

POLICY SUMMARY

International Health Plan – Individual
October 2008



PPP HEALTHCARE

International Health Plan

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, your membership statement and the Directory of Hospitals. If you would like a copy of the membership handbook, please call us on 0800 33 55 55 (from within the UK) or +44 1892 612 080 (from outside the UK).

The following is a summary of the key benefits of the International Health Plan.

Benefits	Prestige	Comprehensive	Standard
Policy benefit limit per year	£1,250,000	£1,000,000	£750,000
In-patient and day-patient treatment			
Hospital charges for treatment in your principal country of residence or within your area or in any United Kingdom hospital listed in the UK section of the International Directory of Hospitals.	✓	✓	✓
Surgeons', anaesthetists', physicians and consultation fees, diagnostic tests and physiotherapy	✓	✓	✓
Radiotherapy/chemotherapy	✓	✓	✓
Out-patient treatment			
Surgical procedures.	✓	✓	✓
Radiotherapy/chemotherapy	✓	✓	✓
Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET)	✓	✓	✓
Out-patient drugs and dressings	✓	✓	X
The four benefits detailed below have a combined annual limit of £5,000 for each person covered on Prestige and £3,000 for each person covered on Comprehensive. Complementary practitioner charges are also limited to a maximum of £300 per year.			
Medical practitioner consultation charges	✓	✓	X
Diagnostic tests and physiotherapy	✓	✓	X
Travel and childhood vaccinations when administered by a medical practitioner	✓	✓	X
Complementary practitioner services	✓	✓	X
Additional benefits			
Evacuation or repatriation service	✓	✓	✓
Normal pregnancy and childbirth after 10 months cover	✓	X	X
Dental care. We will pay up to 50% of the cost incurred. Further benefit limits also apply.	✓	✓	X
Day-patient and out-patient radiotherapy and chemotherapy cash benefit of £50 per day	Up to £2,000	Up to £2,000	Up to £2,000
Travel insurance	✓	X	X
<p style="text-align: right;">Area 1 = worldwide cover</p> <p>Areas of cover (available on all plan options): Area 2 = worldwide cover (excluding the USA & Canada)</p> <p style="text-align: right;">Area 3 = Europe and other specified countries</p>			

What is the International Health Plan?

The International Health Plan offers you cover as a non UK resident for private medical treatment of new medical conditions that arise after you join. This includes in-patient and day-patient treatment, associated specialists' charges, out-patient surgical procedures, radiotherapy and chemotherapy. In addition, it provides you with cover for computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans as well as an evacuation or repatriation service.

Our Prestige and Comprehensive options also include cover for medical practitioner charges, out-patient consultations, complementary practitioner charges, diagnostic tests, physiotherapy, dental care and travel and childhood vaccinations as well as out-patient drugs and dressings and treatment of psychiatric illness. The Prestige option has other additional benefits including cover for normal pregnancy and childbirth and travel insurance.

What are the main exclusions and limitations of the International Health Plan?

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 you had symptoms of, before joining.	'New medical conditions' section of the membership handbook.
If you have Standard there is no cover for out-patient physiotherapy, medical practitioner charges for out-patient consultations and complementary practitioner charges.	'Type of treatment' section of the membership handbook.
Treatment of injuries sustained from playing professional sport or from any activity listed as one of the sports not covered.	'Type of treatment' section of the membership handbook.
The following dental treatments: <ul style="list-style-type: none">• routine check-ups• scale and polish• cosmetic treatment• dental treatment made necessary as a result of neglect.	'Type of treatment' section of the membership handbook.
If you have Comprehensive or Standard cover, routine pregnancy and childbirth or complications of pregnancy and childbirth, except for a small number of specified medical conditions.	'Type of treatment' 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.
If you have Standard cover, out-patient psychiatric treatment.	'Type of treatment' section of the membership handbook.

What are the main exclusions and limitations of cover?	Where can I find more information?
For treatment in UK, any in-patient or day-patient treatment, MRI, CT or PET scans or cataract surgical procedures not received in a hospital, scanning centre or facility listed in the Directory of Hospitals.	'Where you are covered for treatment' 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.
Claims if you have travelled outside your area of cover to get treatment or travelled against medical advice.	'Emergency treatment abroad' section of the membership handbook.

An optional excess is available if you choose the Standard policy. If you select an excess on the Standard Policy you pay the first £2,000 of eligible claims, once each policy year, for each person covered by your policy. Full details of how the excess is applied can be found in the 'Additional information' section of your membership handbook.

As detailed in the 'Main exclusions and limitations' section of this policy summary, your cover is restricted for treatment of medical conditions you had prior to joining. Any terms which apply to treatment of medical conditions which you had prior to joining will be confirmed on your membership statement. Further details can be found in the 'New 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 +44 (0) 1892 503 855. 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 'Additional information' section of the 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 'Additional 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.



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