Private medical insurance

Insurance Product Information Document

Company: AXA XL Insurance Company UK Limited and AXA Global Healthcare (UK) Limited **Product**: Prestige Plus

AXA XL Insurance Company UK Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Registered number 5328622. AXA Global Healthcare (UK) Limited is authorised and regulated by the Financial Conduct Authority (FCA). Registered number 307140. Registered Address for both: 20 Gracechurch Street, London, EC3V 0BG.

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

What is insured?

- ✓ An overall policy limit of £5,000,000/$8,000,000/€6,375,000 per person, per policy year.

In-patient and day-patient treatment

- ✓ No annual maximum within the overall policy limit for hospital charges, including charges for psychiatric treatment (up to 100 days for lifetime of policy), accommodation and diagnostic tests.
- ✓ No annual maximum within the overall policy limit for surgeons', anaesthetists' and physicians' charges.
- ✓ Up to ten weeks treatment within the overall policy limit for emergency treatment needed in the USA, limited to a total of £30,000/$48,000/€38,250. Only applicable if USA cover is not chosen.
- ✓ Hospital accommodation paid in full within your area of cover for one parent to stay with a child under 18.
- ✓ Hotel accommodation paid up to £100/$160/€125 a night up to £500/$800/€625 a year for a parent to stay nearby when a child is receiving eligible treatment at a hospital that is not in their home town.
- ✓ No annual maximum within the overall policy limit for cancer treatment, including radiotherapy and chemotherapy.

Out-patient treatment

- ✓ No annual maximum within the overall policy limit for:
    - Surgical procedures, CT, MRI and PET scans, Drugs and dressings, Medical practitioner fees, Diagnostic tests
    - Psychiatric treatment, up to a maximum of 30 sessions per policy year
    - Physiotherapy treatment, up to a maximum of 35 sessions per policy year
    - Complementary practitioner fees, up to a maximum of 35 sessions per policy year.
- ✓ Up to £500/$800/€635 for vaccinations and their administration.
- ✓ Up to £2,000/$3,200/€2,550 per policy year for emergency out-patient treatment in the USA. Only applicable if the USA cover is not chosen.

What is not insured?

- ✗ Treatment of medical conditions that you had, or had symptoms of, before joining. If you join on different terms, it will be shown in your policy documents.
- ✗ Cosmetic dental treatment or dental treatment needed as a result of neglect.
- ✗ Claims if you have travelled to the USA for treatment if you do not have USA cover, or if you have travelled against medical advice.
- ✗ Charges for treatment received in the UK that are above the published amount charged for that treatment.
- ✗ Charges for treatment received outside the UK that are above the reasonable and customary charges for that treatment.

Are there any restrictions on cover?

- ! If you have an excess, we will take your excess off the amount covered by your policy for the first claim for each person per policy year.
- ! Non-emergency treatment in the USA is only available if USA cover is chosen.
- ! In-patient stays are limited to 120 days per admission.

- ✓ Up to £100/$160/€125 per session for up to 15 sessions per policy year for Chinese herbal medicine.

Other benefits

- ✓ No annual maximum within the overall policy limit for emergency or medically necessary ambulance transport.
- ✓ Emergency evacuation or repatriation.
- ✓ Up to £75,000/$120,000/€95,625 for kidney dialysis required due to chronic kidney failure.
- ✓ Antenatal and postnatal consultations, screening and monitoring and routine childbirth up to £12,000/$19,200/€15,300.
- ✓ Up to £10,000/$16,000/€12,750 for accidental damage to teeth.
- ✓ 80% of the cost up to £3,500/$5,600/€4,450 for dental treatment.
- ✓ Up to £1,000/$1,600/€1,275 towards the hire or purchase of durable medical equipment that is prescribed and appropriate to support a medical condition you are covered for.
- ✓ Virtual Care from AXA. Access to telephone or video appointments with a Virtual Doctor service and Mind Health service. Access to a Second Medical Opinion service.

Where am I covered?

✓ Cover applies for treatment received in any country except the USA.
If you add the optional USA cover, treatment received in the USA will also be covered.

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 policy.
- You must pay the premium(s) 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 policy.

When and how do I pay?

You can pay your premium monthly, quarterly or yearly by credit card or Direct Debit (Sterling only, from a UK bank account), or quarterly or yearly by cheque.

When does the cover start and end?

Your policy will start on your chosen start date and lasts one year. Your start date will be shown on your policy documents.

How do I cancel the contract?

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

- If you pay monthly, you can cease your policy from the next monthly payment date.
- If you pay quarterly, you can cease your policy from the next payment date.
- If you pay annually, you can cancel your policy and receive a pro-rata refund based on whole months remaining in the year. We will deduct an administration fee of £50/$70/€55 and the costs of any claims for that year.

If you cancel your policy or cease your payments during the year, we will not pay for any claim for treatment you were given after the date of cancellation or cessation.