



# BAWA Medicare Plan

## Policy benefits

### ***What is BAWA Medicare Plan?***

The BAWA Medicare Plan is a medical insurance policy designed to enable you to receive medical diagnosis and treatment for acute illness or injury for conditions that arise after you join.

The policies are insured by AXA PPP healthcare Limited. The policies are valid for 12 months and are renewable annually.

### ***What are the significant benefits?***

BAWA Medicare Plan provides cover for eligible in-patient, day-patient and out-patient treatment. This includes benefits for in-patient accommodation, diagnostic procedures and surgeons' and anaesthetists' fees. It also includes out-patient services up to £1,400 per policy year.

*The above is only an overview of the benefits,  
please see your benefits table for a detailed benefit summary.*

## Benefits table

**Please note:**

The table on the following few pages shows the benefits available to you together with the monetary limits of your policy. These benefits are explained fully in the Handbook. You must read the table in conjunction with the rest of your Handbook.

Key to benefits table: ✓ = benefit is covered ✘ = benefit is not covered ppy = per person, per policy

Benefits		Notes
<b>In Patient and day care</b>		
Nursing and accommodation Operating theatre/recovery room Prescribed medicines and drugs Diagnostic procedures Consultations Specialist physicians' fees Physiotherapy	✓	Paid in full within a designated private hospital or day-patient unit.
Surgeons' and anaesthetists' fees	✓	We will pay eligible fees in full under the above benefit when a specialist or anaesthetist charges up to the level within our published Schedule of Procedures and Fees. Please see the 'Who we pay for treatment' section of the Handbook for full details.
<b>Out-patient</b>		All out-patient benefits below have a combined overall limit of up to <b>£1,400</b> ppy.
CT, MRI and PET scans	✓	Within the combined overall limit of up to <b>£1,400</b> ppy for out-patient benefits.
Out-patient surgical procedures	✓	Within the combined overall limit of up to <b>£1,400</b> ppy for out-patient benefits.
Consultations, including with practitioners	✓	Within the combined overall limit of up to <b>£1,400</b> ppy for out-patient benefits. Practitioners includes dieticians, nurses, orthoptists, psychologists, psychotherapists and speech therapists.
Diagnostic procedures	✓	Within the combined overall limit of up to <b>£1,400</b> ppy for out-patient benefits.
Physiotherapy	✓	Within the combined overall limit of up to <b>£1,400</b> ppy for out-patient benefits we will pay for GP referred physiotherapist treatment up to an overall maximum of <b>10</b> sessions a year.
Therapist, acupuncturist and homeopath treatment	✓	Within the combined overall limit of up to <b>£1,400</b> ppy for out-patient benefits we will pay for GP referred therapist, acupuncturist and/or homeopath treatment in any combination up to an overall maximum of <b>10</b> sessions a year. Therapist is a practitioner in osteopathy or chiropractic.

Additional benefits		
Hospital at home	✓	<p>The Hospital at home benefit is for treatment provided at home or another clinically appropriate setting for the administration of intravenous antibiotics which otherwise would require you to be admitted for in-patient or day-patient treatment. We will pay in full when treatment:</p> <ul style="list-style-type: none"> <li>• is provided by a nurse under the control of a specialist; and</li> <li>• is provided through a healthcare services supplier which we have a contract with for such services; and</li> <li>• has been agreed by us before the treatment begins.</li> </ul>
Expert Help	✓	Access to healthcare experts.

## ***Significant and unusual exclusions?***

Along with most other insurance providers there are certain conditions and treatments that cannot be covered by the plans. A sample of these exclusions are listed below and full details of these and all other general exclusions are given in the BAWA Medicare Plan Handbook:

- cancer and related conditions
- psychiatric conditions
- chronic (long term) conditions (*see our leaflet 'Chronic conditions explained' for further information*)
- routine medical examinations, screening and routine dental treatment
- transplants
- drug or alcohol abuse
- cosmetic treatment (except as the result of an accident)
- infertility
- pre-existing conditions - these are conditions you already have when the policy starts, or have had in the recent past and we deal with these either by fully medically underwriting your plan or using the moratorium as detailed overleaf:

## **Rolling two year moratorium**

This means that if a member on the policy develops a new medical condition after the policy starts, they are covered for eligible treatment.

They won't need to complete a medical declaration before joining, but membership is on the understanding that if they've had a medical condition in the last five years, they will only be covered for it (and specified related conditions) after:

- they have been covered on the policy for two consecutive years as a member and;
- they have been completely free of any form of treatment, medical advice, drugs or medicines or special diets relating to that condition for a consecutive two year period.

## **Fully underwritten**

Each member on the policy supplies a medical declaration on the application and, in certain circumstances, a medical report. This means that pre-existing medical conditions are then excluded where necessary.

*For further information on the moratorium and full medical underwriting please read the leaflet entitled 'How you can apply for cover'.*

## ***What if we are already insured?***

It may be possible to transfer your current medical insurance to PHC on a continued personal medical exclusions switch basis:

### **Continued personal medical exclusions (CPME)**

When you transfer your medical insurance from another insurer, in most circumstances, you will have an option to retain any medical underwriting that may have been applied by your previous insurer. Therefore any new personal medical exclusions will not apply. However, the policy terms will be those of PHC and therefore the benefits and limitations will differ from those of your previous insurer.

**If you wish to join on a continued personal medical exclusions underwriting basis please contact BAWA on 0117 987 2315 and the appropriate application form will be sent to you.**

## ***Renewing your policy***

Premiums for private medical insurance policies will usually increase. PHC endeavor to keep these increases to a minimum, but typically the costs of premiums have risen higher than the Retail Price Index (RPI). These increases are calculated using a range of factors, but are in part due to the many new treatments and drugs that are developed each year, leading to an increase in claims across all our private medical insurance policies. In addition, your premium also increases when you reach 65.

## ***What else should I read?***

This Policy benefits document does not contain the full Terms and Conditions of your Insurance. The full terms and conditions can be found in the BAWA Medicare Plan Handbook.

We would advise that you also read:

- BAWA Medicare Plan Handbook.
- How you can apply for cover.
- Chronic conditions explained

If you require any of the above literature please contact BAWA on 0117 9872315.

## ***Can I cancel my plan?***

When you receive your documents, you will have 14 days in which to ensure you are entirely satisfied with your cover before your contract with PHC is concluded. If you do not wish to proceed for any reason, you may cancel the membership and owe nothing as long as a claim has not been made. Any money which you have paid or which we have collected will be returned to you.

## ***How do I make a claim?***

All claims **must** be pre-authorized, therefore before starting treatment you should contact BAWA on **0117 9872315** or **Airbus internal 62361** or **RR Internal 96831**.

## ***What should I do if I have reason to 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 'Complaint and regulatory information' section of your membership handbook. If you are dissatisfied with the outcome of our investigation, you can ask the Financial Ombudsman Service to consider your complaint.

## ***Can I get compensation?***

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). Further information about the operation of the scheme is available on the FSCS website: [www.fscs.org.uk](http://www.fscs.org.uk).

The Permanent Health Company Limited, 32 Church Street, Rickmansworth, Hertfordshire, WD3 1DJ. T: 01923 770 000. F: 01923 770 304  
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