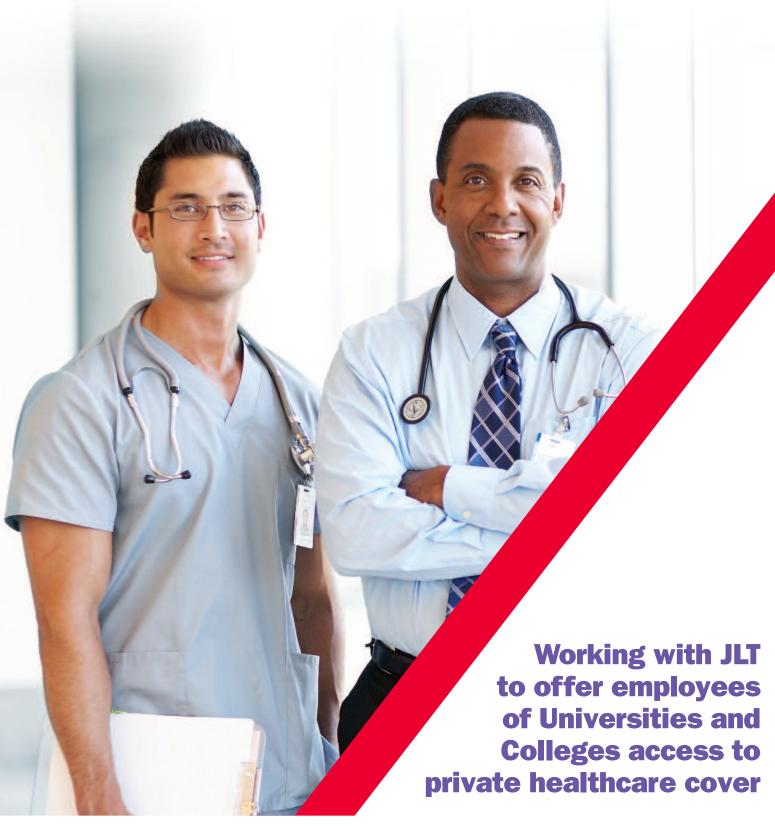
Universities and Colleges Personal Healthcare Scheme







A summary of the cover available

Benefits	Assure	Key	Ideal	Premier
In-patient and day-patient treatment				
Hospital charges for treatment in a hospital listed in the Directory of Hospitals.	~	V	V	v
Hospital charges for treatment in a hospital not listed in the Directory of Hospitals.	×	×	x	×
Consultant/specialist fees.	~	~	~	~
Diagnostic tests on specialist referral.	V	V	V	V
Radiotherapy/chemotherapy for active treatment of cancer.	~	V	V	V
Psychiatric treatment.	×	×	V	✓
Out-patient treatment				
Surgical procedures.	V	V	V	V
Radiotherapy/chemotherapy.	V	V	V	V
Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) on specialist referral.	V	The Above Sta	V The Above the	V
		The 4 benefits detailed below have a combined limit of £600 per year	The 4 benefits detailed below have a combined limit of £1,100 per year	The 4 benefits detailed below have no annual limit
Consultations with a consultant/specialist.	×	V	V	V
Diagnostic tests on specialist referral.	×	V	V	V
Therapist (physiotherapist, osteopath and chiropractor) acupuncturist and homeopath charges.	×	Within the above limit up to a combined maximum of 10 GP referred sessions per year.	Within the above limit up to a combined maximum of 10 GP referred sessions per year.	Within the above limit up to a combined maximum of 10 GP referred sessions per year.
Psychiatric treatment.	×	×	V	V
Additional benefits				
NHS cash benefit of £50 per night up to £2,000 a year.	V	V	V	✓
Day-patient and out-patient NHS radiotherapy and chemotherapy cash benefit of ± 50 a day up to $\pm 2,000$ a year.	V	V	V	V
Out-patient cover associated with heart surgery treatments; coronary artery bypass; cardiac valve surgery; implantation of cardiac device (defibrillator or pacemaker) and coronary angioplasty.	V	V	V	V
Cover for licensed cancer drug treatment.	V	V	V	V
Experimental drug treatment.	V	V	V	V
Access to our Dedicated Nurse telephone helpline for heart and cancer care.	~	V	V	~
Additional expenses to support you during your active treatment of cancer.	Purchase of wigs – up to £150 per year. Provision of external prosthesis – up to £5,000 per year.	Purchase of wigs – up to £150 per year. Provision of external prosthesis – up to £5,000 per year.	Purchase of wigs – up to £150 per year. Provision of external prosthesis – up to £5,000 per year.	Purchase of wigs – up to £150 per year. Provision of external prosthesis – up to £5,000 per year.
Hospice donation – this charitable donation is paid for each night you receive end of life care related to cancer in a registered hospice or hospice at home.	£100 per night charitable donation.			
Health at Hand – freephone confidential health information.	V	V	V	V
Parent accommodation for one parent to stay with a child under 16 covered by the policy.	V	V	V	V
Ambulance transport.	V	V	V	V
Hospital-at-home – the cost of a nurse to administer intravenous chemotherapy for the treatment of cancer or intravenous antibiotics at home.	V	V	V	V

When you join, all claims will be assessed against the terms and conditions of your chosen plan, and any exclusions placed on your plan when joining.

What are our schedule of procedures and fees?

As with industry standards, general exclusions apply. The following is a summary of the main exclusions and limitations of the plan.

- Treatment of medical conditions that existed, or you had symptoms of, before joining (unless joining on medical history disregarded underwriting terms).
- Ongoing, recurrent or long-term treatment of long-term illnesses (usually referred to as chronic conditions).
- Any general dental procedures.
- Routine pregnancy and childbirth.
- 'Assure' or 'Key plans': psychiatric treatment will not be covered.
- 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).
- In-patient or day-patient treatment or MRI, CT or PET scans, oral surgical procedures or cataract surgical procedures not received in a hospital or scanning centre listed in the Directory of Hospitals.
- We pay eligible fees in full for treatment with a specialist or therapist, and charges up to the level shown in the schedule of procedures and fees for treatment with a practitioner, acupuncturist or homeopath.
- Emergency and urgent treatment

Please remember, this is only a summary and full details of cover, including terms and conditions will be available in your membership handbook when you join. If you can't find the answer here please call us and we'll be happy to help.

Health at Hand information helpline

Call with your health queries any time – just ask



Our medical team includes many of the health professionals you'd find working at a local health centre, including nurses, counsellors, midwives and pharmacists. They're ready to help whether you want to talk about a specific health worry, medication, treatment or simply need a little guidance and reassurance.

24 hours a day, 365 days a year Health at Hand

0800 003 004 – note the number

Please note our pharmacists and midwives are here from 8am to 8pm Monday to Friday, until 4pm on Saturday, and until 12pm on Sunday.

How can I reduce my subscriptions?

The 6 Week Option

If you're comfortable using the NHS but worry about potentially long waiting times, then the 6 week option could be for you. If treatment is available on the NHS within six weeks from the date it should take place, then you will use the NHS. However, if the wait for treatment is more than six weeks from when it should take place, then you can go private straight away.

Excess options

Assure', 'Key', 'Ideal' and 'Premier' come with a £100 excess as standard. This means you'll pay the first £100 of eligible claims – once every membership year – for each person covered. To reduce your subscription even further, you can add an excess of £200 or £500.

Frequently asked questions

How long will my cover last?

Your plan will be arranged for 12 months from the start date on your membership certificate.

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 0800 454 080.

Full details of how to make a claim are included in the membership handbook which you'll receive when you join.

How often can I claim?

There is no limit to the number of times you can claim for new conditions that arise after you join, as long as it's for treatment covered by your plan and is within your plan entitlements.

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

No, as we normally receive invoices directly from the specialists or hospitals and settle them directly.

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

Simply call our team of Personal Advisers with the details of your proposed treatment and specialist.

They'll confirm if your treatment is eligible so you can go and have your treatment knowing that you're covered.

Can you help me if I need medical information?

When you join, you will have access to Health at Hand, our around-the-clock medical information helpline. We have a wide range of medical professionals on hand to give you information about medicines, pain relief, pregnancy, cancer, stress, menopause, and much more. We also provide a wealth of online services.



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A member of the Jardine Lloyd Thompson Group.

Registered Office: The St Botolph Building, 138 Houndsditch,
London, EC3A 7AW, United Kingdom.

Registered in England No. 1804276. VAT No. 244 2321 96

For more information on our private medical insurance, call us at AXA PPP healthcare on:

0800 0321 950

quoting reference 96369

www.axappphealthcare.co.uk/jlt

Lines are open 8am to 8pm Monday to Friday and 9am to 1pm on Saturday. We may record and monitor calls for quality assurance, training and as a record of our conversation.







PPP HEALTHCARE