

# Medicare Policy Summary

## What is BAWA Medicare?

**BAWA Medicare** 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 underwritten by AXA PPP Healthcare.

The policies are valid for 12 months and are renewable annually.

## What are the significant benefits?

**BAWA Medicare** provides cover for eligible in-patient and out-patient treatment.

This includes benefits for in-patient accommodation, theatre fees, 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 the Benefit Table below for a detailed benefit summary.

## Significant and unusual exclusions?

Along with most other insurance providers there are certain conditions and treatments that cannot be covered by our plans. A sample of these exclusions are listed below and full details of these and all other general exclusions are given in the Terms and Conditions (*see section 8, EXCLUSIONS*):

- cancer and related conditions
- psychiatric conditions
- chronic (long term) conditions (*see Terms and Conditions section 8, EXCLUSIONS, 8.5*. For further clarification, please ask for our 'chronic conditions leaflet')
- routine medical examinations, screening and routine dental treatment
- transplants
- drug or alcohol abuse
- cosmetic treatment (except as the result of an accident)
- HIV and AIDs
- 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 below:

## Moratorium

Any disease, illness or injury for which you or your dependants have received medication, advice or treatment; or you have experienced symptoms of; whether the condition has been diagnosed or not, in the 5 years before the start of your cover is classed as a pre-existing condition.

A pre-existing condition will be excluded until you or your dependants remain free of advice, treatment or medication, for that condition for a continuous period of two years after the commencement date of the plan.

(Please refer to the Terms and Conditions, section 8, EXCLUSIONS, 8.21).

Please understand that your policy will probably never cover long term medical conditions which are likely to continue to need regular or periodic treatment, medication, or medical advice.

This is because each time you need any such treatment, the moratorium period starts again, so it is unlikely that there would ever be two clear years during which you remain free of all treatment, medication and advice.

## Full medical underwriting

We require you to complete the medical questionnaire on behalf of yourself and all dependants to be covered.

We will review your details and decide the basis on which we can accept you for cover. If necessary, we will ask your doctor for any further information we need to help us to do this.

If you have a pre-existing condition that is likely to need treatment in the future, we will usually exclude it from cover and any conditions related to it.

We will show any exclusions on the schedule certificate of cover. If we exclude treatment for a pre-existing condition when your policy first starts, we will, in some cases, review the exclusion in the future, if you wish.

Benefits Table	
<b>IN-PATIENT &amp; DAY CARE</b>	
Nursing & Accommodation	FULL COVER
Operating theatre/recovery room	FULL COVER
Prescribed medicines & drugs <i>NB: The above are not covered if prescribed to take home following an in-patient or Day Care stay</i>	FULL COVER
Diagnostic procedures	FULL COVER
Consultations	FULL COVER
Physiotherapy	FULL COVER
Surgeons & Anaesthetists' fees	FULL COVER
Specialist physicians' fees	FULL COVER
<b>OUT-PATIENT SERVICES</b>	
Out patient physiotherapy is limited to ten sessions on GP referral. Thereafter, referrals must be made by Specialist/Consultant.	<b>£1,400</b> per person per policy year
<b>EMERGENCY OVERSEAS MEDICAL TREATMENT &amp; REPATRIATION</b>	
Extension of the UK benefits in the event of a medical emergency overseas. Cover is limited to trips not exceeding 90 days (17 days for winter sports). <i>NB: this does not remove the need for a full travel insurance plan for overseas journeys.</i>	<b>£50,000</b> Per trip

This is only a summary of the benefits provided.

Please see the individual Benefit Schedules and Plan Terms and Conditions for full details.

**All claims must be authorised via the Claims Line prior to treatment.**

Usually, we will not remove an exclusion for a long-term medical condition which is likely to need regular or periodic treatment.

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

**Please note: You will automatically be given a moratorium application form. If you wish to join on a full medical underwriting basis please contact BAWA on 0117 9768064 and the appropriate application form will be sent to you.**

### What if we are already insured?

It may be possible to transfer on a **cpme** (continued personal medical exclusions) switch basis to PHC. This means that we transfer your current underwriting terms across to the new PHC policy rather than applying the moratorium or full medical underwriting as described above.

If you are interested in this option you will need to complete a Plan Transfer Form containing medical history questions. On receipt of the Application we will be able to tell you whether or not we can offer you switch terms.

Please note that when you transfer from one private medical insurer to another, with no break in cover, then you are transferring to a different policy with different benefits, terms and conditions. It is only the medical exclusions that were applied by your previous insurer that will be continued under your new policy, not the previous policy benefits, terms and conditions.

**Please note: You will automatically be given a moratorium application form. If you wish to join on a cpme underwriting basis please contact BAWA on 0117 9768064 and the appropriate application form will be sent to you.**

### Renewing your Policy

Premiums for private medical insurance policies will usually increase every year. You will receive reasonable notice of any changes in premium before your renewal date.

We endeavour 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 fact sheet does NOT contain the full Terms and Conditions of your Insurance.

The full Terms and Conditions can be found in the policy booklet. We would advise that you also read:

- The benefit schedules within your pack
- Your guide to applying for cover
- The Terms and Conditions
- Cover for Chronic Conditions Explained Leaflet

If you require any of the above literature (some of the above are contained within the policy booklet) please call BAWA on 0117 9768064.

### Can I cancel my plan?

You will have 14 days from the time you receive your policy documents to review them. If you tell us that you have changed your mind during this time we will send you a full refund of any premiums you have paid, although we reserve the right not to do this if you have made a claim.

### How do I make a claim?

**ALL claims must be pre-authorised by BAWA,** therefore before starting treatment you should contact the claims department on **0117 9768064**. (Airbus Internal **62361** or RR Internal **96831**).

Please see your 'How to Claim Guide' contained within the policy booklet for further details.

### What if I need to complain?

We aim to provide a high standard of service at all times.

If you think things have gone wrong for you and you are unhappy with us, please contact:

The Managing Director  
The Permanent Health Company Ltd  
32 Church Street, Rickmansworth  
Hertfordshire, WD3 1DJ  
Telephone: 01923 770000

In the first instance and we will try and resolve your complaint.

We will acknowledge your complaint upon receipt. To allow us to investigate your complaint fully, the Financial Services Authority (FSA) gives us up to eight weeks to get back to you. However, we will respond sooner than this if we are able.

If you remain dissatisfied after our final response you should write to:

Financial Ombudsman Service  
South Quay Plaza, 183 Marsh Wall  
London, E14 9SR  
Telephone: 0845 0801800  
Email:

[complaints.info@financial-ombudsman.org.uk](mailto:complaints.info@financial-ombudsman.org.uk)  
Website:  
[www.financialombudsman.org.uk](http://www.financialombudsman.org.uk)

Referral to the FOS does not affect your right to take legal action.

*PHC is authorised and regulated by the Financial Services Authority (FSA).  
Our firm reference number is 310293*



HEALTHCARE AND LEISURE

589 Southmead Road, Filton, Bristol BS34 7RG  
Telephone 0117 976 8064