

Equipsme Health Insurance Plan

This plan meets the demands and needs of companies who wish to provide their employees with private health insurance and wellbeing services, to help treat curable conditions and get support/advice on medical or mental health issues. Depending on the membership cover details you have selected the following tables summarise what is covered under your plan.

Benefit	Description	GP Plus £7 ppm	Level 3 £17 ppm	Level 2 £29 ppm	Level 1 £37 ppm
Practical day to day health support					
24/7 GP Service	<ul style="list-style-type: none"> Unlimited GP appointments 24/7, 365 days a year - by phone or online Private prescription delivery service and private fit notes Book on the Equipme App 	✓	✓	✓	✓
Speedy Diagnosis referrals	<ul style="list-style-type: none"> GP service can provide Open Referral letter to help with private consultations and diagnosis claims 	✗	✓	✓	✓
Nurse Helpline and Cancer & Heart support	<ul style="list-style-type: none"> 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 	✓	✓	✓	✓
Perks and Rewards from AXA Health	<ul style="list-style-type: none"> Special discounts and deals on gym memberships, probiotics, spa days, fitness trackers, sports equipment etc 	✓	✓	✓	✓
Personalised health checks from Thruva	<ul style="list-style-type: none"> 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 Thruva 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

Health insurance benefits provided by AXA health

Physiotherapy	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 		✓	✓	✓
Diagnosis - Private specialist diagnostic tests	<ul style="list-style-type: none"> No yearly limit on 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 	✗	✓ No excess.	✓	✓ 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 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 only

Stress Support 24/7 from Health Assured £1.50 ppm	<ul style="list-style-type: none"> 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, family care and housing
Dental & Optical £7.50 ppm	<ul style="list-style-type: none"> Claim back £200 for NHS or Private dental check-ups and treatment using Equipme App Claim back £100 on prescription specs / lenses and £25 towards annual sight test using Equipme App

Employee options - within 21 day selection window

Upgrade between levels	<ul style="list-style-type: none"> Pay the difference between levels by monthly Direct Debit. Eg: Upgrade from GP+ (£7 ppm) to Level 3 (£17 ppm) and simply pay the £10 difference. 21 day upgrade window at inception and every renewal
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

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 Studio 320, Metal Box Factory, 30 Great Guildford Street, London, SE1 0HS. 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 act as 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 business needs and budget, for two or more employees.
- 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 £17 pppm include cover up until cancer is diagnosed. Once cancer is diagnosed, you can be supported and guided back into 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 £7.50 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 policy, 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.

Members will have the same cancellation rights during the cooling off period for any increase in level of cover or addition of family members at their own cost. After the cooling off period, members can remove family members at any time (and we will charge the premium due from the start date or renewal date to the cancellation date) but they cannot reduce their level of cover until the next renewal date.

Health Insurance



24/7 GP Access



Health Checks



Stress Support

