

WIDE RANGE OF  
PRIVATE HEALTHCARE  
BENEFITS

# REGIONAL PLUS PRIVATE MEDICAL INSURANCE

ACCESS TO  
HIGH QUALITY  
HEALTHCARE AT  
PRIVATE HOSPITALS



 [www.april-uk.com](http://www.april-uk.com)



Insurance made easy.

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

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**If you were diagnosed with an illness, wouldn't you want quick access to diagnostic tests and advice from the best consultants?**

**Private medical insurance puts you in control over when and where you receive your care.**

With the Regional Plus Private Medical Insurance Plan, you'll have access to local private and NHS hospitals on the Regional Plus Hospital List, where you will be looked after by consultants, surgeons and specialists.

With a wide range of benefits and treatments included, it puts your health first and ensures you get the treatment you need, at a time and place that suits you.



## What are the key benefits?

- > **Choice of private hospitals**  
The Regional Plus Hospital List offers a wide choice of private hospitals throughout the UK, including Spire, BMI, Nuffield hospitals, as well as private wings at NHS hospitals.
- > **Choice of consultant**  
Benefit from high quality patient care from experienced consultants, surgeons and specialists.
- > **Fast access**  
There are no NHS waiting lists to contend with.
- > **Convenience**  
See a specialist or receive treatment at a time more likely to suit you.
- > **Wide range of eligible treatments, consultations and tests covered**  
Whether you need a consultation, diagnostic scan or surgical procedure, your 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).

“ Access to high quality medical care, carried out by experienced medical professionals in a clean and safe environment - that's the essence of private healthcare. ”



# What's covered?

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## As standard you'll receive cover for a wide range of in-patient and day-patient benefits.

This covers eligible treatments, surgery, tests and accommodation costs where you are admitted to hospital (on the Regional Plus Hospital List) overnight or for a day. You can then choose your level of out-patient benefits, covering those important consultations and diagnostic tests.



### 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 you 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.

# Three levels of cover to choose from

In-patient and day-patient treatment	Foundation Cover	Foundation and Limited Out-patient Cover	Foundation and Full Out-patient Cover
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	13 weeks per policy year	13 weeks per policy year
NHS cash benefit	£100 per day/night (Up to 30 days per policy year)	£100 per day/night (Up to 30 days policy year)	£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)	£300 per day/night (Up to 30 days per policy year)	£300 per day/night (Up to 30 days per policy year)

Out-patient benefits			
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	✗	✓	✓

You can choose to add psychiatric benefits to your policy at an additional cost.

Psychiatric Benefits	
In-patient, day-patient and 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.



Whichever level of cover you choose, your policy will cover you from your initial consultations and diagnostic tests, through the active phase of your cancer, including therapies, treatment and surgery.

You'll also have access to specialist cancer drugs which may not be available through the NHS.

\* Cancer Research UK, February 2015.

## Your cancer benefits

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

## Additional cancer-related benefits

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

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 you beat cancer

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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 a policyholder, you'll 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 to you on 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

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Our premiums are NOT related to your own claims, providing greater pricing stability. This helps keep your plan affordable.

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 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 you for using your insurance**

Even if you were diagnosed with cancer, which could lead to thousands of pounds being paid for your 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 you have experienced or had symptoms of, at any time in the five years prior to the start of cover, will be covered once you 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)

You will complete a medical questionnaire regarding your 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 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 you must declare if you have in the last two years 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 you are 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 applicant 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.

## How to reduce your premiums

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### **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 you will need to pay when you claim.

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

However, to reduce your premium, you can replace your £100 mandatory excess 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

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### **Who can apply?**

You must be between the ages of 16 and 74 inclusive and resident in the UK, Isle of Man or Channel Islands. If you are under 16, a parent or guardian may take out a plan for you, on a moratorium or full medical underwriting basis, and pay your premiums.

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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