

Equipsme health insurance plan

This plan meets the demands and needs of companies who wish to pay for their employees to have private health insurance and/or wellbeing services, to help treat curable conditions and get support/advice on medical issues. Please review this overview of the plan benefits carefully to ensure your chosen plan level (ie, GP Plus, Level 3, 2 or 1) meets your needs.

Benefit	Description	GP Plus £9 pppm	Level 3 £22 pppm	Level 2 £39 pppm	Level 1 £60 pppm
Practical health and wellbeing support					
24/7 GP service	<ul style="list-style-type: none"> Unlimited GP appointments - book via the Equipsme App 24/7, 365 days a year - by phone or online Private prescription delivery service and private fit notes 	✓	✓	✓	✓
Nurse helpline	<ul style="list-style-type: none"> 24/7 support line Talk to trained nurses, midwives and pharmacists 	✓	✓	✓	✓
Cancer and heart support	<ul style="list-style-type: none"> Dedicated cancer & heart specialist nurse for guidance and support – for members and their families 	✓	✓	✓	✓
Male and female health	<ul style="list-style-type: none"> Request to speak to a male or female GP Access to support and health guides including menopause, breast, ovarian, prostate and testicular cancer Discounts on male and female hormone tests 	✓	✓	✓	✓
Health and wellbeing perks	<ul style="list-style-type: none"> 40% off Nuffield and Huzzle gym membership 30% off Vision Express glasses/free eye test (with £50 spend) 25% off Nuffield in person health check 20% off any additional Thriva health check 	✓	✓	✓	✓
Elder care support	<ul style="list-style-type: none"> Discounts off personal alarms and support services Free practical information and advice 	✓	✓	✓	✓
Personalised health checks from Thriva	<ul style="list-style-type: none"> Online health profile on all levels to track health based on height, weight, smoking, drinking, exercise and diet One free home blood test, from a choice of tests depending on cover level Plus a discount off any additional health tests bought 	Online health profile only	Online health profile, plus annual home blood test and personal report	Online health profile, plus annual home blood test and personal report	Online health profile, plus annual home blood test and personal report

Health insurance benefits provided by AXA Health

Physiotherapy	<ul style="list-style-type: none"> Telephone assessment with easy self-help solutions In person physio sessions included on every plan No need for GP referral Plus osteopathy and chiropractic, if more appropriate 	✓ Up to 5 sessions. No excess.	✓ Up to 5 sessions. No excess.	✓ Up to 8 sessions. No excess.	✓ No yearly limit. No excess.
Diagnosis - Private specialist consultations	<ul style="list-style-type: none"> No yearly limit on specialist consultations Second opinion service with a second consultant if you're not getting the answers you need GP service can provide Open Referral letter to help with private consultations and diagnosis claims 		✓ No excess.	✓	
Diagnosis – Private specialist tests and scans	<ul style="list-style-type: none"> No yearly limit on specialist referred diagnostic tests, MRI scans, XRays and CT scans inc. up to cancer diagnosis Specialist appointments booking service 	✗		£150 total excess payable once per plan year across Consultations, Diagnosis and Hospital Treatment.	✓ No excess.
Treatment - Private patient in hospital	<ul style="list-style-type: none"> No yearly limit on hospital treatment includes specialists, surgeons, room, dressings and drugs No cancer treatment but covered up until cancer diagnosed 		✗		

Members must receive treatment in the UK and use an approved medical network. They must contact AXA Health first to arrange physiotherapy, consultations, diagnosis and treatment because if the person or clinic seen is not recognised by AXA Health the bills will not be covered. Bills will be settled by AXA Health as long as medically necessary, not a pre-existing condition and authorised by AXA Health.

Employee options

Add Family coverage	<ul style="list-style-type: none"> Add spouse/partner for the same monthly amount Add up to 6 children aged under 25 for 50% of the monthly rate Add spouse/partner & children any time during plan year Immediate family only
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The Equipsme health insurance plan contains two types of benefits. The first is services which include GP consultations and health checks. The second is insurance cover for physiotherapy, diagnosis and treatment of health conditions and treatment by a dentist or an optician.

Your non-insurance services are provided by Equipsme Insurance Services Ltd which is registered in England and Wales. Our registered office is: Third Floor, 1 New Fetter Lane, London, EC4A 1AN. AXA PPP healthcare limited are the insurers for the insurance cover part of this plan. AXA Health is a trading name of AXA PPP healthcare Limited, registered in England and Wales No. 3148119. Registered office: 20 Gracechurch Street, London, EC3V 0BG. AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority. Equipsme is an insurance intermediary who act as an agent of AXA PPP healthcare when administering your insurance cover and Equipsme Insurance Services Ltd is regulated by the Financial Conduct Authority.

Key features of the Plan

- Choose a mixture of cover levels to suit your needs and budget. The plan will last for 12 months (unless otherwise agreed) and is subject to annual renewal thereafter.
- The price is the same for all employees aged 16-69 years based on their plan start date (cover continues beyond age 70 once on cover) and all applicable taxes are included.
- Pre-existing conditions are supported by 24/7 GP service and Health at Hand nurses. Physiotherapy, diagnosis and hospital treatment are only available for new conditions the patient hasn't had symptoms, advice, medication or treatment for within the last three years. More details provided under "What's NOT included in the Equipsme health insurance plan".
- When it comes to cancer, fast diagnosis is the key to getting the treatment you need quickly, so plans starting from £22 pppm include cover up until cancer is diagnosed. Once cancer is diagnosed, you can get help and support as you return to the NHS for treatment, if required.
- Cover available for residents of England, Wales, Scotland and Northern Ireland only - Channel Islands, Isle of Man and Jersey are excluded.
- Employees can add partners for the same monthly cost and up to 6 children aged under 25 for 50% of the monthly cost.

What's NOT included in the Equipsme health insurance plan?

Like any plan that includes insurance benefits, the Equipsme health insurance plan is about protecting your employees if the unexpected happens, and to help put things right. This means that the plan can't cover everything and so we have highlighted key exclusions here that apply to the Physiotherapy, Diagnosis and Treatment insurance cover only (ie, they do not apply to the GP access, Health Check and optional extra benefits).

Brand new medical conditions are covered as long as they continue to respond to treatment but the plan won't cover the Physiotherapy, Diagnosis or Treatment cost of any health problem that anyone included under the plan already had symptoms of in the last three years – what we call "pre-existing conditions". A pre-existing condition is any disease, illness or injury that members:

- have received medication, advice or treatment for in the three years before the start of cover, or
- have experienced symptoms of in the three years before the start of cover; whether or not the condition was diagnosed.

When a newborn baby is added to the plan, if that baby was born after fertility treatment, following assisted reproduction (such as IVF), or has been adopted, the definition of pre-existing condition is extended to also include any medical condition present from birth.

This means that if Physiotherapy, Diagnosis or Treatment is required members may need to provide more detailed information to make sure the condition isn't pre-existing. In some cases, a further medical information form may need to be completed. Or if a member's NHS GP needs to send more details about the medical condition, the member may need to give consent for access to their medical records.

Other important exclusions to be aware of include:

- Treatment of Cancer – the plan does not cover the treatment of cancer. However, members on cover Level 1, 2 or 3, have cover up to the point at which cancer has been diagnosed so we can help find out what's wrong fast
- Pregnancy and childbirth – but the plan will pay to treat certain medical conditions that arise during pregnancy (depending on cover Level including Treatment)
- Ongoing, recurrent and long-term conditions – we call these "chronic conditions"
- Treatment received outside the UK
- Mental health conditions – the plan does not cover the treatment of these conditions but if you have included the Stress Support extra cover, we can help with telephone and face-to-face counselling

We've listed the most significant things here. Full contractual information regarding the insurance cover and non-insurance services is provided in more detail in the following documents:

- The Company Guide and Agreement and the Company Schedule (for you as the company buying the plan)
- The Membership Handbook and the Membership Certificate (for employee members you include under your plan)

How can the plan be cancelled?

You can cancel the plan without charge during the cooling off period (14 days from your cover start date or the day on which the plan documentation or renewal documentation is received, whichever is the later). After the cooling off period, we will charge the premium due from the start date or renewal date to the cancellation date.

Customer care and complaints

- If at any time you wish to complain about the insurance cover you should contact the insurer either in writing or by phone at: AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE. Tel: 0800 917 9472.
- If your complaint about the insurance cover is not settled to your satisfaction, you may be entitled to refer it to the Financial Ombudsman Service. You can find more information on their website financial-ombudsman.org.uk or by calling 0800 0234567.
- If at any time you have a complaint relating to the non-insurance benefits under your plan you may contact us either in writing or by phone at: Equipsme, Third Floor, 1 New Fetter Lane, London EC4A 1AN. Tel: 020 3965 6410.

Health Insurance



24/7 GP Access



Health Checks

