

VALUABLE
EMPLOYEE BENEFIT

REGIONAL PLUS PRIVATE MEDICAL INSURANCE SME

ACCESS TO
HIGH QUALITY
HEALTHCARE AT
PRIVATE HOSPITALS

FOR COMPANIES WITH
3-49 EMPLOYEES



www.april-uk.com



Insurance made easy.

WELCOME TO APRIL UK - A NAME YOU CAN TRUST YOUR HEALTH WITH

Your employees are the most important assets within your organisation. It's imperative that you look after them - after all a happy and healthy workforce could bring substantial benefits to your business.

One of the best ways to look after your employees' wellbeing is through a private medical insurance scheme. It provides them with access to local private and NHS hospitals on the Regional Plus Hospital List, where they will be looked after by consultants, surgeons and specialists.

For your business, it means less disruption and a happier workforce - all of which should help improve your productivity and the success of your business.



Why have private medical insurance?

Look after your employees and they will look after your company...

Key benefits to your company

- > **Improve your company's performance**
Experience less sickness absence and increased morale, all of which will help improve productivity and the success of your business.
- > **Increase employee loyalty**
Providing access to private healthcare shows your commitment to looking after your employees' welfare.
- > **Keep and attract the best**
A great way to add value to your employee benefits package, helping you with recruitment and retention of key employees.
- > **Less disruption**
Access to diagnostics and treatment will help put your employees on the road to recovery without delay.

Key benefits to your employees

- > **Access to private healthcare**
Where they will receive high quality medical care from experienced surgeons and specialists.
- > **Shorter waiting times**
No NHS waiting lists, see a specialist or receive treatment at a time more likely to suit them.
- > **Wide range of eligible treatments, consultations and tests covered**
Whether your employees need a consultation, diagnostic scan or surgical procedure, their plan provides a wide range of healthcare benefits.
- > **Access to specialist cancer drugs**
This includes drugs which might not be available on the NHS, such as Herceptin (breast cancer) and Avastin (bowel, kidney and colon cancer) – where they are used for the purpose for which they are licenced. (Subject to review after 12 months of usage).



What's covered?

As standard your employee will receive cover for a wide range of in-patient and day-patient benefits.

This covers eligible treatments, surgery, tests and accommodation costs where they are admitted to hospital (on the Regional Plus Hospital List) overnight or for a day. You can choose to add out-patient benefits and psychiatric benefits to their policy.



In-patient care

This is where you are required to stay in hospital overnight. It's usually associated with some type of surgery and an element of in-hospital recovery time, before you are discharged and can go home.

Day-patient care

This is similar to in-patient care, where you will undergo a medical procedure that requires a period of supervised recovery. However you will not be required to stay in hospital overnight.

Out-patient care

Following a referral from your GP, these are appointments to see a consultant for an assessment, advice, diagnostic test or treatment.

Please note that there is an aggregate limit of £1m per person per policy year on total benefits payable under this plan. Benefits payable must be reasonable and customary and during the policy period only.

What isn't covered?

Our plan will not cover your employees for the following:

- > The policy excess
- > Chronic conditions
- > Pre-existing conditions which have occurred before joining the plan (unless agreed at time of joining)
- > Routine GP visits
- > Normal pregnancy and childbirth
- > Cosmetic surgery
- > Alcoholism, drug abuse and other addictive conditions
- > Regular renal dialysis
- > Self-inflicted injury
- > Professional sports injuries
- > HIV, AIDS and related conditions
- > Preventative treatment
- > Unlicensed drugs
- > Experimental treatment
- > Self-referred treatment

Please read the Policy Document for full details and exclusions.

Your benefits and options

FOUNDATION COVER (STANDARD ON ALL PLANS)

In-patient and day-patient treatment

Hospital accommodation and nursing care	✓
Prescribed drugs and dressings	✓
Operating theatre fees	✓
Radiotherapy and chemotherapy	✓
Consultations, radiology, pathology	✓
Diagnostic tests including MRI/CT/PET scans	✓
Physiotherapy	✓
Surgeons, physicians and anaesthetists fees	✓
Oral surgery (non-dental)	✓
Parent accommodation	✓
Eligible prosthesis	✓

Other benefits

Private ambulance between hospitals	✓
Home nursing	13 weeks per policy year
NHS cash benefit	£100 per day/night (Up to 30 days per policy year)
NHS cancer cash benefit	£300 per day/night (Up to 30 days per policy year)

OUT-PATIENT COVER (OPTIONAL)

Choose from two levels of cover – Limited or Full

Out-patient benefits provides your employees with cover for those important consultations, tests, scans and diagnostic procedures.

	LIMITED	FULL
Specialist consultations, pathology, x-rays, diagnostic tests, physiotherapy	£500 per policy year (Shared between all benefits)	✓ (Physiotherapy is limited to £500 per policy year)
MRI/CT/PET scans	✓	✓

PSYCHIATRIC BENEFIT (OPTIONAL)

This option provides your employees with access to psychiatric care including consultations and overnight stays in a psychiatric unit.

In / Day / Out-patient treatment

£8,000 per policy year
(Out-patient treatment limited to £1,000 per policy year)



Cancer benefits explained

With research showing that one in two people will be diagnosed with cancer at some point in their lives*, cancer continues to be a real concern.



As standard, our policy will cover your employees from their initial consultations and diagnostic tests, through the active phase of their cancer, including therapies, treatment and surgery.

They will also have access to specialist cancer drugs which may not be available through the NHS.

* Cancer Research UK, February 2015.

Cancer benefits

Consultations and specialist fees	✓
Diagnostic tests and scans <small>(Including bone/CT/MRI/PET scans)</small>	✓
Cancer drugs and therapy <small>(Including hormone therapies, biophosphonates)</small>	✓
Biological therapies ('super drugs') <small>(Reviewed after 12 months)</small>	✓
Radiotherapy and chemotherapy	✓
Surgery and hospital charges	✓
Palliative treatment <small>(Including side effects and sickness drugs)</small>	✓ Up to £10,000 <small>(During the lifetime of the plan)</small>

Additional cancer-related benefits

Wigs	✓ Up to £300 <small>(During the lifetime of the plan)</small>
External prostheses	✓ Up to £5,000 <small>(During the lifetime of the plan)</small>

Please note that there is an aggregate limit of £1m per person per policy year on total benefits payable under this plan. Benefits payable must be reasonable and customary and during the policy period only.

Helping your employees beat cancer

Every year thousands of people have their lives changed irrevocably by cancer, either through a relative, friend or directly themselves.

At APRIL UK we understand the importance of providing effective cancer benefits. This is why, as members of the plan, your employees will benefit from the following:

- > **Choice of specialist and hospital**
Freedom to choose from our extensive list of hospitals and facilities throughout the UK.
- > Eligible in-patient, day-patient and out-patient cancer treatment costs will be covered.
- > **Access to eligible biological therapies**
Drugs such as Herceptin (breast cancer) and Avastin (bowel, kidney and colon cancer) are covered. These might not be available through the NHS.

By the end of 2016, 1,000 people will be diagnosed with cancer each day.

Macmillan Cancer Support, 2014

Since the late 1970s, incidence rates for all cancers combined have increased by almost a third in Great Britain.

Cancer Research UK, 2016



Transparency and clarity

We do not believe in penalising people for using their insurance. This is why we promise that your premium will never increase because of your group's claims history.

At APRIL UK, we look to create long-term relationships with all of our customers by providing a high quality service and value for money, year after year. It's how we like to do business.

Premiums on this policy will go up in line with your employees' age, medical inflation, as well as the changing costs of meeting claims. This simply reflects the increasing costs of providing cover.

However, we will not penalise your employees for using their insurance

Even if they were diagnosed with cancer, which could lead to thousands of pounds being paid for their hospital treatment and cancer drugs (during the active phase of cancer), you would not be charged a higher premium just for this.

We find this is a fair and transparent approach to private medical insurance.



Underwriting options explained

Choose from three options

1

Moratorium

(Ages 0 – 74)

This means any medical issues your employees have experienced or had symptoms of, at any time in the five years prior to the start of cover, will be covered once they go two consecutive years from the start date completely clear of consultations, symptoms, tests or medication for the condition or anything relating to it.

2

Full medical underwriting

(Ages 0 – 74)

Your employees will complete a medical questionnaire regarding their medical history. Our underwriters will review it and confirm if there are any medical conditions that will not be covered by the plan. Unless stated, all other medical conditions would be covered.

Please refer to the policy for full terms and conditions.

3

Continued Personal Medical Exclusions

(Ages 0 – 74*)

If you wish to transfer your existing company plan over to us you can choose this option. We will continue to provide cover for all medical conditions that were covered under your previous policy. However any medical exclusions would also continue to apply. Please note that we reserve the right to exclude additional symptoms or conditions according to the information provided in the declaration.

Under this underwriting option your employees must declare if anyone to be insured in the last two years has been diagnosed with, suffered from, being monitored for, or are currently awaiting investigations or being investigated for cancer, or any type of heart condition, or musculoskeletal condition, or any type of psychiatric condition (where you have chosen to include Psychiatric Benefits).

In addition, you must also declare whether anyone is currently undergoing or expected to undergo in-patient, day-patient or out-patient treatment not already mentioned above. Our underwriters will review it and confirm if there are any medical conditions that will not be covered by the policy.

We will require previous medical insurance certificates for each member during the application.

“Our plan is designed to cover new medical conditions.”



Please note that we do not provide or accept Medical History Disregarded underwriting.
* One person between the ages of 65 - 74 can be covered for every five group members. Groups with three or four members can still accept one member.

How to reduce premiums

Our excess options are a great way to reduce premiums, whilst providing generous medical benefits

As standard there is a mandatory excess of £100 on the plan, which will need to be paid when a claim is made.

This is only payable once, per person per policy year, regardless of the number of claims made during that period.

However, to reduce the premium, the £100 mandatory excess can be replaced with one of the excess options below:

- > **£250**
- > **£500**
- > **£1,000**

Once again, these will only be payable once per person per policy year and will offer a generous discount to your premium.

Frequently asked questions

Who can apply?

Your employees and their partners must be between the ages of 16 and 74 inclusive and resident in the UK, Isle of Man or Channel Islands.

Children under the age of 25 can be covered under a 'Single Parent' or 'Family' plan.

What are my cancellation rights?

Should you ever need to cancel your plan, you can do so at anytime without penalty. If you cancel within 30 days from the start date, we will refund any premiums which have been paid, provided no claims have been made.

What hospitals can I use?

Please refer to our Regional Plus Hospital List for a list of the most commonly used hospitals.



How to make a claim

No claim form required – get authorised over the phone!

It's quick and simple to claim on your Regional Plus Plan.



STEP 1

Call us

Once referred for a consultation or investigation by your GP - call the APRIL UK Claims Team on **0203 819 7159**.



STEP 2

Assess your claim

We will advise you on cover available. If you have cover, we will authorise your initial consultation or pre-diagnostic investigations. We may on occasion need a copy of the GP referral.



STEP 3

Go for treatment

You can attend your consultation or investigations. Any excess due is payable at this stage.



STEP 4

Further treatment

Are further consultations, investigations or treatments required?

Yes

Call us back and we will authorise further cover or discuss your options with you. Where necessary, we will contact your treating practitioner to discuss the plan.

No

No action required. The hospital or specialist can invoice us directly, so it's another thing off your mind. However, if you have settled any costs yourself, please send us the invoices for reimbursement.

Please read the Policy Document for full details.



GET IN TOUCH

Customer services

☎ 0800 028 0849

Open Monday - Friday, 8am - 5pm
(excluding public holidays)

Claims helpline

☎ 0203 819 7159

Call this number once you have
been given a referral by your GP.

Open Monday - Friday, 8am - 6pm
(excluding public holidays)



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