



'Presenting...'

AXA PPP International

'Peace of mind'

Wherever our members are, we'll help connect them to the right medical expertise, 24/7.

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Choose AXA PPP International

AXA PPP International's heritage, along with the global experience of the AXA Group means we have the expertise to support our members.

A brief history

AXA PPP International is part of the AXA Group. They acquired Private Patients Plan (PPP) in 1999 and was later renamed AXA PPP healthcare. In 2009, following three years of significant growth, AXA PPP International was established as a distinct business unit of AXA PPP healthcare.

Over 102 million customers worldwide have placed their trust in the AXA Group, making them one of the largest insurance companies in the world. With over 70 years experience in the health care market, you can feel reassured that whatever happens, we have the knowledge to help.

About us

AXA PPP International has over 40 years experience in the international health care industry, providing a range of award winning private medical insurance across the globe. We are proud to serve businesses, individuals and their families covering over 650,000 lives in over 190 countries across the world.

Award winning provider

Put your trust in an award winning provider. AXA PPP International is proud to have gained recognition for our dedication to provide the best possible service, pioneering technology and market-leading products. We have won a number of awards from renowned industry bodies:

- Best Individual IPMI Provider – Health Insurance Awards 2012
- Best International Private Healthcare Group – International Fund and Product Awards 2012
- Best International PMI Provider – Health Insurance Awards 2011
- Queens Award for Enterprise in the International Trade category 2011
- International Benefits Provider of the Year – Expatriate Management & Mobility Awards (EMMAs) 2011.



Our plans

With our Standard, Comprehensive, Prestige and Prestige Plus plans, we offer a range of benefits to suit your requirements.

Standard

Our Standard plan covers a wide range of core benefits:

- **In-patient and day-patient** cover
 - including surgeons, anaesthetists, physicians and consultants charges, diagnostic tests and physiotherapy
- Parent accommodation
- In-patient psychiatric treatment
- **Out-patient surgical procedures**
- **Brain and body scans**
- **Cancer cover** – we'll cover the investigation and active treatment of cancer, including:
 - Radiotherapy
 - Chemotherapy
 - Brain and body scanning
 - Bisphosphonate drugs
 - Experimental drug treatments when participating in a clinical trial, approved by the appropriate ethics committee
- **Emergency cover** – in-patient and day-patient cover for emergency treatment, should a member fall ill suddenly while travelling in the USA
- Cost of a road or air ambulance for emergency transport to or between hospitals
- Evacuation and repatriation service
- **Dental care** and emergency damage to teeth
- **External prosthesis.**

Comprehensive

As well as all the core benefits, our Comprehensive plan includes:

- **Chronic conditions** – if members require on-going treatment for conditions that become chronic
- **Out-patient benefit** – covering:
 - Medical practitioners' consultation charges, diagnostic tests and physiotherapy
 - Complementary practitioners' fees
 - Vaccinations and the cost of a medical practitioner or nurse administering them
 - Cancer and heart surgery follow-ups for as long as necessary (optional for Large Corporate clients)
- **Out-patient drugs and dressings**
- Optical cover
- **Hospital-at-home** – to enable members to be treated in the comfort of their own homes, we cover home administration of intravenous chemotherapy, or intravenous antibiotics.

Prestige

Prestige includes all the additional benefits of our Comprehensive plan plus:

- **Annual health check**
- **Palliative care for cancer**
- **Disability compensation cover** – a cash sum following disability through injury
- **Travel insurance** – travel-related benefits that compliment the medical cover already provided
- **Routine pregnancy costs.**



There's also the added flexibility of optional add-ons to enhance your policy even further.

Prestige Plus

Our top of the range plan which includes all the benefits of Comprehensive and Prestige, plus:

- **Routine dental cover**
- **Cover for HIV/AIDS**
- **Chinese herbal medicine**
- **Out-patient treatment in USA** – for members on Area 2 cover (worldwide excluding the USA)
- **Palliative care for all illnesses**
- **Out-patient treatment fully refunded.**

Optional add-ons

We have a range of optional add-ons for each plan:

Standard

- **Out-patient treatment**, including:
 - Medical practitioner charges
 - Consultations and treatment for psychiatric illness
 - Complementary practitioner charges
 - Diagnostic tests
 - Physiotherapy
 - Vaccinations administered by a medical practitioner or nurse
- **International Travel Plan**
- **Ship to shore cash benefit** – covering the cost of emergency evacuation off a ship.

Comprehensive

- **Routine pregnancy** – available for corporate schemes only and cannot be purchased along side the dental add-on
- **Dental care** – increased dental benefit including routine care such as check ups and scale and polish
- **International Travel Plan**
- **Ship to shore cash benefit** – covering the cost of emergency evacuation off a ship.

Prestige

- **Dental care** – increased dental benefit including routine care such as check ups and scale and polish
- **Ship to shore cash benefit** – covering the cost of emergency evacuation off a ship.

Prestige Plus

- **Ship to shore cash benefit** – covering the cost of emergency evacuation off a ship.

British Crown Isles cover

For members based in the Channel Islands and the Isle of Man, we offer the Islands Health Plan, designed to complement the cover already available on the islands.

Bespoke options

For corporate clients with over 150 employees we can bespoke the following benefits to suit your needs.

In-patient and day-patient

- Hospital accommodation
- Operating theatre charges
- Nursing care
- Stays in intensive care
- Drugs, dressings and surgical appliances
- Diagnostic tests
- Physiotherapy
- Surgeons, anaesthetists and physicians changes
- In-patient and day-patient specialists' consultations
- Surgical procedures
- Cash benefit
- Parent accommodation (when a child under the age of 18 stays in hospital)
- Treatment of acute conditions
- Psychiatric treatment.

Out-patient treatment

- Surgical procedures
- Medical practitioner charges
- Consultations and treatment of psychiatric illness
- Complementary practitioner charges
- Diagnostic tests
- Physiotherapy
- Vaccinations
- Chinese herbal medicine.

Brain and body scans

- Computerised Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET).

Cancer cover

We'll cover the investigation and active treatment of cancer, including:

- Radiotherapy
- Chemotherapy
- Bisphosphonate drugs
- Experimental drug treatments when participating in a clinical trial, approved by the appropriate ethics committee
- Follow-up consultations
- Radiotherapy and chemotherapy cash benefit
- Purchase of wigs
- Hospital at home.

Emergency cover

- In-patient and day-patient cover for emergency treatment, should a member fall ill suddenly while travelling in the USA
- Emergency out-patient cover while outside your area of cover
- Cost of a road or air ambulance for emergency transport to or between hospitals
- Evacuation and repatriation service.

Chronic cover

- Routine follow up consultations
- Kidney dialysis in preparation for transplant
- HIV/ AIDS treatment
- Palliative care.

Pregnancy cover

- Routine pregnancy cover (a moratorium applies)
- Complications during pregnancy.

Wellbeing

- Dental treatment
- Accidental damage to teeth
- Optical cover
- Eyesight test cover
- Health check
- Disability compensation cover
- Spinal supports, knee braces or aircasts
- Travel cover
- Personal Medical Case Management.

Employee Assistance Programme

- Counselling services for emotional support, 24/7, 365 days a year
- LifeManagement Services for practical and legal issues
- Online wellbeing services
- Pre-assignment assessments
- Critical incident management for organisations recovering from crises
- Confidentiality – we follow strict guidelines on ethics and data protection.
- Customised training to fit the workforce.



Relationship management

We've had 40 years of managing corporate international healthcare schemes so you can be sure we've got the resources you need.

Dedicated named contacts

Upon choosing AXA PPP International, we will work with you to ensure that the right account management team is in place.

Our account management team can be flexed to meet the needs of corporate clients – ensuring that every client gets the bespoke support it needs.

On a day to day basis, your first point of contact would be your Account Manager or your Account Co-ordinator. You will also have the support of our Customer Service team to deal with any member queries or claims.

Proactive approach

We organise regular meetings to discuss the running of your scheme, understand any challenges you are facing and offer insightful management information and trend analysis.

We offer a variety of management information reports which can be provided to help identify trends and find ways to address any issues that have been highlighted.

If you wish, we can arrange for representatives to visit our global services centre in Tunbridge Wells and meet members of our Medical, Account Management and Commercial Teams.

Meeting your needs

We understand that our members have different needs, that's why we offer a number of ways to tailor your scheme to make it suit you.

As well as our four levels of cover, we also offer:

- Two geographical areas of cover
- A range of add-ons
- Opportunity to tailor benefits
- Underwriting options
- Excess levels to suit your budget.

Transparent billing – for companies

We invoice on a 6 month or annual basis, although we can also fulfil alternative timelines, for example monthly or quarterly, on request.

Whether you want the invoices segmented by cost centre, employee numbers or business unit, we can build this into our database and invoicing process as appropriate.

Upon receipt of your membership data, including appropriate reference codes or numbers, we can then provide separate invoices for individual host countries or company departments.

Additionally, as part of a corporate scheme, we are able to provide a running total of the benefit received per claimant. This would take the form of a monthly report supplied in hard or soft copy. The report will detail all the claimants on the scheme, their name, and the total they have claimed each month.

Transparent billing – for members

To make it clear for our members, AXA PPP International issues benefit statements to all claimants once a claim has been paid.

The benefit statement will show the amount claimed by the member, the amount paid by AXA PPP International and who this amount has been paid to.

We will also illustrate, on an ongoing basis, any benefit limitation which applies. For example, if an out-patient limit was in place, each time a relevant claim was made, the revised total will be displayed per claimant per contract year.

This ensures transparency for our members, making them aware of their individual situation on an ongoing basis and enabling them to make informed decisions regarding their medical treatment.

Implementation

To make sure the implementation of your new healthcare plan goes smoothly, we have some tools on hand to help.

Implementation plan

We will provide you with a bespoke implementation plan, explaining which services AXA PPP International will provide for you and your employees. This will also detail the implementation process and explain what we need from you, as well as what you can expect from us.

Corporate scheme database

Once we have confirmation of placement, the first stage of implementation is setting up a membership database with details of the people eligible for cover on the scheme.

We will upload all of the membership data and return a copy to you for approval.

As soon as your database is set up, you will have access to a personalised account, so whether you're on your computer, tablet or mobile, you'll be able to make changes to your scheme instantly, whenever you need to.

The database allows you to:

- Create a new employee
- Search for an employee
- Add a family member
- Amend or lapse an employee
- Download a report or membership listing.

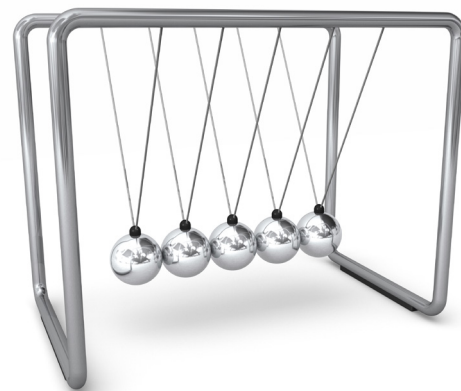
Plus, we'll help you manage your database to ensure that it is accurate and administered in a way that suits you.

Ongoing claims

Nobody plans their medical treatment around renewal dates, so it's possible that some members will be in the process of receiving treatment when the plan transfers to us.

In the majority of cases this is not an issue, however, we are happy to explore options such as guaranteeing benefit for ongoing treatment during the first year with us – even if the new scheme does not include benefit for that treatment.

If an employee has sensitive or ongoing treatment, we can phone them so they are aware of the change of healthcare provider. Before calling the employee, we will get approval of what we will say during the telephone conversation. We'll provide the employee with any information or support they might need, which can be very reassuring to them.



Cost containment

With over 70 years experience of providing medical insurance, you can be sure that claims and treatment costs are managed with care and efficiency.

Treatment planning

We encourage all our members to use our pre-authorisation process. This allows us to work with members from the beginning to help them understand exactly whether their proposed treatment will be covered, and make them aware of any benefit limits that may apply.

Network management

We have a significant network of providers across the world as well as agreements with a large number of clinics where we can settle treatment costs directly. This avoids the inconvenience of members having to pay for treatment up-front.

We have also launched a benchmarking tool which enables us to ensure the price lists and claims we receive are in line with standard market rates.

High value claims

Our Medical Services Team have established agreed rates and treatment package prices with a selection of 'preferred providers' across the world. They also negotiate directly with all providers on unreasonable cost estimates and high cost claims.

All high value claims, once assessed, are checked in detail by our Quality and Audit Team to ensure that every aspect is considered and paid correctly. Different levels of authorisation also mean that the claim is scrutinised by management right up to director level.

Managing risk effectively

Claims assessment can be a complex process. To support our Personal Advisers and guarantee accuracy, we have rigorous systems in place to ensure that member contracts are adhered to.

With claims of a high value, we have additional verification in place by a specialist team who ensure that every aspect has been considered and paid correctly.



24/7 support

We take care to ensure that the information our members need is easily accessible – and that we keep them up to date with relevant news.

Dedicated team

Our members have access to our team of Personal Advisers based in the UK and USA. They are responsible for answering queries, pre-authorising treatment and managing any complex cases. On a daily basis they will communicate with members in which ever form is preferable i.e. telephone, email, fax or letter.

Our team of Personal Advisers will always try to authorise a members treatment over the phone. Getting instant authorisation means there is no uncertainty and reassures them that costs will be covered.

As soon as we authorise the claim we send the member a simple, one page consent form to sign and return to us. We can then liaise directly with the specialist and/or the hospital that will be treating them should we require any additional information.

We will also liaise with the relevant hospital or clinic directly and, where necessary, send them a Guarantee of Payment (GOP) letter. This allows us to settle the bill directly with the hospital/clinic which in turn provides our members with a seamless, cashless service.

Customer Online

We understand that it is not always possible or convenient to call us, so our members also have access to Customer Online. Customer Online is a secure site which allows members to:

- Submit claims online 24/7
- Check treatment is covered
- Ask us a question online
- Access Better Health – articles, recipes and over 800 medical factsheets
- Search our list of providers on MyGlobe
- Turn off paper benefit statements.

Customer Online also allows members to view specific policy information, such as:

- Membership statement – detailing individuals covered, premiums and key dates
- Membership handbook
- Claims benefit statements – showing the amount claimed by the member, the amount paid by AXA PPP International and to whom it has been paid.

Multi language spoken in house

Whilst we speak 35 languages across our service centres, we also use an interpretation service that is available 24/7 at no additional cost (apart from the cost of a phone call). So any time of day or night, members can call the service and arrange for a skilled interpreter to come on the line and help.

To date, we have always managed to find an interpreter that speaks the customer's language – plus, an additional document translation service is available at no extra charge.

We are constantly striving to provide excellent customer service

95% telephone answer rate.

95% of claims are processed within 10 working days.

80% of calls are answered within 20 seconds.



MyGlobe

MyGlobe is an invaluable tool that allows members to access vital health and security updates, country information and find their nearest hospital or clinic. MyGlobe can be accessed via our website or through Customer Online.

MyGlobe provides:

- A searchable list of over 10,500 providers, with our preferred ones highlighted
- Country-by-country information on vaccinations, geography, politics, travel and transport, currency and culture
- Risk ratings and alerts (linked to the World Health Organisation) about terrorist threats, civil unrest and medical outbreaks
- Quick links to embassies, vaccinations, airports and emergency numbers
- Currency converter
- World weather.

Doctor/dental/optical support

However well our members speak the local language there will be times they need to visit a doctor, dentist or optician whilst overseas.

It can be comforting to know they can find an English speaking professional in their local area.

Our 24 hour Doctor, Dental, Optical helpline is available to provide the information they need.

Mobile apps

Our free iPhone and Android apps are perfect for members who are far from home and need up-to-date health information. Our members can use them to:

- Find their nearest hospital
- View information on security alerts, vaccinations and embassies
- Login to their Customer Online account
- Speed up the claims process by pre-authorising and submitting claims via the app
- Follow us on Twitter and read our blogs.

Our 24 hour support services are there to give members vital information, ease pressure at a difficult time and connect them to the care they need when they're far from home.



Global capability

Our staff and partnerships across the world increase the choice and accessibility of medical treatment for our members.

Our global network

As a global healthcare insurer we aim to make it as easy as possible for our members to receive treatment.

We have established an ever expanding network of global medical providers which are determined by quality, customer need, location and access to the most suitable care.

What we offer

- **Direct settlement** with a wide choice of providers.
- **Guarantee of Payment** to providers within 24 hours.
- **24/7 help and support**

Direct payment to providers

Within our global network we are able to provide direct settlement with all of our providers listed on MyGlobe, giving our members thousands of providers to choose from across the globe.

Also listed within our network is a large number of 'preferred providers' where we have negotiated treatment rates, guaranteed recognition and can provide a smooth overall process for our members.

In certain regions direct settlement is extended to out-patient treatment as well, removing the need for our members to 'pay and claim'.

All of our providers are listed on our online directory MyGlobe, with our preferred providers highlighted.



Expert care

All our members can have access to our specialist teams – whether they've been diagnosed with a serious condition or just need someone that speaks their language – our teams are on hand to help.

Personal Medical Case Management

1 in 3 people are diagnosed incorrectly which is why all our International Health Plans provide specialist case management. We have teamed up with an independent partner to provide unbiased expert advice when our members need it most.

The team of personal case managers provide support 24 hours a day.

They will ensure that they find and advise on the most appropriate treatment, seek out advice from world leading experts and provide a fully comprehensive service for our members.

Unlike some providers, we offer this support throughout the course of treatment, and after, to ensure the outcome is the best it can be for our members.

Emergency evacuation and repatriation

All our International Health Plans include an evacuation and repatriation benefit as standard.

Our members don't need to worry about spending all of their benefit allowance or annual policy limit as this service is separate to the main claims fund.

If a member cannot receive the treatment they need locally, we'll arrange for them to be evacuated to an appropriate medical facility or transported home, if necessary.

This service is provided by our partner, AXA Assistance, who boast over 15 years experience in the field. The emergency assistance centre is manned 24 hours a day and provides assistance and help in any part of the world.

Employee Assistance Programme

Through AXA ICAS we provide the option of adding employee wellbeing services, occupational health and critical incident support to your plan. Our multi-lingual, local offices can offer support to employees that's truly global.

Our professional teams of counsellors, psychologists and work-life consultants are there to help individuals tackle all types of problems, from simple issues that we all encounter in daily living to more complex and challenging personal and emotional difficulties.

The key elements of our EAP include:

- Counselling services for emotional support, 24/7, 365 days a year
- LifeManagement Services for practical and legal issues
- Online wellbeing services
- Pre-assignment assessments
- Critical incident management for organisations recovering from crises
- Confidentiality – we follow strict guidelines on ethics and data protection.
- Customised training to fit the workforce.



Key benefits

Choosing a healthcare provider is an important decision to make, that's why we provide a range of benefits and services to support our customers.

Why choose us?

AXA PPP International is experienced in providing reliable cover to over 650,000 customers around the globe. We strive to deliver quality customer service, top-class account management services and pro-active claims cost management.

We aim to ensure that we provide a consistently high level of service, in the most cost-effective way, to all our customers.

Experience & stability

Round the clock support in any language

A globally recognised brand, trusted by members and hospitals

Global network

Personal Case Management

Flexible approach & account management

Experts in our field

Strong relationship management



*'Health peace
of mind'*

Wherever they are,
whenever they need it.

Contact us

Please get in touch if you have
any further questions.

Visit **axappinternational.com**

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