

Equipsme Health Insurance Plan for the Self-Employed

This plan meets the demands and needs of self-employed business owners who want private health insurance and wellbeing services, to help treat curable conditions and get support/advice on medical or mental health issues.

Depending on the membership cover details you have selected the following tables summarise what is covered under your plan.

Benefit	Description	Solo Plan £27 per month	Solo Plus Plan £39 per month
Practical day to day health support			
24/7 GP Service	<ul style="list-style-type: none"> Unlimited GP appointments 24/7, 365 days a year - by phone or online Private prescription delivery service and private fit notes Book on the Equipsme App 	✓	✓
Speedy Diagnosis referrals	<ul style="list-style-type: none"> GP service can provide Open Referral letter to help with private consultations and diagnosis claims 	✓	✓
Nurse Helpline and Cancer & Heart support	<ul style="list-style-type: none"> 24/7 support line Talk to trained nurses, midwives and pharmacists Dedicated cancer & heart specialist nurse for guidance and information about your condition or family members 	✓	✓
Stress Support 24/7 from Health Assured	<ul style="list-style-type: none"> 24/7 helpline support on a range of work related, personal and lifestyle matters Telephone and/or online counselling (up to 8 sessions) Face-to-face counselling (up to 8 sessions) for employee member Other telephone/online support on matters such as financial, legal, consumer, family care and housing 	✓	✓
Personalised health checks from Thriva	<ul style="list-style-type: none"> Online health profile to track health based on height, weight, smoking, drinking, exercise and diet Plus home blood test kit and online results report £10 off voucher for any extra Thriva tests bought 	Annual home blood test and personal report: Vitamin D, Cholesterol & Diabetes	Annual home blood test and personal report: Vitamin D, Cholesterol & Diabetes

Health insurance benefits provided by AXA Health			
Physiotherapy	<ul style="list-style-type: none"> By phone and hands on sessions for Physiotherapy, plus Osteopathy / Chiropractic, if more appropriate Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health 	✓ 5 sessions. No excess.	✓ 8 sessions. No excess.
Second opinion service	<ul style="list-style-type: none"> If you're not getting answers you need from your specialist Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health 	✓ No excess.	✓ No excess.
Diagnosis - Private specialist consultations	<ul style="list-style-type: none"> No yearly limit on specialist consultations Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health 	✓ No excess.	✓ <ul style="list-style-type: none"> Combined £150 excess payable once across Consultations, Diagnosis and Hospital Treatment We only take the £150 excess off once in each plan year
Diagnosis - Private specialist diagnostic tests	<ul style="list-style-type: none"> No yearly limit on diagnostic tests, MRI scans, XRays and CT scans inc. up to cancer diagnosis Bills settled by AXA Health. As long as medically necessary, not a pre-existing condition and authorised by AXA Health Fast track booking to save time and hassle 		
Treatment - Private patient in hospital	<ul style="list-style-type: none"> No yearly limit on hospital treatment includes specialists, surgeons, room, dressings and drugs As long as medically necessary, not a pre-existing condition and arranged by AXA Health No cancer treatment but covered up until cancer diagnosed 	✗	

Members must receive treatment in the UK and use an approved medical network. They must contact AXA Health first to arrange physiotherapy, diagnosis and treatment because if the person or clinic seen is not recognised by AXA Health the bills will not be covered.

Option to add Family Members			
Add Family coverage	<ul style="list-style-type: none"> Add spouse/partner for the same monthly amount Add up to 6 children aged under 25 for 50% of the monthly rate Add spouse/partner & children any time during plan year Immediate family only 	Family cost £67.50 per month	Family cost £97.50 per month

The Equipsme Health Insurance Plan contains two types of benefits. The first is services which include, GP consultations, health checks and stress support via an employee assistance programme. The second is insurance cover for physiotherapy, diagnosis and treatment of health conditions and treatment by a dentist or an optician.

Your non-insurance services are provided by Equipsme Insurance Services Ltd which is registered in England and Wales. Our registered office is: Third Floor, 1 New Fetter Lane, London, EC4A 1AN. AXA PPP healthcare limited are the insurers for the insurance cover part of this plan. AXA Health is a trading name of AXA PPP healthcare Limited, registered in England and Wales No. 3148119. Registered office: 20 Gracechurch Street, London, EC3V 0BG. AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority. Equipsme act as agent of AXA PPP healthcare when administering your insurance cover and Equipsme Insurance Services Ltd is regulated by the Financial Conduct Authority.

Key features of the Plan

- The Equipsme Health Insurance Plan is designed for the self-employed business owner in the UK. You have no employees - it's just you.
- Available if your business is registered on Companies House or with HMRC for self-assessment - and the Plan will be paid for from a UK business bank account.
- Available to those who are aged 16-59 years (cover continues beyond age 60 once on cover) and all applicable taxes are included in our prices.
- Cover available for residents of England, Wales, Scotland and Northern Ireland only - Channel Islands, Isle of Man and Jersey are excluded.
- Pre-existing conditions are supported by 24/7 GP service and Health at Hand nurses. Physiotherapy, diagnosis and hospital treatment are only available for new conditions the patient hasn't had symptoms, advice, medication or treatment for within the last three years. More details provided under "What's NOT included in the Equipsme Health Insurance Plan".
- When it comes to cancer, fast diagnosis is the key to getting the treatment you need quickly, so our plans include cover up until cancer is diagnosed. Once cancer is diagnosed, you can be supported and guided back into the NHS for treatment, if required.
- You can add partners for the same monthly cost.
- Add up to 6 children aged under 25 for 50% of monthly cost.

What's NOT included in the Equipsme Health Insurance Plan?

Like any plan that includes insurance benefits, the Equipsme Health Insurance Plan is about protecting you if the unexpected happens, and to help put things right. This means that the plan can't cover everything and so we have highlighted key exclusions here that apply to the Physiotherapy, Diagnosis and Treatment insurance cover only (ie, they do not apply to the GP access, Health Check and Stress Support benefits).

Brand new medical conditions are covered as long as they continue to respond to treatment but the plan won't cover the Physiotherapy, Diagnosis or Treatment cost of any health problem that anyone included under the plan already had symptoms of in the last three years – what we call "pre-existing conditions". A pre-existing condition is any disease, illness or injury that members:

- have received medication, advice or treatment for in the three years before the start of cover, or
- have experienced symptoms of in the three years before the start of cover; whether or not the condition was diagnosed.

When a newborn baby is added to the policy, if that baby was born after fertility treatment, following assisted reproduction (such as IVF), or has been adopted, the definition of pre-existing condition is extended to also include any medical condition present from birth.

This means that if Physiotherapy, Diagnosis or Treatment is required members may need to provide more detailed information to make sure the condition isn't pre-existing. In some cases, a further medical information form may need to be completed. Or if a member's NHS GP needs to send more details about the medical condition, the member may need to give consent for access to their medical records.

Other important exclusions to be aware of include:

- Treatment of Cancer – the plan does not cover the treatment of cancer. However, members have cover up to the point at which cancer has been diagnosed so we can help find out what's wrong fast.
- Pregnancy and childbirth – but the plan will pay to treat certain medical conditions that arise during pregnancy (if Solo Plus cover level selected).
- Ongoing, recurrent and long-term conditions – we call these "chronic conditions".
- Treatment received outside the UK.
- Mental health conditions – the plan does not cover the treatment of these conditions but with Stress Support included, we can help with telephone and face-to-face counselling.

We've listed the most significant things here. Full contractual information regarding the insurance cover and non-insurance services is provided in more detail upon acceptance of your Equipsme Health Insurance Plan.

How can the plan be cancelled?

You can cancel the plan without charge during the cooling off period (14 days from the start date in the company schedule or the day on which the plan documentation or renewal documentation is received, whichever the later). After the cooling off period, we will charge the premium due from the start date or renewal date to the cancellation date.

Health Insurance



24/7 GP Access



Health Checks



Stress Support

