



PPP HEALTHCARE

# Forces Pension Society



Offering you a private  
healthcare insurance plan from  
AXA PPP healthcare with flexible  
options to suit your needs.





# Bringing the security of private healthcare cover within your reach

The Forces Pension Society has teamed up with The Health Insurance Group to offer its members a specially arranged private healthcare insurance plan which is available to all serving or retired members of the Armed Forces and their families.

The cover is underwritten by us, AXA PPP healthcare – we’re one of the UK’s leading medical insurers with over 75 years experience in providing quality healthcare cover.

## Why private healthcare insurance?

Private healthcare insurance provides you with prompt access to eligible medical treatment when you need it. It also gives you choices too. You usually have a choice of where you want to be treated – from a national network of over 250 hospitals, day-patient units and scanning centres – and more importantly, at a time, convenient for you.

We’ve developed ‘Flexicare’ especially for The Health Insurance Group – an independent healthcare insurance specialist. It’s a plan that can offer you and your family peace of mind, with benefits that can be tailored to suit your needs – and your pocket.

# Flexicare

## Affordable private health cover – with your choice of options

We developed Flexicare to help bring quality private healthcare insurance within the reach of individuals and families who may not have considered it previously.

We’ve achieved this by offering a flexible range of options that you can add to the core cover. This allows you to select the optional benefits that are most appropriate for you and your family.

Which, of course, means you don’t pay for benefits that you don’t want.

## Build your own personal plan around our core cover product

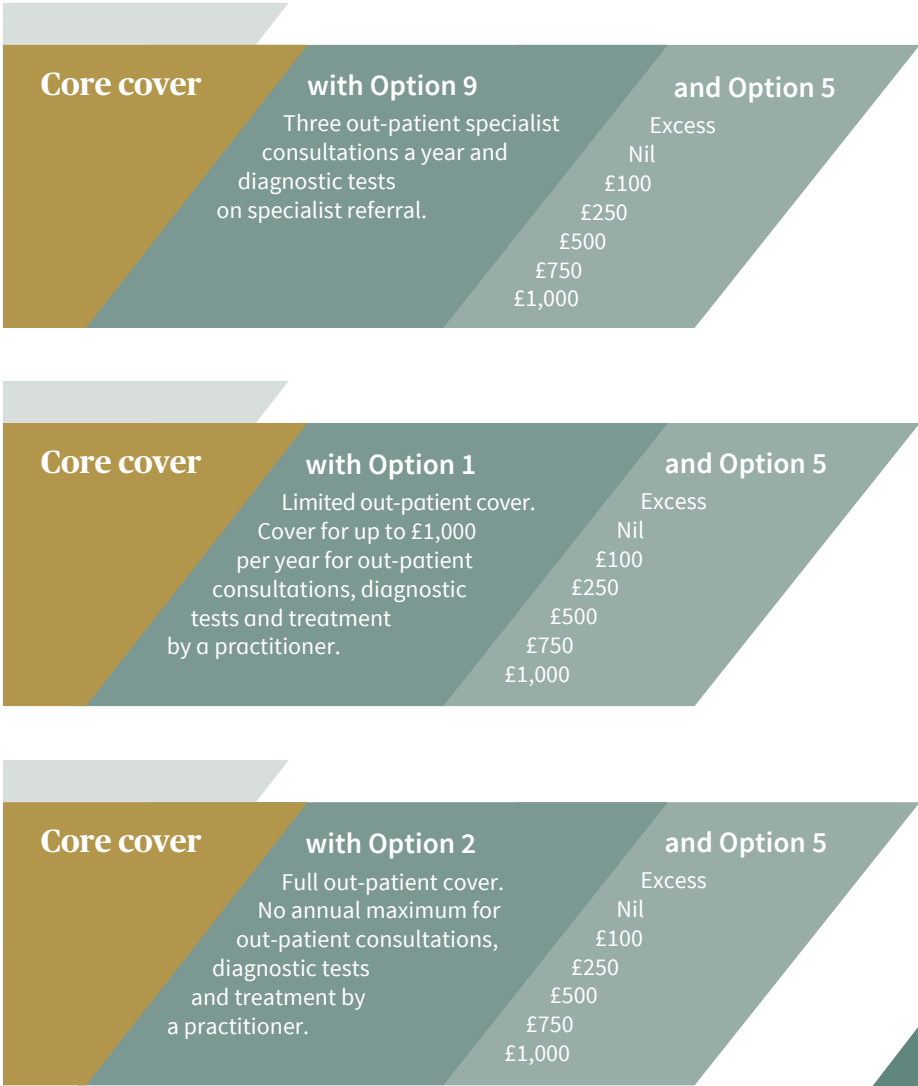
Flexicare core cover provides cover for a range of in-patient and day-patient treatment and out-patient surgical procedures, with additional benefits such as parent accommodation and private ambulance cover included.

You’ll find these (plus all the various optional benefits) fully explained in the following pages and the benefits tables that follow.

If you wish, you may simply take the core cover on its own – ie without any additional benefit options. Please note that you can’t choose any of the options without the core cover.

All people included on your plan must select the same options.

The following diagram illustrates how the options can be added to the core cover to help you create your own private healthcare plan.



For more information please call The Health Insurance Group on 0800 389 7724



# Comprehensive range of benefits available

The tables below give a summary of the benefits available on the core cover, and the options which you can choose. Please refer to the following pages for further details on the benefits shown.

About the in-patient, day-patient and out-patient treatment included with core cover

With Flexicare core cover, we'll pay your eligible in-patient and day-patient hospital treatment charges in full as long as the hospital you choose for treatment is included in our Directory of Hospitals, you use a specialist whose fees we've agreed to pay in full and the treatment meets the conditions of your plan.

We can normally settle eligible bills directly with the specialist or hospital, so your only concern is getting better. You are covered for all the essentials during your hospital stay: accommodation, meals, drugs and dressings. As an in-patient, you'll usually have your own private room, with an en-suite bathroom, television and telephone.

Core cover provides cover for eligible out-patient surgical procedures, out-patient radiotherapy and chemotherapy, and out-patient MRI, CT and PET scans. It also includes Extended Cancer Cover.

Benefits of core cover	Cover	Notes
In-patient and day-patient treatment		
Hospital charges	✔	As long as the hospital or day-patient unit you choose for treatment is included in our Directory of Hospitals, we'll pay the eligible treatment charges in full.
Consultant/Specialist fees	✔	You can be reassured that the vast majority of specialists we recognise are specialists who's eligible treatment charges we routinely pay in full.
Active treatment of cancer. Including charges for radiotherapy (the use of radiation to treat cancers) and chemotherapy (the use of drugs to treat cancers)	✔	To find out how we can support you when you've been diagnosed with cancer, see page seven.
Diagnostic tests on specialist referral	✔	
Parent accommodation	✔	When staying with a child covered by the plan. For one parent only, child must be under 16 and receiving treatment covered by the plan.
Hotel accommodation. This benefit is for the cost of one parent staying in a hotel near the private hospital where a child under 16 is receiving eligible private treatment. The child must be covered by the policy and the benefit is paid from the child's benefits.	✔	Up to £100 a night up to £500 a year.
Out-patient treatment		
Surgical procedures	✔	
Cancer treatment, including radiotherapy and chemotherapy	✔	
CT, MRI and PET scans	✔	As long as the hospital, day-patient unit or scanning centre you choose for treatment is included in our Directory of Hospitals, we'll pay the eligible treatment charges in full.
Extended Cancer Cover		
Additional expenses incurred to support you whilst you are undergoing active treatment of cancer. Purchase of wigs Provision of external prostheses	✔	Additional expenses incurred to support you whilst you are undergoing active treatment of cancer. – up to £150 a year – up to £5,000 a 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 a night.
Additional benefits		
Hospital-at-home	✔	To cover the cost of a nurse to administer intravenous chemotherapy for cancer or intravenous antibiotics at home.
Ambulance transport	✔	When you are receiving private in-patient or day-patient treatment and it is medically necessary to use a road ambulance to transport you between a hospital and another medical facility.

Benefits of core cover	Cover	Notes
Additional benefits – continued		
NHS cash benefit – this benefit is paid for each night you receive treatment free on the NHS that would have been covered by your plan.	✔	£50 a night, up to £2,000 a year.
Day-patient and out-patient NHS radiotherapy and chemotherapy cash benefit.	✔	£200 a day up to £5,000 a year To find out how we can support you when you've been diagnosed with cancer, see page seven.

Core cover plus (Option 9)

With Option 9, members are covered for three out-patient specialist consultations per year, and cover includes no annual maximum for diagnostic tests on specialist referral.

Benefits of Option 9 in addition to core cover	Cover	Notes
Specialist consultations	✔	We will pay for three consultations a year.
Diagnostic tests on specialist referral.	✔	No annual maximum for specialist-referred diagnostic tests.

Limited out-patient (Option 1)

With Option 1, you're covered for up to £1,000 per year for out-patient specialist consultations, diagnostic tests and treatment by a practitioner. Within this limit you also have cover for treatment from an acupuncturist, homeopath and therapist (physiotherapist, chiropractor or osteopath).

If you're referred to a therapist, acupuncturist or homeopath by your GP, or to a therapist by the Working Body team, you will be covered for up to a maximum of 10 sessions in any plan year subject to the benefit limit. Any further sessions must be on specialist referral.

Benefits of Option 1 in addition to core cover	Cover	Notes
Specialist consultations	✔	These four benefits have a combined overall limit of £1,000 per year. Within the above limit we'll pay for GP referred therapist, acupuncturist and/or homeopath treatment in any combination, up to an overall maximum of ten sessions a year. This also applies to Working Body referred therapist treatment.
Diagnostic tests on specialist referral	✔	
Practitioner charges	✔	
Therapist, acupuncturist and homeopath charges	✔	

Full out-patient limit (Option 2)

With Option 2, there is no annual maximum for out-patient specialist consultations, diagnostic tests and treatment by a practitioner. You also have cover for treatment from an acupuncturist, homeopath and therapist (physiotherapist, chiropractor or osteopath).

If you're referred to a therapist, acupuncturist or homeopath by your GP, or to a therapist by the Working Body team, you will be covered for up to a maximum of 10 sessions in any plan year subject to the benefit limit. Any further sessions must be on specialist referral.

Benefits of Option 2 in addition to core cover	Cover	Notes
Specialist consultations	✔	No annual maximum. However we'll only pay for GP referred therapist, acupuncturist and/or homeopath treatment in any combination or Working Body referred therapist treatment, up to an overall maximum of 10 sessions a year.
Diagnostic tests on specialist referral	✔	
Practitioner charges	✔	
Therapist, acupuncturist and homeopath charges	✔	

For more information please call [The Health Insurance Group](tel:08003897724) on 0800 389 7724



Option 5 – Excess

An excess on a medical insurance plan – just like the excess on motor and house insurance – enables you to enjoy lower premiums in exchange for agreeing to pay a set amount towards claims. The frequency of paying the excess can vary but at AXA PPP healthcare we will only expect you to pay it once per person in any plan year that you, or anyone covered by the plan, claims. This is regardless of the number and cost of claims made. If a claim spans two plan years the excess will be applied twice i.e. once in each plan year.

With Option 5 you can choose an excess amount of £100, £250, £500, £750 or £1,000 to reduce your premiums further.

Please note that the excess you pay against your first eligible benefit for out-patient treatment will be deducted from the benefits total amount available to you for the remainder of that plan year.

Excess options	Notes
£0, £100, £250, £500, £750 or £1,000 excess for each person covered by this plan each year.	Choosing a higher excess can reduce your subscriptions further.

Important note:

The above benefits tables are only intended to provide you with a summary of the benefits offered by the Forces Pension Society Flexicare cover. They are designed to help you decide upon the most appropriate type of private healthcare insurance for your individual needs and circumstances.

Further details are set out in the supporting product literature which we strongly advise you to read carefully and thoroughly, when you receive your plan documents.

This is a summary of product benefits. When you join, all claims will be assessed against both the terms and conditions of the cover, any Options chosen and any individual exclusions placed on your plan. Please refer to page eight for information on the underwriting styles available. If you wish to find out more about the terms and conditions of cover, please contact your intermediary.

What are the significant exclusions and limitations of Flexicare private healthcare insurance?

- Treatment of medical conditions that existed, or you had symptoms of, before joining. In certain circumstances, such as if you're switching to us from another provider, there may be cover for these conditions. Please see page eight for more information or full details will be given to you before you join.
- Out-patient specialist consultation fees and diagnostic tests unless you have Option 1, Option 2 or Option 9.
- Out-patient therapist, acupuncturist, homeopath and practitioner treatment unless you have Option 1 or Option 2.
- Psychiatric treatment.
- Any dental procedures (except eligible oral dental surgery in hospital).
- 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).

- Routine pregnancy and childbirth.
- Ongoing, recurrent or long-term treatment of long-term illnesses (usually referred to as chronic conditions). Please refer to page eight for more information.
- Fees charged by a practitioner, acupuncturist and homeopath above the level within our published schedule of procedures and fees.
- Routine examinations, visits to a GP or dentist and out-patient medicines are not covered under your plan.
- Fees charged by an approved specialist or therapist who we have identified to you as someone whose fees we'll pay in full if, without our prior agreement, they charge significantly more than their usual amount for treatment.
- Charges when treatment is received outside of our Directory of Hospitals.

A full list of exclusions will be included with your plan documents.

For more information please call [The Health Insurance Group](#) on 0800 389 7724

Extensive cancer and heart care

Lean on us if you're ever seriously ill

When it comes to cancer and heart conditions, there's no road map to follow. But that doesn't mean you have to find your way on your own. We're here to guide you.

We've got a team of nurses who specialise in these conditions. Every one of them knows what a diagnosis like this means. And they're just a phone call away. Whether or not you've had your diagnosis, they'll be there for you. A listening ear at the end of the phone and a soothing voice to answer your questions. They'll be there for your family too, to make things a little easier for the people you're closest to.

We know how much our members worry about these conditions. That's why cancer and heart care is part of the core cover we provide.

Practical and emotional support when you need it

For many of our members, having a listening ear at the end of the phone is something they couldn't do without.

If you become seriously ill, our dedicated heart and cancer nurses will have the time to get to know you, understand your condition and listen to what you're going through. They'll explain treatment choices in words that make sense. And they'll advise you on everything from eating well during chemotherapy to coping at home after heart surgery.

Shaping your healthcare around you

Our research team scan the horizon for the latest cancer drugs so we can bring them to you as soon as they're licensed – meaning there's evidence they work.

We'll research your condition to find out what treatments are available. And we'll go through specialist advice, peer-reviewed evidence, clinical trials and all the data surrounding it to work out whether it can be an option for you. Nothing's more important to us than getting you well again.

£200 per day up to £5,000 per plan year, available for radiotherapy and chemotherapy received as an NHS out-patient or day-patient.



# Other important information regarding your Flexicare cover

## Treatment of chronic medical conditions

To keep your premiums as low as possible, Flexicare is primarily designed to pay for the treatment of eligible medical conditions that the patient should respond quickly to and make a full recovery.

Unfortunately, there are certain medical conditions (known as chronic conditions) from which, even with treatment, the patient may not make a complete recovery or may require on-going, recurrent or long-term treatment – diabetes or asthma, for example. We do not cover continued or recurrent treatment, preventative treatment or monitoring for such conditions. Initial in-patient and day-patient tests and diagnostics will be covered, if eligible, as will in-patient treatment of acute flare ups.

Routine examinations, visits to a GP or dentist, out-patient medicines and normal pregnancy and childbirth are also not covered under your plan.

A full list of exclusions and limitations will be included with your plan documents.

## No medical examination required

You don't have to take a medical examination to join AXA PPP healthcare. All you have to do in order to apply for cover is complete the application form to enable us to confirm the scope and the price of the cover we can offer.

## About the various underwriting terms available

Three different medical underwriting terms are available. These are:

- 1. Moratorium** – We'll provide cover for treatment of medical conditions that arise after you join. If you have experienced symptoms or been treated for a medical condition in the last five years, you'll be covered for that condition after:
- You've been covered by us for two consecutive years (this is the moratorium period).
- You've been completely free of any form of treatment, medical advice, drugs or medicines or special diets relating to that condition for a consecutive 12 month period.

There are some medical conditions – those that continue or keep recurring – that you'll never be able to claim for. This is because you'll never be able to have a consecutive one year trouble free period after joining.

For further information, please refer to the moratorium section in the **ABI guide to buying private medial insurance** or contact your intermediary at The Health Insurance Group.

- 2. Fully underwritten** – If you're unsure about the extent of the exclusion(s) that will apply under your plan, you may like to declare your medical history to us. This requires each applicant to supply a medical declaration on the application and, in certain circumstances, information from your doctor. Treatment of pre-existing medical conditions and conditions associated to them is then excluded where necessary.

- 3. Continued medical exclusions** – If you're transferring your medical insurance from another provider, you may be able to retain any medical underwriting applied by your previous insurer subject to meeting certain criteria. However, the plan terms will be those of your new plan with AXA PPP healthcare and therefore the benefits and limitations will differ from those of your previous insurer. Please contact your intermediary at The Health Insurance Group for further details.

## Our network of hospitals

Our national network of healthcare facilities currently comprises hospitals, day-patient units and screening centres all around the country.

So if you require treatment, you shouldn't have to travel far – and nor will your visitors! Hospitals in our Directory have high-tech equipment and facilities and are staffed by dedicated medical professionals.

A list of all the hospitals appears in our Directory of Hospitals. You'll receive more detailed information on these hospitals, day-patient units, scanning centres and rehabilitation units included in our network with your plan documents.

## Rewarding low claims

We believe you should be rewarded if your claims are low. However, calculating premiums on claims experience alone can lead to excessive variation from one year to another.

At AXA PPP healthcare, we offer the best of both worlds – protection from the effects of large claims, whilst recognising lower than average claims.

Premiums (including future renewal premiums) are based on a number of factors including the choice of Options, level of excess, the number of people in the plan and their ages. We'll also consider the medical underwriting terms and any available claims information. The Forces Pension Society plan's claims will be reviewed across more than one year's experience and unusually large claims will be considered in relation to the size of the scheme.

This means we are able to reward low claims whilst safeguarding the Forces Pension Society plan from excessive increases if unusually high claims are experienced.





# Flexicare

## also brings you these additional benefits?

### Expert help – Just ask

**Health at Hand** – Call with your health queries any time, 24 hours a day, 365 days a year.\*

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.

### Fast Track Appointments

Our team will make it happen, so we can get you to the right person first time. You just need an open referral from a GP. We'll then book an appointment for you at a time and place that suits you best. Or we'll give you a choice of up to three doctors with the right specialism.

On average, members who use our Fast Track Appointments service are seen twice as quickly as those whose GPs have referred them to a named private specialist.\*\*

### Our team of Personal Advisers – at your service, ready to help

The AXA PPP healthcare 'personal care' begins from the moment you join. Our team of Personal Advisers is on hand to help you with any queries you may have regarding making a claim and pre-authorising medical treatment. They will even help you fill out a claim form if necessary. To make it easy to contact our team, we provide you with a direct line to them.

For all general membership queries about your benefits, or to change your personal details, please contact your intermediary at The Health Insurance Group.

Call with your health queries any time, 24 hours a day, 365 days a year\*

### Your complete satisfaction is very important to us

Perhaps two of the greatest advantages to taking out an AXA PPP healthcare plan are the confidence and sense of security it can provide. We recognise our members are our business. That means your complete satisfaction is very important to us.

### Can I review my cover?

If your application is accepted, when you receive your membership documents you will have 14 days in which to ensure you are completely satisfied with your cover. If you've not made a claim, you can cancel for any reason during this period and owe nothing. In the unlikely event of you wishing to cancel during those 14 days, any money that you have paid or we have collected from your group will be returned, provided you have not claimed.

Full details of our complaints procedure will be provided with your membership handbook and is available on request. All our plans are governed by the law of England and Wales and this is the law that is used in the case of any disputes.

### Dedicated intermediary service

The Health Insurance Group is a leading healthcare intermediary in the UK and has been appointed by the Forces Pension Society to provide advice and quotations to any interested member of the Forces, whether retired or serving.

This plan was arranged by former members of the armed forces and is managed by a team of specially trained and dedicated account managers, who understand your healthcare needs and concerns.

### The role of The Health Insurance Group and Forces Pension Society (FPS)

The Health Insurance Group is an independently authorised broker, who acts on your behalf. As an independent broker, The Health Insurance Group is also able to undertake a market review for you.

To support their members, FPS works with The Health Insurance Group to enable The Health Insurance Group to market the scheme, for which FPS receives a fee. The Health Insurance Group negotiates the overall renewal terms AXA PPP healthcare offers on this plan, with FPS agreeing the recommendation. FPS has no other role within the administration of this arrangement.

For clarity, there is no commercial agreement between AXA PPP healthcare and FPS, who do not represent you or negotiate any aspect of your healthcare insurance with AXA PPP healthcare.

This cover is an individual contract of insurance between you and AXA PPP healthcare. The subscriptions under this arrangement are set each year by AXA PPP healthcare to take into account the claims made by all the members of FPS and their family members covered under the product. This arrangement has a common renewal date of the first of the October.

## Frequently answered questions

The following questions are those most often asked about our healthcare plans. If you have another question, please contact your intermediary.



### There are lots of medical insurers in the market; why should I choose AXA PPP healthcare?

AXA PPP healthcare has over 75 years of experience helping people to secure healthcare cover, making us one of the longest established medical insurers in the UK. We're also one of the largest. We look after the healthcare insurance needs of around two million customers in the UK and abroad.

As the UK's healthcare arm of AXA, we're part of one of the world's largest insurance and asset management companies. As well as giving us financial strength and stability, we can also learn from its global experience and history in other markets to help us develop innovative products and services that are right for our customers.

The Health Insurance Group is an independent private healthcare insurance specialist intermediary, providing you with access to affordable and competitive medical insurance, in conjunction with the Forces Pension Society.



### Will my pre-existing conditions be covered?

When you switch to us from another insurer, you may be able to retain any medical underwriting applied by your previous insurer subject to meeting certain criteria. Please note, the benefits and general exclusions are those of AXA PPP healthcare.

If you are new to private healthcare insurance, we will underwrite you on a moratorium basis, which means any new condition that develops from the date of joining will be covered subject to the terms and conditions of your plan. Any medical conditions experienced during the last five years are only covered after being a member for two continuous years and after being free from all treatment, medical advice, drugs or medicines or have followed a special diet related to that condition for one continuous year.

For more details on this, please see the underwriting terms which can be found on page eight of this brochure and consult the guide 'Your guide to applying for cover'.



### How often can I claim?

There is no limit to the number of times you can claim, subject to the terms and conditions of the plan.



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

No, AXA PPP healthcare normally receives accounts from the specialists or hospitals and settles them directly.



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

Just call our team of Personal Advisers on 0800 364 524 with the details of your proposed treatment and specialist. They will confirm if your treatment is eligible for cover, so you may go ahead with the peace of mind that you are covered for that treatment.



### Can I change my level of benefits?

You can change your cover level and claims excess at your plan renewal only. Please speak to The Health Insurance Group for more information about this.



### What happens if I don't call and get pre-authorisation for hospital treatment?

We would strongly recommend that you obtain authorisation for your proposed treatment before it is undertaken so you can relax in the knowledge that it is covered. However, we will pay for a claim which has not been pre-authorised provided that it is eligible under the terms of your plan.



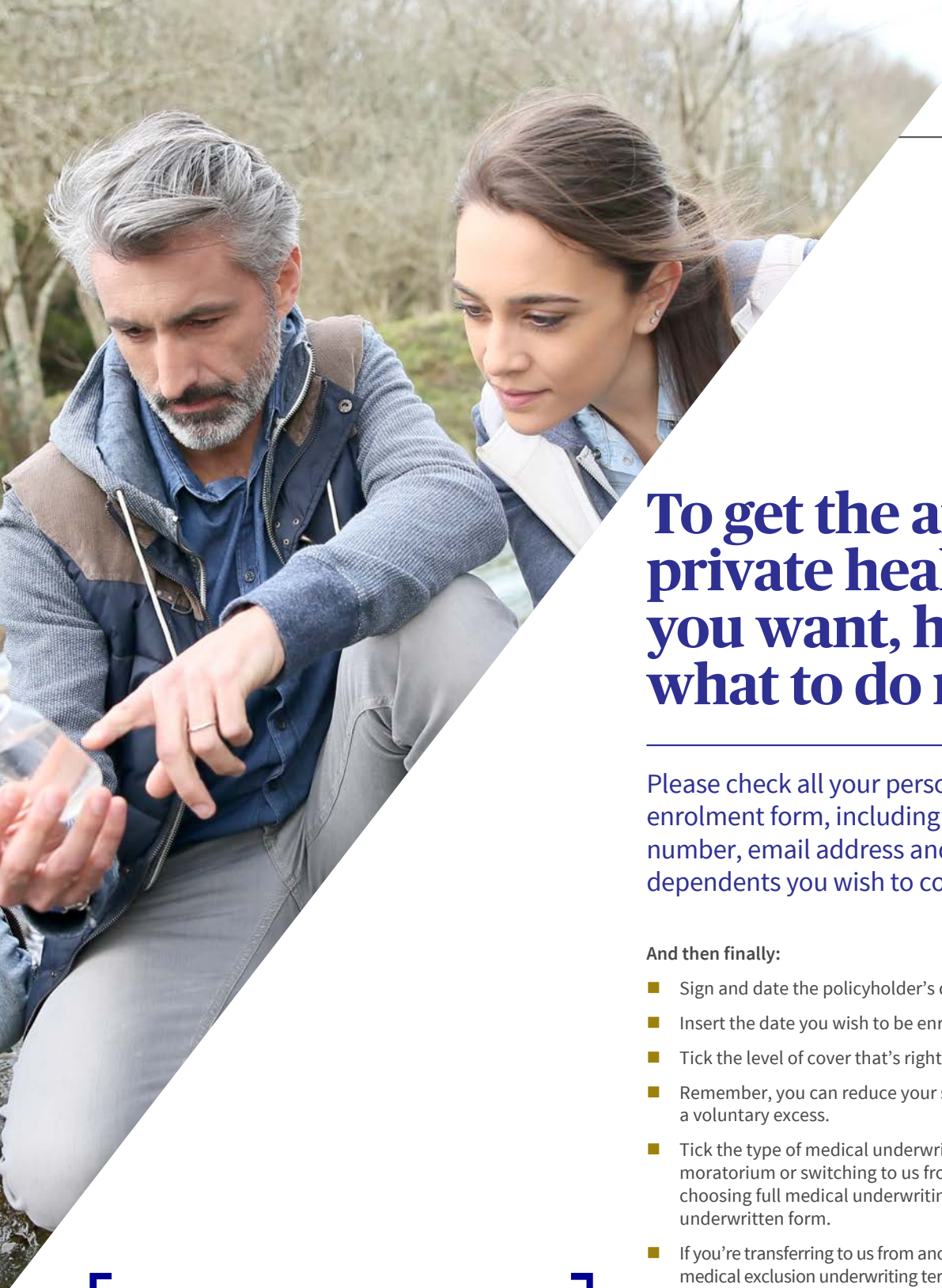
### Are there any ways in which I can reduce the costs of my private healthcare insurance subscriptions?

You can reduce your subscriptions by choosing an optional excess (Option 5) of £100, £250, £500, £750 or £1,000. If you take this option, you choose to pay the first £100, £250, £500, £750 or £1,000 of eligible treatment for each person covered by your plan – once each year, after which we pay for any further eligible fees for that year.

\*Pharmacists and midwives are available 8am-8pm, Monday – Friday, until 4pm on Saturday and 12pm on Sunday.

\*\*Based on our 2017 Fast Track Appointments service data, recorded from the date the member called our Personal Advisory team.





# To get the affordable private health cover you want, here’s what to do next...

Please check all your personal details on your enrolment form, including your telephone number, email address and number of dependents you wish to cover under your plan.

And then finally:

- Sign and date the policyholder’s declaration.
- Insert the date you wish to be enrolled from.
- Tick the level of cover that’s right for you.
- Remember, you can reduce your subscriptions by opting to pay a voluntary excess.
- Tick the type of medical underwriting (new member – two year moratorium or switching to us from another insurer). If you’re choosing full medical underwriting, please complete the fully underwritten form.
- If you’re transferring to us from another insurer on continued medical exclusion underwriting terms, please complete section 4 of the enrolment form and include your current medical insurance certificate.
- Complete and sign the AXA PPP healthcare Direct Debit mandate.
- Please send your application and direct debit instruction to The Health Insurance Group by using the business reply envelope enclosed.

If you need any help completing the application form, please call **The Health Insurance Group** team on **0800 389 7724** and they will be happy to help you. Lines are open Monday to Friday 9am to 5pm.

# Forces Pension Society travel cover

The Forces Pension Society and The Health Insurance Group have arranged the **Annual Travel Insurance plan for the Forces Pension Society**. This is available to all members of the FPS and to serving members of the Forces and their families. Please note the plan can be taken out independent of the medical insurance scheme.

There are three annual plans available to choose from

- **Standard European cover** with a maximum trip length of 25 days, 17 days winter sports cover, up to 65 days per plan year.
- **Comprehensive Worldwide cover** with a maximum trip length of 65 days, 17 days winter sports cover, up to 183 days per plan year
- **Luxury Worldwide cover** with a maximum trip length of 95 days (up to 183 days if extended trip upgrade is purchased), 21 days winter sports cover, up to 183 days per plan year.

The travel plan has no upper age limit. Most pre-existing conditions are covered providing you’re not travelling against medical advice,

nor have a terminal diagnosis within the last 12 months. However, there is a restriction on cover for loss or expense as a result of psychiatric illness.

The table below provides an overview of some of the benefits available. If you wish to find out more about the terms and conditions of cover, please contact your intermediary.

For more information on all Travel plans or to get a quote and apply call: 0345 605 2922 or visit [www.healthinsurancegroup.co.uk/forces](http://www.healthinsurancegroup.co.uk/forces) for more information

Our lines are open from 8am-8pm Mon to Fri and 9am-5pm Sat. We may record or monitor calls for quality assurance, training and as a record of our conversation.

Key benefits	Standard 25 day trip length 65 days per plan year	Comprehensive 65 day trip length 183 days per plan year	Luxury 95 day trip length (183 if optional extended trip upgrade purchased) 183 days per plan year
The following benefits are per person per year			
Medical and additional expenses <sup>†</sup>	Up to £2,000,000	Up to £5,000,000	Up to £10,000,000
Personal accident	Up to £15,000	Up to £30,000	Up to £30,000
The following benefits are per person per overseas trip			
Cancellation or loss of deposit arising due to illness, bereavement, injury, jury service or quarantine*	Up to £3,000	Up to £5,000	Up to £7,500
Loss or damage to baggage/personal effects*	Up to £250 for a single item up to an overall maximum of £1,500	Up to £350 for a single item up to an overall maximum of £1,500	Up to £500 for a single item up to an overall maximum of £2,500
Personal money/travellers cheques if lost or stolen*	Up to £150 for cash up to an overall maximum of £400	Up to £250 for cash up to an overall maximum of £500	Up to £350 for cash up to an overall maximum of £600
Also covered per person on the plan are emergency repatriation, UK hospital stay cash benefit, curtailment, delayed departure, missed outward and return departure, delayed baggage and loss of passport			
<b>Winter Sports</b> Piste closure – up to £200 for travel and accommodation to another site; or £20 a day up to £200 if no alternative site is available* Additional travel and accommodation costs – up to £100 per trip due to avalanche if delayed more than 12 hours Replacement ski hire – up to £200* Ski pass replacement – up to £500* Maximum duration per person per plan year:	<b>Standard</b>     17 days	<b>Comprehensive</b>     17 days	<b>Luxury</b>     21 days

Those benefits marked with an asterisk are subject to a £50 excess per claim per person. If a claim for medical expenses is reduced by using an EHIC (European health insurance card) we will waive the excess on that claim. <sup>†</sup>Please note: UK travel cover has the same excesses as overseas cover (except those marked with an asterisk), where applicable.

If you regularly partake in winter sports, cover for on-piste skiing/ snowboarding – including cash benefits for lift closure and loss of lift pass – is included automatically. You also have the option of upgrading your cover to include sports such as off-piste skiing/snowboarding, pot-holing and bungee jumping.



## Notes

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**Flexicare has been designed to suit a range of needs and budgets. To find the right balance of cover that suits you, please speak to The Health Insurance Group who will be happy to help.**





**For further information, please call  
The Health Insurance Group on  
0800 389 7724**

Lines are open Monday to Friday 9am to 5pm.



**PPP HEALTHCARE**

Health and Protection Solutions Ltd trading as The Health Insurance Group is authorised and regulated by the Financial Conduct Authority.

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We may record and monitor calls for quality assurance, training and as a record of our conversation. PB66431a/09.18