



Tailored Business Plans

Flexible cover for 50 to 150 employees

Our international Tailored Business Plans make it easier for you to meet the needs of your clients, making large corporate health plan benefits achievable for medium-sized groups. The plans are available to businesses who want to provide international health cover for all of their employees, as well as those looking to cover a selected group within their business, who may require the additional benefits provided by an international health plan.

Businesses don't stand still, so it's important they have an international healthcare scheme that can change with them. Our Tailored Business Plans can be scaled to match the needs of growing or larger SMEs, medium-sized corporates and even large corporates. Solutions can be tailored to suit specific employee needs, with the option of raising and lowering allowances on key benefits; the choice

of mixing levels of cover; and the opportunity to spread the population across two popular plans – International Health Plan & the Islands Health Plan. With this plan, businesses have more flexibility in the level of cover they can choose for their employees – and provides those employees with the healthcare cover they need.

Our Tailored Business Plans:

Bring big business health benefits to a wider client base

Are available for 50 to 150 scheme members, from any size of business

Grow and adapt with clients, protecting their business with them

Plans are provided on an annually renewable, one-year contract basis. Clients can also choose yearly, quarterly or monthly invoicing. Employees joining or leaving mid-term are calculated and invoiced at the end of each contract year.

Offer your clients:



Transparency with an annual management information dashboard, allowing your clients to see what their employees are claiming for most, and which benefits they're are using.



Protection with specific stop loss cover, guarding your clients' premium from the impact of high individual claims over £35,000 / €44,500 / \$56,000.



Sustainability through a profit share arrangement, meaning your clients will receive money back upon their third year renewal (and every 2 years thereafter) if their total claims are less than 75% of attributable income paid so far (total premium, less tax and commission).



Flexibility of benefits – clients can tailor key benefits and allowances to suit their employees' needs, whilst helping them to control costs.

Simple scheme management

Our Tailored Business Plans are designed with simple scheme management and administration in mind. You and your clients will have access to insightful information to make informed decisions about their policy.

Scheme management solutions	For your client	For you
Corporate Services Online (CSO): Scheme administrators within the group have access to CSO, a simple administration solution.	CSO allows for simple scheme management, the scheme administrator can update or amend member information, or to add or remove members from the scheme.	You can choose how hands-on you'd like to be with managing the population on the group. You and your clients will have access to CSO, allowing policy administration from both sides.
Management Information (MI): Once the scheme has been in place for 10 months, the dedicated account manager will provide clients with a forecasted annual, basic management information (MI) report.	The dashboard can help provide insight into employee behaviour – for instance information on common types of claims, frequently used providers and which of the flexible benefits are most popular.	This information can be used to inform the decisions made upon renewal – allowing you to give advice on risk mitigation and help ensure that the right kind of health cover is being provided for your client and their employees.



Financial control and certainty

Subscription guarantee

At the end of the first year:

- If claims are less than 75% of the attributable income (total premium, less tax and commission) paid in the first year of the scheme, we guarantee we **won't increase your client's rates at renewal.**
- If claims are likely to be more than 75% of the attributable income (total premium, less tax and commission) paid, we guarantee that the **renewal premiums won't increase by more than 25%**, regardless of claims. (This is providing there are no claims requiring biological therapy, such as Herceptin, when the scheme starts.)

Profit share

After the first two years, if claims are less than 75% of the attributable income paid so far (total premium, less tax and commission), we'll pay the client a credit of 50% of the difference when the business renews. This incentivises the business to take steps to improve the health of their employees, creating the dual benefits of better health and reduced premiums.

Specific stop loss (SSL) cover

When we calculate future renewal premiums, we'll identify any individual claims exceeding £35,000 / €44,500 / \$56,000 and adjust renewal calculations down to cap high claims, reducing the impact on future annual premium increases.

Tailoring the plan: flexible options

Clients can choose to include or remove the following benefits with an allowance of their choice:

- Optical
- Dental
- Medical practitioner fees
- Complementary practitioner feeds
- Off-island transportation (available to members on the Islands Health Plan only)

Clients can choose to set the allowance limits on the following benefits:

- Out-patient cover
- Health checks (available with Prestige & Prestige Plus International Health Plans and Premier & Ultimate Islands Health Plans only)
- Drugs and dressings (available with Comprehensive, Prestige & Prestige Plus International Health Plans only)

Excess

Clients can add an excess between £100-£2,000 to their policy to help control the cost of their premium.

Routine Pregnancy

Clients selecting the Comprehensive level of cover on the International Health Plan can also choose to add routine pregnancy cover to their plan with a limit of up to £5,000 / €6,375 / \$8,000.

Additional employee benefits



With AXA's online member portal, **Customer Online**, employees will have access to their claims, benefit statements, policy documents and membership details. They can check whether they're covered for particular treatments, submit claims and register to get their claims reimbursed electronically.



Employees have access to a **second medical opinion** from an independent team of world-leading experts. Not only that, we'll also provide them with a medically trained case manager who can speak to local health providers in their language and provide support from diagnosis to recovery.



The 24/7 telephone helpline **Health at Hand** gives employees round-the-clock support from medical professionals.



We include medical **evacuation and repatriation** as standard, so if employees should need immediate medical treatment that's not available locally, we'll organise for them to be evacuated to a facility that can provide them with the treatment and care they need.

To find out more about Tailored Business Plans from AXA, visit amplify.axappinternation.com or speak to a member of the team by calling: +44 (0)1892 556796
Lines are open Monday to Friday from 8am to 5pm (UK time).