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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 or mental health issues. The following tables summarise the main benefits under the plan. Please review them carefully to ensure your chosen plan level (ie, GP Plus, Level 3, 2 or 1) meets the needs of your company.

Benefit	Description	GP Plus £7 pppm	Level 3 £18 pppm	Level 2 £30 pppm	Level 1 £42 pppm
Practical day to day health support					
24/7 GP Service	• Unlimited GP appointments • 24/7, 365 days a year - by phone or online • Private prescription delivery service and private fit notes • Book on the Equipsme App	✓	✓	✓	✓
Speedy Diagnosis referrals	• GP service can provide Open Referral letter to help with private consultations and diagnosis claims	✗	✓	✓	✓
Nurse Helpline and Cancer & Heart support	• 24/7 support line • Talk to trained nurses, midwives and pharmacists • Dedicated cancer & heart specialist nurse for guidance and information about your condition or family members	✓	✓	✓	✓
Personalised health checks from Thriva	• Online health profile on all levels to track health based on height, weight, smoking, drinking, exercise and diet • Plus home blood test kit and online results report (depending on cover level) • £10 off voucher for any extra Thriva tests bought	Online health profile only	Annual home blood test and personal report: Vitamin D	Annual home blood test and personal report: Vitamin D & Cholesterol	Annual home blood test and personal report: Vitamin D, Cholesterol & Diabetes
Perks from AXA Health	• Discount on gym membership	✓	✓	✓	✓
Health insurance benefits provided by AXA Health					
Physiotherapy	• By phone and hands on sessions for Physiotherapy, plus Osteopathy / Chiropractic, if more appropriate • Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health	✓ 5 sessions. No excess.	✓ 5 sessions. No excess.	✓ 8 sessions. No excess.	✓ No yearly limit. No excess.
Second opinion service	• If you're not getting answers you need from your specialist • Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health	✗	✓ No excess.	✓ No excess.	✓ No excess.
Diagnosis - Private specialist consultations	• No yearly limit on specialist consultations • Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health	✗	✓ No excess.	✓ • Combined £150 excess payable once across Consultations, Diagnosis and Hospital Treatment • We only take the £150 excess off once in each plan year • Upgrade to next level to remove excess	✓ No excess.
Diagnosis - Private specialist diagnostic tests	• No yearly limit on on specialist referred diagnostic tests, MRI scans, XRays and CT scans inc. up to cancer diagnosis • Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health • Fast track booking to save time and hassle				
Treatment - Private patient in hospital	• No yearly limit on hospital treatment includes specialists, surgeons, room, dressings and drugs • Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health • 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, diagnosis and treatment because if the person or clinic seen is not recognised by AXA Health the bills will not be covered.

Optional extras - for all employees included within your company plan		
Stress Support 24/7 from Health Assured £1.50 pppm	• 24/7 helpline support on a range of work related, personal and lifestyle matters • Telephone and/or online counselling (up to 8 sessions) • Face-to-face counselling (up to 8 sessions) for employee member • Other telephone/online support on matters such as financial, legal, consumer, familly care and housing	If you add Stress Support and/or Dental & Optical for all employees - these benefits extend to family members that they add, at no extra cost
Dental & Optical £8.00 pppm	• Claim back £200 for NHS or Private dental check-ups and treatment using Equipsme App • Claim back £100 on prescription specs / lenses and £25 towards annual sight test using Equipsme App	

Employee options - within 21 day selection window	
Upgrade between levels	• Pay the difference between levels by monthly Direct Debit. Eg: Upgrade from GP+ (£7 pppm) to Level 3 (£18 pppm) and simply pay the £11 difference • 21 day upgrade window prior to inception and every renewal
Add Family coverage	• 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

The Equipsme Health Insurance Plan contains two types of benefits. The first is services which include, GP consultations, health checks and stress support via an employee assistance programme. 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 agent of AXA PPP healthcare when administering your insurance cover and Equipsme Insurance Services Ltd is regulated by the Financial Conduct Authority.

Company Plan Overview

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Key features of the Plan

- Choose a mixture of cover levels to suit your business needs and budget, for two or more employees. The plan will last for 12 months (unless otherwise agreed) and is subject to annual renewal thereafter.
- Available if your business is registered on Companies House or with HMRC for self-assessment - and the plan will be paid for from a UK business bank account
- The price is the same for all employees aged 16-69 years on the start date of the plan (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 £18 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.
- Stress support at £1.50 pppm and Dental & Optical at £8.00 pppm are options available to businesses to add across the plan for all included employees.
- Employees can upgrade between levels and add family by paying separately within a 21 day selection window before the plan starts.
- 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?

Employers can cancel the plan without charge during the cooling off period (14 days from the start date in the company schedule or the day on which the plan documentation or renewal documentation is received, whichever 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, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL. 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	Stress Support
AXA Health	HEALTH HERO	thriva	health assured

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