AXA Health

The Embassy of Kuwait Student Scheme

Healthcare insurance plan

Advance Membership handbook

June 2022

Welcome to your membership

Welcome to your membership of AXA Health.

We know there's a lot in this handbook, but we want to make sure you've got all the information you need.

These are exciting times in health and medicine. The human race has never seen such a pace of new discoveries and developments, and it's pretty likely the speed of things will only increase.

In an ideal world, we'd cover all proven treatment for all health conditions, all of the time, no matter how they've come to affect you. But no health insurance – or health service for that matter – in the world could ever do that. So, we cover the vast majority of the thousands of claims we get every week, while still keeping your health insurance affordable. Unfortunately, it often takes more words to explain the detail of what's not covered than to simply tell you all that is, but there's nothing to hide so we tell you everything.

Everyone here – all of our nurses, doctors, health experts, phone advisers, claims handlers, technicians… everyone – wants you to enjoy the best possible health and healthcare.

We wish you the best of health.

Personal Advisory team

0800 051 8010

Monday to Friday 8am to 8pm and Saturday 9am to 5pm

For queries or claims pre-authorisation including Working Body and Stronger Minds. Remember a GP referral may not be needed for some conditions.

Find out about our Fast Track Appointments service in Section 2 – 'Making a claim and using your Advance services'.

To contact us by Next Generation Text on any of the numbers listed in this handbook just prefix the number listed with 18001.

Health information

axahealth.co.uk/health

Access to our on-line health centres

Leaving your employer

Stay covered with the same personal medical underwriting

Call us on 0800 028 2915

Monday to Friday 8am to 7pm and Saturday 9am to 1pm

Wellbeing Services

Please visit your Wellbeing Hub for all the details of your Wellbeing services.

We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

If you're leaving your company

Stay covered with the same personal medical underwriting

If you're leaving employment you will find transferring to an AXA Health personal plan is quick, easy and trouble free.

Contact us as soon as you know you will be leaving your company scheme by phoning 0800 028 2915, you won't need to fill in any forms or have any kind of medical examination – we'll arrange everything over the phone.

For the vast majority of existing AXA Health members, we can cover you for existing medical conditions with no additional medical underwriting, when leaving employment and are transferring to a plan with comparable benefits and restrictions.

To ensure you retain this special benefit it is important you call us on 0800 028 2915 as soon as you know you will be leaving. You may find it difficult to get continued cover for any existing or previous medical conditions at a later date. We will also try to get in touch with you as soon as we know you are leaving your employment to let you know more about your options.

Contents

1 Quick start guide to your membership

This section explains the basics of the cover your **company** has chosen. It also tells you some of the key things that are not covered too.

Reading this will help you to understand the benefits available. The tables in this guide give you an outline of your cover. For full details of your cover, please read the rest of your handbook too.

To make the handbook easier for you to use, we've added in links to all contents pages and anywhere we mention another section for more information. To go to a particular section from a contents page, simply click on the title of the section you need. Sections referenced for more information through the rest of the handbook are underlined so you know if you click on the underlined area, you'll go straight to that section

1.1 > Your benefits

1.2 > The main things we don't cover

Words and phrases in bold type

Some of the words and phrases we use have a specific meaning. For example, when we talk about **treatment**.

We've highlighted these words in bold. You can find their meanings in the glossary section of your handbook.

You and your

When we use you and your, we mean the **lead member** and any **family members** covered by the **plan**.

We, us and our

When we use we, us and our, we mean AXA PPP healthcare Limited, trading as AXA Health.

1.1 Your benefits

This section shows you the cover your membership gives you.

Please make sure you call us before each stage of your **treatment** so we can let you know the extent of your cover.

Overall limit

Your overall policy limit is £50,000.

This limit applies for each person on the **plan** each **year** and to each benefit shown below, including Cancer cover and care. Where we describe a benefit as 'paid in full', we mean covered **treatment** is paid up to this overall limit.

If you're an **in-patient** or **day-patient**		
Private hospital and **day-patient unit** fees >> For more information see Section 3 - 'Paying the places where you're treated'	Paid in full at a hospital or **day-patient unit** in your **Directory of Hospitals** or paid up to the normal daily rates for a private hospital or **day-patient unit** not listed in your **Directory of Hospitals**	Including fees for **in-patient** or **day-patient**: • accommodation • **diagnostic tests** • using the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the **specialist** uses during **surgery**.
Hospital accommodation for one parent while a child is in hospital	Paid in full	Covers the cost of one parent staying in hospital with a child. The child must be covered by your membership and having **treatment** covered by it.
Hotel accommodation for one parent while a child is in hospital	Up to £100 a night up to £500 a **year**	Covers towards the costs for one parent to stay near to the **private hospital** where a child is having **treatment**. The child must be covered by the membership and having **treatment** covered by it.
Specialist fees >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	No yearly limit	Includes fees for: • surgeons • anaesthetists • physicians.

If you're an **out-patient**		
Access to Working Body: For muscle, bone and joint pain – No **GP** referral needed - Call us on 0800 051 8010		
Surgery	No yearly limit	
CT, MRI or PET scans >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	Paid in full at a **scanning centre**, or hospital listed as a **scanning centre**, in your **Directory of Hospitals** or paid up to the normal daily rates for a private hospital or **day-patient unit** not listed in your **Directory of Hospitals**	
Specialist consultations **Diagnostic tests** performed by your **specialist** or when your **specialist** refers you **Practitioner** fees when your **specialist** refers you >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	No yearly limit	**Practitioners** are **nurses**, dieticians, orthoptists, speech therapists, psychotherapists or psychologists and audiologists. This includes remote consultations by telephone or via a video link instead of you going to an **out-patient** clinic.
Fees for **out-patient treatment** by physiotherapists, **acupuncturists**, **homeopaths**, osteopaths or chiropractors	No yearly limit on fees up to a combined overall maximum of 20 sessions in a year when your **GP** refers you or you have physiotherapy or osteopathy **treatment** through our Working Body team	We call physiotherapists, osteopaths and chiropractors **therapists.**
AXA Doctor at Hand consultations and **diagnostic tests**	Unlimited video or telephone consultations through the AXA Doctor at Hand service, an online, private **GP** **Diagnostic tests** and interpretation of results paid in full when you're referred through the AXA Doctor at Hand service	Access to the AXA Doctor at Hand, a private **GP** service for video or telephone consultations. For information on terms and conditions, registering and how to use this service, please visit https://www.axahealth.co.uk/dahadvance. When appropriate, you may be referred for **diagnostic tests** through the AXA Doctor at Hand service. Over 18s only. The AXA Doctor at Hand service is delivered by Doctor Care Anywhere. See Section 2 – Making a claim and using your Advance services for more information.
Out-patient drugs and dressings	Up to £500 in a **year**	This is to cover the cost of **out-patient** drugs and dressings prescribed by a **specialist.**

If you're an **out-patient**		
Private general practitioner services	Up to £500 in a **year**	This is for charges made by a general practitioner for consultations at their surgery or at your home and for the cost of private prescription fees. This is in addition to your consultations with the AXA Doctor at Hand service.
Preventative **diagnostic tests**	Up to £2,000 in a **year**	Tests on general practitioner or **specialist** referral. Excludes health screens, genetic screening and vaccines to prevent **cancer.**
Routine follow up consultations and associated **diagnostic tests** with a **specialist** to monitor the on-going control of a specified chronic condition	No yearly limit	By specified chronic condition we mean: angina, asthma, diabetes, epilepsy, heart valve problems, high blood pressure, glaucoma, osteoarthritis, rheumatoid arthritis, thyroid problems and ulcerative colitis.

Mental Health If you're an **in-patient** or **day-patient**		
Private hospital and **day-patient unit** fees for mental health **treatment** >> For more information see Section 3 - 'Paying the places where you're treated'	Paid in full	At a hospital or **day-patient unit** in your **Directory of Hospitals** or paid up to the normal daily rates for a private hospital or **day-patient unit** not listed in your **Directory of Hospitals**. Including fees for: • accommodation • **diagnostic tests** • drugs.
Specialist fees for mental health **treatment**	No yearly limit	

Mental Health - If you're an **out-patient**		
Access to Stronger Minds: For any mental health concerns – No **GP** referral needed - Call us on 0800 051 8010		
Counselling sessions through Stronger Minds	Sessions with a counsellor when this is directed by, and arranged through, the Stronger Minds service	This could be face to face, email or telephone counselling. The type and amount of counselling will be arranged as clinically appropriate by the Stronger Minds service. Only counselling arranged through Stronger Minds is covered by your **plan**. Over 18s only.
Specialist consultations for mental health **treatment**	No yearly limit	This includes remote consultations by telephone or via a video link instead of you going to an **out-patient** clinic.
Mental health **treatment** by psychologists and psychotherapists >> For more information see Section 4 - Mental Health	No yearly limit	

Additional benefits		
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	Paid in full	We will pay for **treatment**: • at home; or • somewhere else that is appropriate. We will pay for a **nurse** to give you chemotherapy or antibiotics by intravenous drip. This is so long as: • we have agreed the **treatment** beforehand; and • you would otherwise need to be admitted for **in-patient** or **day-patient treatment**; and • the **nurse** is working under the supervision of a **specialist**; and • the **treatment** is provided through a healthcare services supplier that we have a contract with for this kind of service.
Oral **surgery**	Paid in full	So long as your dentist refers you, we will pay for: • reinserting your own teeth after a trauma; or • surgical removal of impacted teeth, buried teeth and complicated buried roots; or • removal of cysts of the jaw (sometimes called enucleation).
Ambulance transport	Paid in full	If you are having private **in-patient** or **day-patient treatment** and it is medically necessary to use a road ambulance to transport you to another medical **facility**.
Travel vaccinations	Up to £250 a **year**	This is for travel vaccinations given by a general practitioner.
Health assessment	Up to £500 a **year**	Available for health assessments at Care Quality Commission (CQC) recognised centres. Over 18s only. Benefit available for **lead members** only.

Additional benefits		
Optical cover	Up to £250 a **year**	Paid towards prescribed glasses or contact lenses needed to correct vision and eye tests.
Routine pregnancy and childbirth	No yearly limit	**In-patient** and **out-patient** antenatal and postnatal consultations and delivery. We will pay for consultations for up to six weeks following the birth. >> For details, see Section 4 – Pregnancy and childbirth
External prosthesis	Up to £5,000 for the lifetime of your membership	We will pay this benefit towards the cost of providing an **external prosthesis**. >> For details, see Section 4 – External prostheses and appliances

Cancer cover and care

For details, see Section 4 - Cancer.

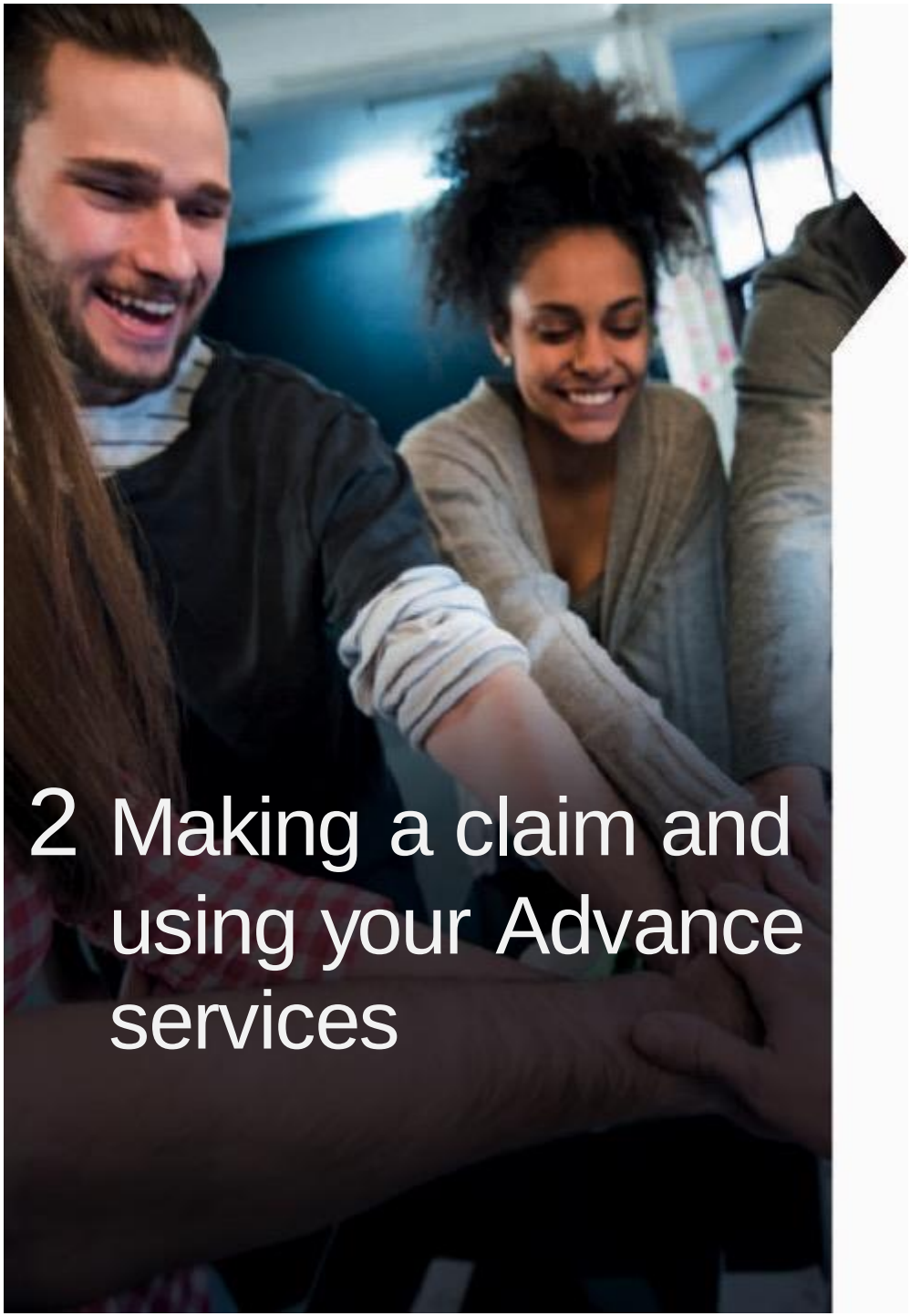
1.2 > The main things we don't cover

Like all health insurance plans, there are a few things that are not covered. We've listed the most significant things here, but please also see the detail later in your handbook.

Does my membership mean I don't need to use the NHS?

No. Your insurance is not designed to cover every situation. It is designed to add to, not replace, the NHS. There are some conditions and **treatments** that the NHS is best at handling – emergencies are a good example.

Your plan does not cover	For more information	Notes
Treatment of ongoing, recurrent and long-term conditions (**chronic conditions**) except as allowed for in the benefits table	>> For details, see Section 3 - 'How your membership works with conditions that last a long time or come back'	
Treatment received outside the **UK**		Your **plan** does not include any cover for **treatment** overseas.



2 Making a claim and using your Advance services

- **Muscle, bone and joint conditions**
  Working Body
- **Mental health concerns**
  Stronger Minds
- **Self-referral service**
- **Claiming for other conditions**
  Cover for treatment, tests and diagnoses
- **Online GP appointments**
  AXA Doctor at Hand
- **Expert Help**
  Health at Hand
  Health information
  Dedicated nurses

Find out more at your Wellbeing Hub

For more information on all the services and offers available to you with your membership, head to your Wellbeing Hub.

To log in, simply go to our website www.axahealth.co.uk click log in and use your email address and membership number.

Please call us on 0800 051 8010 if you have any queries about the hub.

Working Body

for muscle, bone and joint conditions

0800 051 8010

Your benefit includes direct access to physiotherapy or osteopathy advice and **treatment**, without the need for a **GP** referral.

If you have a muscle, bone or joint problem:

- log into your wellbeing hub (you can do this any time)
- select support for muscles, bones and joints
- register for the online assessment service
- answer some clinical questions.

Your answers will be used to direct you to one of the following options:

- Self-management – you'll be given easy-to-follow guidance on how to manage your condition.
- Further assessment – if needed, you'll be able to access a team of experts – including physiotherapists, advanced level practitioners, or specialists – who'll further assess your condition and recommend next steps.
- **Treatment** – with a physiotherapist or osteopath – we'll put you in touch with a selected provider.
- Referral on to a **specialist** – we can arrange for you to see a private specialist through our Fast Track Appointments service.

With our online service, you can also:

- access your reports and images to take to appointments
- book, move or cancel appointments yourself.

Members under the age of 18 will need a **GP** referral for these types of conditions as the 'Working Body' service is not available to them.

Stronger Minds

for mental health concerns

0800 051 8010

Stronger Minds provides prompt access to mental healthcare and support.

You don't even need to get a referral from your **GP** first.

Call us on 0800 051 8010 - If you experience stress, anxiety or any mental health concerns, call your Personal Advisory team to check your cover. They'll pass you straight through to the Stronger Minds team to speak to a trained counsellor or psychologist.

Initial clinical needs assessment - One of the team will talk things through, make an initial assessment and then direct you to the **treatment** that's right for you.

After the assessment

The counsellor or psychologist will recommend **treatment**, which could include:

- Counselling – Face to face, by email or over the telephone.
- **Treatment** with a psychologist – we'll put you in touch with a selected provider.
- Referral on to a **specialist** – we can arrange for you to see a private **specialist**.
- Self Help.

Only counselling arranged through Stronger Minds is covered by your **plan**.
Over 18s only.

Self-referral service

0800 051 8010

There are some conditions that we offer a self-referral service for. This means you do not need a **GP** referral. If you are concerned about:

- any marks or moles on your skin
- symptoms or changes in your breast(s)
- raised prostate specific antigen test (PSA)

Call us on 0800 051 8010 – We will check your cover and take you through some questions designed to show whether the service can help. If your answers show the service can help and you decide to use it, we'll refer you. We'll ask for your consent before transferring you and the service will take things from there. They will be responsible for making a diagnosis.

If the service isn't suitable for you, or you decide you'd rather not use it, it's best to make an appointment with your **GP** as soon as possible for further advice.

Over 18s only. Children under 18 will need a GP referral.

Making a claim for all other conditions
0800 051 8010

1 Ask your GP for an open referral

If your **GP** or the AXA Doctor at Hand service says you need specialist **treatment**, tell them you want to go private and ask for an 'open referral'.

With an open referral your **GP** doesn't name a particular specialist but instead gives you the type of specialist you need to see, for example, a cardiologist. This means our Fast Track Appointments service can help you find a suitable **specialist** and make a convenient appointment for you. Occasionally the NHS will be best placed to provide care locally (for example specialist paediatric (children's) care at a NHS centre of excellence). When this is the case we will talk to you about your NHS options as well.

2 Call us before you see the specialist

Call us as soon as you've seen your **GP** or had your AXA Doctor at Hand appointment.

It's important you call us before you see the **specialist** or have any **treatment** so that we can tell you what you're covered for. This will mean you don't end up having to pay for costs that you're not expecting.

Please help us by having the open referral information from your **GP** to hand when you call. Occasionally, if we don't have enough information to choose a **specialist**, we may ask for additional information from your **GP** and/or a copy of the open referral letter.

3 We'll check your cover and let you know what happens next

We'll check the **treatment** is covered by your **plan**, help you find a suitable **specialist** and offer to make the appointment for you.

To book the appointment, we'll need to share some personal information with the **specialist** including medical information. In some circumstances, you may prefer to make the appointment yourself.

We may ask you to provide more information, for example from your **GP** or **specialist**. You, your **GP** or your **specialist** must provide us with the information we ask for by the date that we ask for it or you may not be covered for your claim.

If you need further treatment, please call us first.

Fast Track Appointment service

We have a team who can help you find a recognised **specialist**. Our service is available to you if your **GP** has given an 'open referral', meaning they don't give a specialist's name, just the type of specialist you need to see.

What if your GP refers you to a named specialist?

Simply give us a call and we'll help from there.

Second opinion service

If you would like a second opinion from another specialist, please call us and we can discuss the options with you.

In all cases we may record and/or monitor calls for quality assurance, training and as a record of our conversation.

The AXA Doctor at Hand service

GP consultations online or by phone

The AXA Doctor at Hand service offers you and any **family members** video or phone consultations, wherever you may be in the world.

Appointments available 24 hours a day, seven days a week, 365 days a year*.

Your condition and treatment

You can have an AXA Doctor at Hand **GP** consultation for any **medical condition** or concern, whether or not this would be covered by your **plan**.

If the **GP** says you need **treatment**, with your consent, the AXA Doctor at Hand service will liaise with us to check the **treatment** is covered.

If your **medical condition** is covered and the **GP** thinks you may need to see a **specialist**, for certain **medical conditions**, you may choose to have **diagnostic tests** that the AXA Doctor at Hand service refers you for before any **specialist** consultation.

The AXA Doctor at Hand service can also refer you for further **treatment** through your **plan**. However, the AXA Doctor at Hand service cannot refer you to the NHS for specialist **treatment** directly. If you want to have NHS **treatment**, please contact your NHS GP.

Register for the AXA Doctor at Hand service

For everything you need to know about the service, full terms and conditions and how you can register yourself and your **family members**, please visit https://www.axahealth.co.uk/dahadvance.

Using the AXA Doctor at Hand service

After you've registered, you can book an appointment online at doctorcareanywhere.com or use the Doctor Care Anywhere app, available to download from the App Store or Google Play.

Private prescriptions and delivery

If the private GP has prescribed medication, this can be delivered to an address of your choice.

Private prescription and delivery charges are paid from your private general practitioner services benefit.

*Subject to appointment availability

About the AXA Doctor at Hand service terms

The AXA Doctor at Hand service is provided by Doctor Care Anywhere.

By using the service, you agree to Doctor Care Anywhere's terms and conditions. You will be asked to review and confirm you agree to these when you register.

Appointments can be rearranged but not cancelled with less than 12 hours' notice.

Expert Help

Have you ever wished a friend or someone in your family was a medical expert? You'd be able to talk to them whenever you liked and they'd have time to listen, reassure and explain in words you understand.

Being there to help with your health questions is just what our Expert Help services are here for. Our medical teams including nurses and a wide variety of healthcare professionals can answer the questions you might often wish you could ask.

Our Expert Help services do not diagnose or prescribe and are not designed to replace your GP. Any information you share with us is confidential and will not be shared with other parts of our business, like our claims department.

Health at Hand

Call 0800 003 004
with your health queries – any time

Our medical team is ready to help – day or night – whether you want to talk about a specific health worry, medication and treatment or simply need a little guidance and reassurance.

Open 24 hours a day, 365 days a year

Midwife and pharmacist services:
Monday to Friday 8am to 8pm
Saturday 8am to 4pm
Sundays 8am to 12pm.

- Nurses
- Counsellors
- Midwives
- Pharmacists

Health information you can trust

axahealth.co.uk/health

Our online Health Centres bring together the latest information from our own experts, specialist organisations and NHS resources.

You can also put your own questions to our panel of experts at our regular live online discussions.

Alternatively you can e-mail your question through our Ask the Expert online panel and an appropriate medical professional will respond to you.

- Extensive panel, including doctors, psychologists, nurses, physiotherapists and dieticians

Support from our Dedicated Nurse Services

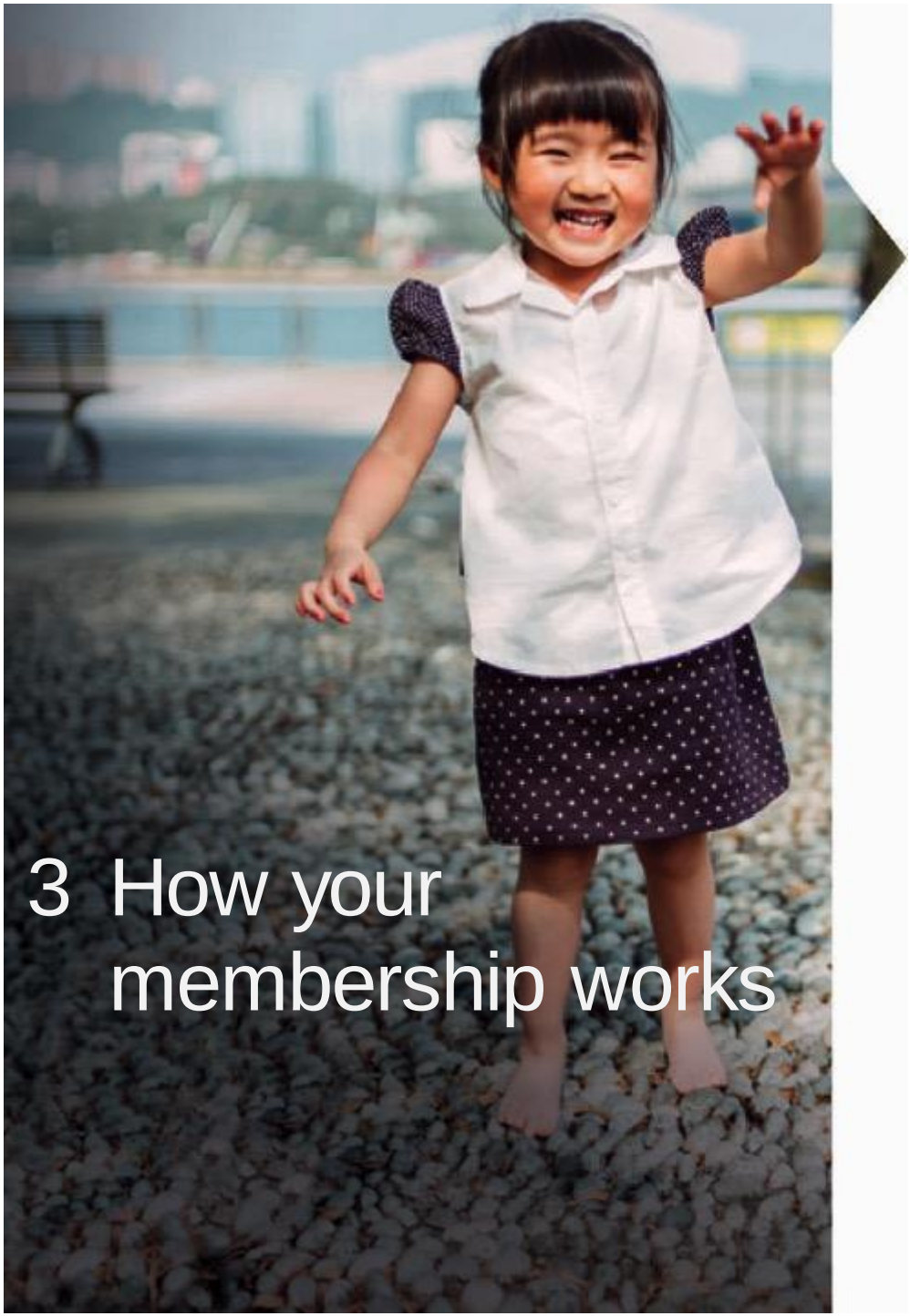
Personal support after diagnosis of a heart condition or cancer

Our members have access to our Dedicated Nurse Service, 24/7, 365 days a year. If you are diagnosed with a heart condition or **cancer**, our dedicated nurses will be there for you and your family.

Dedicated Heart Nurse

0800 2182 303

Dedicated Cancer Nurse
0800 1114 811



3 How your membership works

Please read all of your handbook

For full details of how your membership works, please read the rest of your handbook too.

Any questions?

If you're unsure how something works, just call 0800 051 8010 and we'll be very glad to explain. It's often quicker and easier than working it out from the handbook alone.

3.1 How we pay claims

We normally settle any bills directly with the **specialist** or the hospital where you've had your **treatment**. If your **treatment** is not covered for any reason, we will let you know.

How do you pay my medical bills?

Specialists and hospitals normally send their bills to us, so we can pay them directly.

For more details, see Section 3 - 'Paying the specialists and practitioners who treat you'.

Do I need to tell the place where I have my treatment that I am an AXA Health member?

Yes, you must tell the place where you have your **treatment** that you are an AXA Health member. This will mean that the fees charged for your **treatment** are those we have agreed with the hospital or centre.

What happens if I've paid the bills myself already or if I receive a bill?

If you paid your medical bills yourself and your **treatment** is covered, we will refund you the rates we have agreed with the hospital or centre. Please send the original, itemised receipts from the **specialist** or hospital to AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

You should send us any receipts for **treatment** within 6 months after you've had your **treatment**, unless this is not reasonably possible.

If you receive a bill, please call us and we'll explain what to do next.

What should I do if I need further treatment?

If you need further **treatment**, please call us first to confirm your cover.

The information we may need when you make a claim

When you call us, we'll explain if your **treatment** is covered and normally you won't need to fill in any forms.

Usually, this all happens very quickly. However, sometimes we need more detailed medical information, including access to your medical records.

What does 'more detailed' mean?

We may need more detailed information in any of the following ways:

We may need your **GP** or **specialist** to send us more details about your **medical condition**. Your **GP** may charge you for providing this information. This charge is not covered by your **plan**.

We may also ask you to give us consent to access your medical records.

In some cases, we may also ask you to complete additional forms. We will need you to complete these forms as soon as possible, but no later than six months after your **treatment** starts (unless there is a good reason why this is not possible).

Very rarely, we may have to ask a specialist to advise us on the medical facts or examine you. In these cases, we will pay for the specialist to do this and will take your personal circumstances into account when choosing the specialist.

What happens if I don't want to give the information you've asked for?

If you do not give us the information we ask for, or do not consent to our accessing your medical records when we ask, we will not be able to assess your claim and so will not be able to pay it. We may also ask you to pay back any money that we have previously paid to do with this **medical condition**.

What if my treatment isn't covered?

If your membership doesn't cover your **treatment**, we'll explain this and also tell you about what we can do to support you through your NHS **treatment**.

What if I want to see a specific specialist?

We always recommend that you ask your **GP** for an open referral. That's a referral that doesn't name a specialist. With an open referral, you'll have a choice of **specialist** and we can make your appointment for you.

However, if you would prefer to use a specific specialist, or if your **GP** has already named a specialist, simply call us as soon as you can and we can tell you whether we cover that specialist's fees. If we don't, we can suggest an alternative and make the appointment for you if you wish.

Where can I find more information about the quality and cost of private treatment?

You can find independent information about the quality and cost of private **treatment** available from doctors and hospitals from the Private Healthcare Information Network: www.phin.org.uk

What happens if I need emergency treatment in the UK?

In an emergency, please call for an NHS ambulance or go to a hospital A&E department. Most **private hospitals** are not set up for emergency **treatment**.

If you need further **treatment** after your emergency **treatment**, please call us, as we may be able to cover this.

3.2 >Looking at who should provide treatment

Your membership is not designed to cover primary care services except as follows:

- Services provided by a private **GP** up to the amounts shown in your benefits table.
- Cover for sight tests and glasses or contact lenses to correct vision up to the amounts shown in your benefits table.
- Consultations with our online private **GP** service, AXA Doctor at Hand, as shown in your benefits table.
- Travel vaccinations as shown in your benefits table.

When **diagnostic tests** are routinely required as part of your referral to a **specialist** we may arrange these for you. We do this to help assist the **specialist** to quickly and effectively diagnose or identify what **treatment** may be required.

3.3 >Eligible treatment

Your membership covers '**eligible treatment**'.

You will need to read all sections of this handbook to understand whether **treatment** is **eligible treatment**.

'**Eligible treatment**' is **treatment** of a disease, illness or injury where that **treatment**:

- falls within the benefits of this **plan** and is not excluded from cover by any term in this handbook; and
- is of an **acute condition** (for details see 3.6); and
- is **conventional treatment** (for details see 3.4); and
- has been proven to be effective and safe (for details see Section 3 – Our cover for treatment and surgery); and
- is not preventative (for details see Section 4 – Preventive treatment and screening tests); and
- does not cost more than an equivalent **treatment** that delivers a similar therapeutic or diagnostic outcome; and
- is not provided or used primarily for the convenience or financial or other advantage of you or your **specialist** or other health professional.

Treatment needs to meet all of these requirements. There are some exceptions which will be described in the relevant sections of this handbook. For example there are times when we do cover **treatment** of **chronic conditions** or **unproven treatment**. You will find more details of when that is the case in sections 3.6 and 3.4.

If we are not sure whether your **treatment** meets these requirements we may need a second medical opinion. We may ask a different specialist to give us a second opinion and they may need to examine you to confirm that your **treatment** is eligible **treatment**. In these cases, we will pay for the specialist to do this.

3.4 > Our cover for treatment and surgery

We cover **treatment** and **surgery** that is **conventional treatment**.

What do you mean by conventional treatment?

We define **conventional treatment** as **treatment** that:

- is established as best medical practice and is practised widely within the UK; and
- is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the **treatment** is provided; and has either
- been approved by NICE (The National Institute for Health and Care Excellence) as a treatment which may be used in routine practice; or
- been proven to be effective and safe for the **treatment** of your **medical condition** through high quality clinical trial evidence (full criteria available on request).

Are there any additional requirements for drug treatments?

If the **treatment** is a drug, the drug must be:

- licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency; and
- used according to that licence.

Are there any additional requirements for surgical treatments?

If the **treatment** is a **surgical procedure** it must also be listed and identified in our schedule of procedures and fees.

» You can find our schedule at axahealth.co.uk/fees or call us on 0800 051 8010 and we'll send you a copy

Are there any additional requirements for medical devices?

If the **treatment** involves a **medical device** (including surgical devices and implants) it must:

- be approved by current EU Medical Device regulations; and
- have moderate to high quality evidence of safety and effectiveness from either:
  - systemic reviews of randomised controlled trials; or
  - clinical trial evidence with three years of follow-up data.

What happens if my specialist says I need treatment that is not conventional treatment?

We know our members may wish to have access to emerging treatments as they become available. So, we will consider covering the following **treatment** when it's carried out by a **specialist**:

- **surgery** not listed and identified in the schedule of procedures and fees; and
- other **treatments** and **diagnostic tests** which are not **conventional treatments**.

In this handbook we refer to this **treatment** as **unproven treatment**.

The cover for **unproven treatment** is more restrictive than for **conventional treatments.**

Unproven treatment must:

- be authorised by us before it takes place, and
- take place in the **UK**, and
- be agreed by us as a suitable equivalent to **conventional treatment**; and
- have high quality evidence of its safety.

Are there restrictions on what you pay for unproven treatment?

If there is no suitable equivalent **conventional treatment**, there won't be any cover for the **unproven treatment**.

If you receive **treatment** as part of a registered clinical trial, we will not cover the costs of the **treatment**, or the **specialist**, hospital or any other costs associated to the trial.

By registered clinical trial, we mean a prospectively registered trial in humans registered on the World Health Organisation's International Clinical Trials Platform (https;//www.who.int/ictrp/en/) that includes a treatment group (the new treatment) and a control group (either usual care or a placebo).

If we agree to pay for your **unproven treatment**, the amount we pay will depend on how much it costs and how much we would pay if you have **conventional treatment** for your **medical condition** instead.

- If the **unproven treatment** costs less than the equivalent **conventional treatment** we will pay the cost of the **unproven treatment**.
- If the **unproven treatment** costs more than the equivalent **conventional treatment** we will pay up to the cost we would have paid for the equivalent **conventional treatment.** We will pay up to the amount we would have paid a fee-approved **specialist** and hospital in the **Directory of Hospitals**. A fee-approved **specialist** is a **specialist** who routinely charges in line with our schedule of procedures and fees. To understand what the equivalent **conventional treatment** is, we will look at the **treatment** other patients with the same **medical condition** and prognosis would be given.

Do I need to let you know if I want unproven treatment?

Yes, if you would like an **unproven treatment**, you or your **specialist** must contact us at least 10 working days before you book that **treatment**. This is so we can:

- obtain full details of the **unproven treatment** and the supporting clinical evidence, and
- support you with additional information and questions for your **specialist**, before you have **treatment**, and
- agree what costs (if any) we will meet towards the hospital, **specialist**, anaesthetist and/or other provider. All **unproven treatment** must be agreed by us in writing so you are clear how much we will pay towards your **treatment**.

If you do not contact us at least 10 days before you book your **treatment**, there will be no cover for **unproven treatment**. You cannot pay for **unproven treatment** yourself and reclaim the costs from us.

We recommend you check with the hospital, **specialist**, anaesthetist and/or other provider how much they will charge for your **treatment** so you know how much will be your responsibility to pay.

Will there be any restrictions on my cover after I have had unproven treatment?

Yes there will. We will not pay for further **treatment** for your **medical condition** after you have undergone **unproven treatment**, including complications or other **medical conditions** associated with the **unproven treatment.**

》To check whether we will agree to cover a treatment, please call us on 0800 051 8010 before you book your treatment.

3.5 ›How your membership works with pre-existing conditions and symptoms of them

Your **company plan** covers **treatment** of conditions that you were aware of or already had when you joined.

What if you didn't tell us about a condition, symptom or treatment you knew about when we asked?

Whatever underwriting style your **company** has chosen, we may have asked you some medical questions before agreeing cover for you or your **family members**. If we did, we worked out your terms based on your answers. So, if you did not answer accurately, even if this was by accident, we may not cover **treatment** for the condition.

This means we will not cover **treatment** or any conditions that you should have told us about when we asked, but that you either did not tell us about at all, or that you did not tell us the full extent of. This includes:

- any pre-existing or previous condition, whether you had **treatment** for them or not; and/or
- any previous **medical condition** that recurs; and/or
- any previous **medical condition** that you should reasonably have known about, even if you did not speak to a doctor.

Whenever you claim, we may ask your **GP**, **specialist** or **practitioner** for more information to confirm whether we can cover your claim.

If we need to look at your medical history, we will need some time to do this before we can confirm whether we can cover your claim.

3.6 >How your membership works with conditions that last a long time or come back (chronic conditions)

What are acute conditions and chronic conditions?

Like most health insurers we use the Association of British Insurer's definitions for these:

Acute conditions

An **acute condition** is a disease, illness or injury that is likely to respond quickly to **treatment** that aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or that leads to your full recovery.

Chronic conditions

A **chronic condition** is a disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation, or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

Does my membership cover me for conditions that last a long time or come back (chronic conditions)?

Like most health insurance, your membership is designed to cover unexpected illness and conditions that respond quickly to **treatment** (**acute conditions**).

Your **company plan** also covers you for routine **out-patient** consultations and associated **diagnostic tests** with a **specialist** to monitor the ongoing control of certain specified **chronic conditions**.

We define specified **chronic conditions** as: angina, asthma, diabetes, epilepsy, heart valve problems, high blood pressure, glaucoma, osteoarthritis, rheumatoid arthritis, thyroid problems and ulcerative colitis.

Except as described in this section, we do not cover ongoing, recurring long-term **treatment** for **chronic conditions**, this means we will not cover:

- monitoring of a medical condition; or
- any **treatment** that only offers temporary relief of your symptoms, rather than dealing with the underlying condition; or
- routine follow up consultations.

However, please see the notes on **treatment** for **cancer** and heart conditions as there are some exceptions to these rules.

What happens if a condition I have is a chronic condition?

If your condition is chronic, other than the **treatment** already described there will be a limit to how long we cover your **treatment**. If we are not able to continue to cover your **treatment**, we will tell you beforehand so you can decide whether to start paying for the **treatment** yourself, or to transfer to the NHS.

How does this affect my cover for cancer treatment?

There is a full explanation of how we cover **cancer treatment** in Section 4 of this handbook.

How does this affect my cover for treatment of heart conditions?

If you have any of the following **surgery** on your heart, we will carry on paying for long-term monitoring, consultations, check-ups and examinations related to the **surgery**. We will continue to pay for this while you are still a member and have **out-patient** cover.

- coronary artery bypass
- cardiac valve **surgery**
- implanting a pacemaker or defibrillator
- coronary angioplasty.

We will not pay for routine checks that a **GP** would normally carry out, such as anticoagulation, lipid monitoring or blood pressure monitoring unless this is claimed under your private **GP** benefit as shown in your benefits table.

What other treatment is covered for chronic conditions?

There are other particular situations where we can cover **treatment** for **chronic conditions**.

- The initial investigations to diagnose your condition.
- **Treatment** for a few months so that your **specialist** can start your **treatment.**

If your condition flares up or you develop complications, we will cover short-term **in-patient treatment** to take your condition back to its controlled state.

Are there any conditions that are always regarded as chronic?

Yes. Some conditions are likely to always need ongoing **treatment** or are likely to recur. This is particularly the case if the condition is likely to get worse over time. An example is Crohn's disease (inflammatory bowel disease).

If you have one of these conditions, we will contact you to tell you when we will stop cover for **treatment** of the condition. We will contact you so that you can then decide whether to start paying for the **treatment** yourself, or to transfer to the NHS.

More information about how we cover **treatment** for **chronic conditions**, including some examples of how our cover works is available from your Wellbeing Hub

3.7 >Paying the specialist, practitioners and therapists that treat you

Does my plan cover the full fees charged by specialists?

If your **treatment** is covered, we will pay recognised **specialists** in full.

There are some specialists that are not recognised and so we will not pay any of their fees or any fees for **treatment** under their direction. If you do not want to pay for **treatment**, call us before you start your **treatment**. We will be happy to find a **specialist** whose fees we will pay for.

Recognised specialists – what we pay

Call us as soon as you have seen your **GP**, and our Fast Track Appointments team can make your appointment with a recognised **specialist** for you.

This will mean that so long as your **treatment** is covered, we will pay for the following:

- consultations (including remote consultations by telephone or via a video link. These will be covered under the **out-patient** consultation benefit if we have agreed with the **specialist** that he/ she is recognised by us to carry out remote consultations for our members).
- **diagnostic tests**
- hospital **treatment**
- **surgery**.

This is so long as your **GP**, a dentist or a medical professional that we recognise and we have approved to make referrals, refers you for **treatment** with that type of specialist.

Specialists we do not recognise

We will not pay any of their costs, so you will need to pay all their costs yourself.

What about anaesthetists?

If you think that your **treatment** will involve an anaesthetist, please check with your **specialist** which anaesthetist they will use and let us know before your **treatment** starts. We will then be able to tell you whether we pay their fees.

If you don't know which anaesthetist your **specialist** will use, we will do everything we can to let you know if they often use an anaesthetist that we do not recognise.

As with other **specialists**, if the anaesthetist is a **specialist** that we do not recognise, you will have to pay all of the fees yourself.

Who will be paid under the benefit for practitioners?

We will pay for the **out-patient treatment** you need with a **practitioner**. By **practitioners** we mean a:

- nurse
- dietician
- orthoptist
- speech therapist
- audiologist
- psychologist
- psychotherapist.

We will pay so long as a recognised **specialist** refers you and is directing your **treatment**.

We pay **practitioners** up to the level shown in our schedule of procedures and fees.

You can find our schedule at axahealth.co.uk/fees

Who will be paid under the benefit for therapists?

We will pay **out-patient treatment** fees up to the levels shown in the benefits table for any of the following we recognise:

- physiotherapists, under **GP**, Working Body or **specialist** referral; or
- osteopaths, under **GP**, Working Body or **specialist** referral; or
- chiropractors, under **GP** or **specialist** referral.

If your **GP** refers you for **therapist treatment**, or our Working Body team refers you for **treatment** from physiotherapists or osteopaths, you are covered for the sessions you need up to an overall maximum of 20 sessions in a year. If your **specialist** or our Working Body team refers you, we may agree to more sessions but we will need to agree them in writing first.

We pay physiotherapists, osteopaths and chiropractors in full if we recognise them. All physiotherapists and osteopaths used by our Working Body team will be recognised.

If you choose to use a **therapist** that we do not recognise, we will not pay for your **treatment**.

Acupuncturists and homeopaths

We will pay **out-patient treatment** fees for **acupuncturists** and **homeopaths** that we recognise so long as your **treatment** is covered and your **GP** or **specialist** refers you.

We pay **acupuncturists** and **homeopaths** up to the level shown in our schedule of procedures and fees.

You can find our schedule at axahealth.co.uk/fees

Who will be paid for mental health treatment?

We will pay for covered **in-patient** or **day-patient** mental health **treatment**, including **specialist** fees. If you need to go into hospital for **in-patient** or **day-patient treatment** of a mental health condition, the hospital will contact us to check your cover before you go in.

We will pay for **out-patient treatment** by any of the following:

- mental health **specialist** (psychiatrist)
- a psychologist or psychotherapist, so long as a recognised **specialist** oversees your **treatment** or you have been referred through Stronger Minds.

We will pay psychologists and psychotherapists up to the level shown in our schedule of procedures and fees.

You can find our schedule at axahealth.co.uk/fees

We will pay for counselling arranged by the Stronger Minds team. These payments will be made direct to the provider.

3.8 >Paying the places where you're treated

Where can I have treatment?

If your **treatment** is covered by your membership, we will pay your hospital fees in full. This is so long as a **specialist** is overseeing your **treatment** and you use one of the following:

- a hospital
- a **day-patient unit**
- a **scanning centre** (for CT, MRI or PET scans).

In-patient and **day-patient** hospital fees include costs for things like:

- accommodation
- **diagnostic tests**
- using the operating theatre
- nursing care
- drugs
- dressings
- radiotherapy and chemotherapy
- physiotherapy
- surgical appliances that the **specialist** uses during **surgery**.

For more about how we pay for **treatment**, please also see 'Paying the specialists and practitioners that treat you'

What you must tell the place where you have your treatment?

You must tell the place where you have your **treatment** that you are an AXA Health member. This will help to ensure that the fees charged for your **treatment** are those we have agreed with the hospital or centre.

Where can I have out-patient treatment?

We will pay fees at an authorised **out-patient** facility in full. We will pay these so long as:

- your **treatment** is covered by your membership, and
- a **specialist** is overseeing it; and
- the facility is recognised by us to provide **out-patient** services.

Please always check with us beforehand to make sure the facility you want to go to is recognised.

CT, MRI or PET scans received as an **out-patient** will be paid in full at a **scanning centre** listed in your **Directory of Hospitals**.

We do not pay for **out-patient** drugs or dressings except as allowed for in the benefits table.

What about intensive care?

If you have private intensive care **treatment** in a **private hospital** or in an NHS Intensive Therapy or Intensive Care unit, we will pay for this so long as:

- you are already having private **treatment** that is covered by your membership; and
- the intensive care **treatment** immediately follows the private **treatment** that was covered by your membership; and
- you or your next of kin have asked for you to have the intensive care **treatment** privately; and
- we have agreed the costs before you start the intensive care **treatment**.

If you need intensive care **treatment**, you or your **specialist** should call us on 0800 051 8010 before you are admitted to intensive care so we can tell you if you are covered.

Does the plan cover payment for treatment anywhere else?

We do not pay anything for **treatment** at a health hydro, spa, nature cure clinic or any similar place, even if it is registered as a hospital.

3.9 >General restrictions

High charges

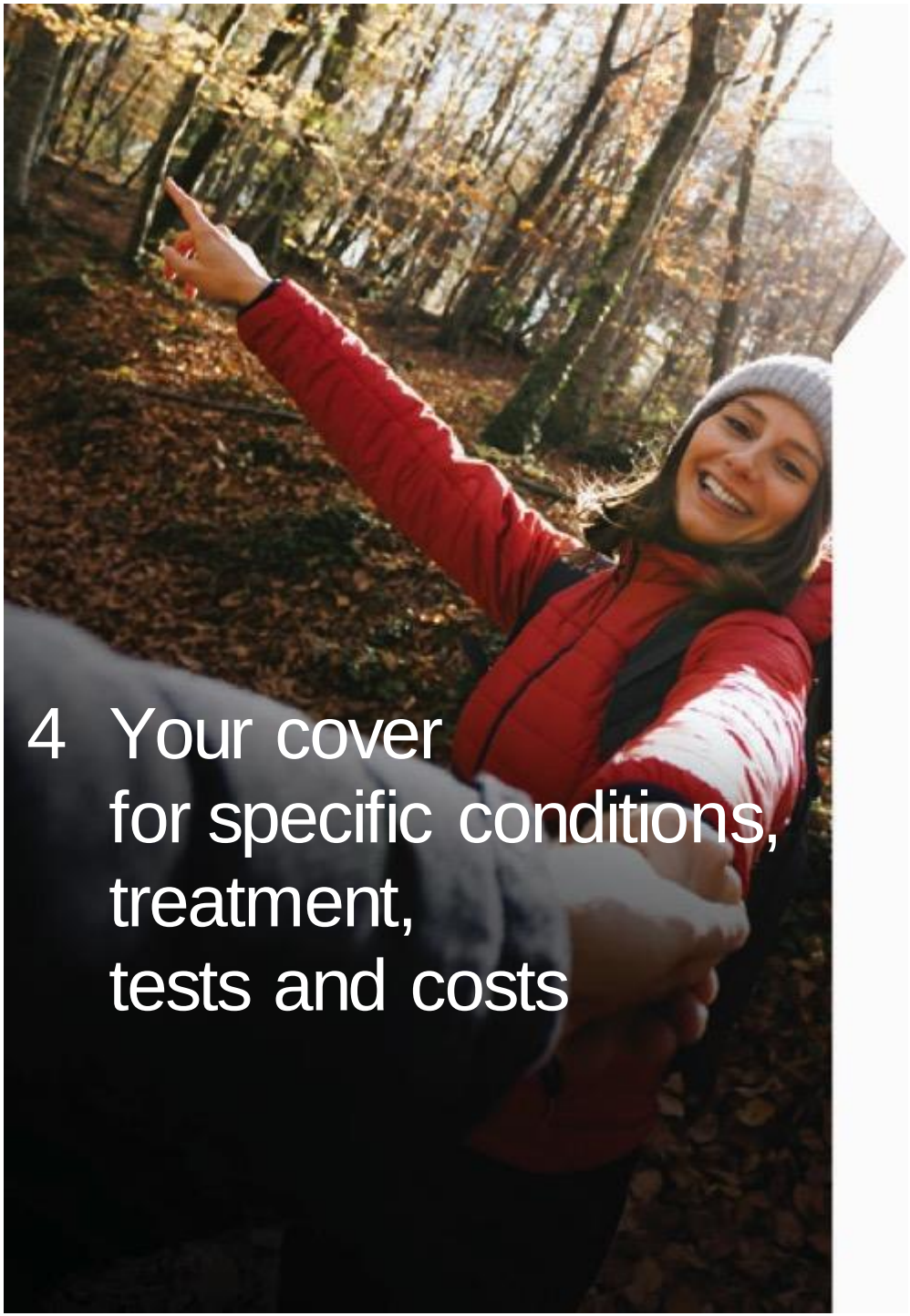
We will not pay if any of the following charge a significant amount more than they usually do, unless we have agreed this beforehand:

- a **specialist**
- a physiotherapist
- an osteopath
- a chiropractor.

Treatment and referrals by family members

We will not pay for drugs or **treatment** if:

- the person referring you is a member of your family
- the person who treats you is a member of your family.



4 Your cover for specific conditions, treatment, tests and costs

There are particular rules for how we cover some conditions, **treatments**, tests and costs. This section explains what these are.

You should read this section alongside the other sections of this handbook as the other rules of cover will also apply, for example our rules about **chronic conditions** and who we pay.

Any questions?

If you're unsure how something works, just call 0800 051 8010 and we'll be very glad to explain. It's often quicker and easier than working it out from the handbook alone.

4.1 >Cancer

Due to the nature of **cancer**, we cover it a little differently to other conditions. This section explains the differences. If a specific aspect of your cover is not mentioned here, the standard cover described elsewhere in your handbook applies.

About your cover for cancer treatment

We will cover investigations into **cancer** and **treatment** to kill **cancer** cells.

Experienced nurses and case managers

Our registered nurses and case managers provide support over the phone and have years of experience of supporting **cancer** patients and their families. When you call, we'll put you in touch with a nurse or case manager who will then support you throughout your treatment.

Your nurse or case manager will be happy to speak to your specialist or doctor directly if you need them to check any details. They can also give you guidance on what to expect during treatment and how to talk about your illness to friends and family.

Alternative support if you choose to have your treatment on the NHS

There are alternative methods of using your **plan** following a diagnosis of **cancer**. If you should decide to have your **treatment** on the NHS instead of using this **plan** to have private **treatment**, there are options available to you which provide financial assistance.

Please call us before your **treatment** begins so we can discuss your options and what is available.

If you are diagnosed with **cancer** – please call us on 0800 051 8010 so we can explain how we can support you

Do the rules about chronic or recurring conditions apply to cancer?

We don't apply our rules about chronic or recurring conditions to **cancer**. Please carefully read all of this section to find out how we cover **treatment** for **cancer**.

Comparing our cancer cover

To help make our **cancer** cover clearer, the following information is in a format that the Association of British Insurers (ABI) recommend.

Place of treatment	Am I covered?
Private hospitals, **day-patient units** or **scanning centres** listed in your **Directory of Hospitals** or paid up to the normal daily rates for a private hospital or **day-patient unit** not listed in your **Directory of Hospitals**	Yes
Chemotherapy by intravenous drip at home	Yes

Diagnostic	Am I covered?
Whether you're an **in-patient**, **day-patient**, or **out-patient**	
Surgery as shown below under '**Surgery**'	Yes
CT, MRI and PET scans	Yes
Genetic testing proven to help choose the best **eligible treatment** See Section 4 – Genetic tests for more information on genetic tests.	Yes
Genetic testing to work out whether you have a genetic risk of developing **cancer**	No
If you're an **in-patient** or **day-patient**	
Specialist fees for the **specialist** treating your **cancer** when you are an **in-patient** or **day-patient**.	Yes
Diagnostic tests as an **in-patient** or **day-patient**	Yes
If you're an **out-patient**	
Specialist consultations with the **specialist** treating your **cancer** when you are an **out-patient**	Yes
Diagnostic tests as an **out-patient** when ordered or performed by the **specialist** treating your **cancer**	Yes

Surgery	Am I covered?
Whether you're an **in-patient**, **day-patient** or **out-patient**	
Surgery for the **treatment** or diagnosis of **cancer**, so long as it is **conventional treatment**. See Section 7 - 'Glossary' for how we define **surgery** See Section 3 - 'Our cover for **treatment** and **surgery**' for more about **conventional treatment** and unproven **treatment**	Yes

Reconstructive surgery following breast cancer	Am I covered?
The first reconstructive **surgery** following **surgery** for breast **cancer**. We will cover: • one planned **surgery** to reconstruct the diseased breast • nipple tattooing, up to 2 sessions • one planned **surgery** to reconstruct the nipple	Yes We will do this so long as: We agree the method and cost of the **treatment** in writing beforehand.
After the completion of your first reconstructive **surgery**, we will also cover: • one further planned **surgery** to the other breast, when it has not been operated on, to improve symmetry • two planned fat transfer **surgeries**. The fat must be taken from another part of your body and cannot be donated by anyone else • one planned **surgery** to remove and exchange implants damaged by radiotherapy treatment for breast **cancer**.	Yes Symmetry and fat transfer operations must take place within three years of your first reconstructive **surgery**. The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy **treatment**. We will only pay for each of these operations once (or two fat transfer surgeries), regardless of how long you remain a member of AXA Health.
If you choose not to have reconstructive **surgery** following **treatment** of breast **cancer**, we will cover the cost of one planned **surgery** to the unaffected breast to improve symmetry.	Yes No further reconstructive **surgery** will be covered on either the diseased breast or the unaffected breast.
We do not cover **treatment** that is connected to previous reconstructive **surgery** or any cosmetic operation to a reconstructed breast.	No See Section 4 – Cosmetic treatment, surgery or products

Preventative	Am I covered?
Preventative treatment, such as: • screening when you do not have symptom(s) of **cancer**. For example, if you had a screen to see if you have a genetic risk of breast **cancer**, we would not cover the screening or any **treatment** to reduce the chances of developing breast **cancer** in future • vaccines to prevent **cancer** developing or coming back– such as vaccinations to prevent cervical **cancer**	No

Drug Therapy	Am I covered?
Out-patient drugs or other drugs that a **GP** could prescribe or could be bought over the counter. This includes drugs or prescriptions you are given to take home if you have had **in-patient**, **day-patient** or **out-patient treatment**	We cover these drugs up to the amount shown in your benefits table.
Drug **treatment** to kill **cancer** cells – including: • biological therapies, such as Herceptin or Avastin • chemotherapy	Yes There is no time limit on how long we cover these drugs. We will cover if: • they have been licensed by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency, and • they are used according to their licence, and • they have been shown to be effective. Because drug licences change, this means that the drugs we cover will change from time to time. Please call us once you know your treatment plan.
Advanced therapy medicinal products (ATMPs)	Yes We cover a small number of approved ATMPs. Please see axahealth.co.uk/atmps for the list of ATMPs that we cover, or call us. See Section 4.2 for more information on ATMPs
Unproven drugs	No. There is no cover for unproven drugs or drugs that are used outside of their licence. See Section 3 - 'Our cover for **treatment** and **surgery**' for more about **conventional treatment** and unproven **treatment**.

Drug Therapy	Am I covered?
Other Drugs We cover drugs you need to support you whilst you are having chemotherapy or biological therapy to kill **cancer** cells. For example: • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex)	Yes. They are covered so long as you have them at the same time as you are having chemotherapy or biological therapy to kill **cancer** cells covered by the **plan**.
Antivirals, antibiotics, antifungals, anti-sickness and anticoagulant drugs	Yes, while you are having chemotherapy that is covered by the **plan**.
We will also cover bone strengthening drugs such as bisphosphonates or Denosumab that are: • licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and used according to that licence; or • being used as recommended by the National Institute for Health and Care Excellence (NICE) as a **treatment** that may be used in routine practice	Yes. We will only pay for these drugs when they can't be prescribed by a **GP**.
Drugs for treating conditions secondary to **cancer** such as erythropoietin (EPO)	Yes, while you are having chemotherapy that is covered by the **plan**.

Radiotherapy	Am I covered?
Radiotherapy, including when it is used to relieve pain	Yes
Proton beam therapy (PBT)	Yes We will pay for PBT for **cancer** when it is in line with **treatment** that is routinely commissioned by the NHS. We will not pay for PBT in any other circumstances. As PBT is a developing area of medicine there are only a limited number of facilities that provide this **treatment**. Please contact us before you have your **treatment**.
Accelerated charged particle therapies	No However, there is limited cover for Proton Beam Therapy in the circumstances shown above.

Palliative and end of life care	Am I covered?
Care to relieve pain or other symptoms rather than cure the **cancer**	We will provide cover and support throughout your **cancer treatment** even if it becomes incurable. We cover radiotherapy, chemotherapy and **surgery** (such as draining fluid or inserting a stent) to relieve pain.
Donation to a hospice where you are having end of life care, or a donation to a service providing hospice at home care. Donation to a registered hospice charity that is providing you with end of life care, either at a hospice or for hospice at home care	£100 for each night. This is a charitable donation paid direct to a registered hospice charity when you are provided free **treatment** in a hospice. £100 for each day. This is a charitable donation paid direct to a registered hospice charity when you are provided free hospice at home **treatment** in lieu of a residential hospice admission.

Monitoring	Am I covered?
Follow ups – cover for follow up consultations and reviews for **cancer**	Yes, so long as you are still a member and have a plan that covers this.
Routine monitoring or checks that a **GP** or someone else in a GP surgery (or other primary care setting) could carry out	No except as allowed as part of your private **GP** cover, as shown in your benefits table.
Follow up procedures that are for monitoring rather than **treatment**. Some **cancer** patients need procedures to check whether **cancer** is still present or has returned. For example, these could include colonoscopies to check the bowel or cystoscopies to check the bladder.	Yes, so long as you are still a member and have a plan that covers this.

Limits	What limits are there?
Time limits on **cancer treatment** Your membership covers you while you are having **treatment** to kill **cancer** cells	None
Money limits on **cancer treatment**	No specific limits – the same rules apply to your **cancer treatment** as for any other **treatment.**

Other benefits	Am I covered?
Stem cell or bone marrow transplant	Yes. We will cover the reasonable costs for a stem cell or bone marrow transplant as long as: • the stem cell or bone marrow transplant is for the **treatment** of **cancer**; and • it is **conventional treatment** for that **cancer**. It does not include any related administration costs. For example, we will not cover the cost of searching for a donor, the harvesting of cells from a donor or transport costs for tissue or harvested cells. Please see section 3 – Eligible treatment for more information on **conventional treatment** and section 4 – Organ or tissue transplant
The cost of wigs or other temporary head coverings or external prostheses needed because of **cancer** whilst you are having **treatment** to kill **cancer** cells	Yes – up to £400 a **year** for wigs or other temporary head coverings and up to £5,000 a **year** for prostheses. This is in addition to the lifetime benefit for **external prosthesis**

4.2 >Advanced therapy medicinal products (ATMPs)

Advanced therapy medicinal products (ATMPs) are a complex set of medications defined by the Medicines and Healthcare products Regulatory Authority. ATMPs include things like gene therapies and CAR-T **treatment** for **cancer**.

We only cover a small number of approved ATMPs under the **plan**. You must call us before you start your **treatment** to make sure it's covered.

For more information and for the current list of the ATMPs we cover please visit www.axahealth.co.uk/atmps or by calling us.

We don't cover any ATMPs which aren't on the list at the time you need the **treatment**, including any associated hospital or **specialist** costs. The list is subject to change so you should always check and call us before you start any **treatment**.

4.3 >Bariatric Surgery

We do not cover any fees for any kind of bariatric **surgery**, regardless of why the **surgery** is needed. This includes fitting a gastric band, creating a gastric sleeve, or other similar treatment.

See also Weight loss treatment

4.4 >Breast reduction

We do not cover either male or female breast reduction.

4.5 >Chiropody and foot care

We will not cover any general chiropody or foot care, even if a surgical podiatrist provides it. This includes things like gait analysis and orthotics.

4.6 >Contraception

We do not cover contraception or any consequence of using contraception.

4.7 >Cosmetic treatment, surgery or products

We do not cover:

- cosmetic **treatment** or cosmetic **surgery**; or
- **treatment** that is connected to previous cosmetic **treatment** or cosmetic **surgery**; or
- **treatment** that is connected with the use of cosmetic (beauty) products or is needed as a result of using a cosmetic (beauty) product.

See also Reconstructive surgery

4.8 >Criminal activity

We do not cover **treatment** you need as a result of your active involvement in criminal activity.

4.9 > Dialysis

We do not cover regular or long-term dialysis if you have chronic organ failure.

Please see Section 3.6 How your membership work with conditions that last a long time or come back (chronic conditions) to understand your cover.

4.10 > Drugs and Dressings

Except as shown in your benefits table we don't cover drugs, dressings or prescriptions that:

- you are given to take home after you have had **in-patient**, **day-patient** or **out-patient treatment**; or
- could be prescribed by a **GP** or bought without a prescription; or
- are taken or administered when you attend a hospital, consulting room or clinic for **out-patient treatment**.

There are some exceptions for drugs given for **cancer treatment**.

>> There is a full explanation of how we cover cancer treatment in Section 4 of this handbook

4.11 >Evacuation and repatriation

What assistance is available to me if I fall ill overseas?

There is no cover for assistance or treatment overseas.

4.12 >External prosthesis or appliances

We will pay the cost of wigs or other temporary head coverings and external prostheses needed because of **cancer** whilst you are having **treatment** to kill **cancer** cells up to the amount shown in the **cancer** table.

In addition, we will pay up to £5,000 towards the cost of an **external prosthesis** needed following an accident or **surgery** for a **medical condition**.

We will do this so long as:

- you had a medically documented accident or **medical condition** that has led to the need for the prosthesis; and
- all claims are made within 12 months of the amputation or removal of the body part.

We will only pay this benefit once, regardless of how long you remain a member of AXA Health.

What is not covered?

We do not cover replacement of teeth or hair, including wigs or hair transplants.

We do not cover the costs of the purchase, hire or fitting of external appliances, such as crutches, joint supports and braces, mechanical walking aids, contact lenses or any external device.

How to claim

If you want to claim this benefit, you should call us on 0800 051 8010 and we will explain what to do next. Please remember to ask the provider of your **external prosthesis** for full, itemised receipts as we cannot pay claims without an itemised receipt showing how much you have paid.

4.13 >Fat removal

We do not cover the removal of fat or surplus tissue, such as abdominoplasty (tummy tuck), whether the removal is needed for medical or psychological reasons.

See also Weight loss treatment

4.14 >Gender re-assignment or gender confirmation

We do not cover gender re-assignment or gender confirmation **treatment** or anything connected with them in any way, such as:

- gender re-assignment operations or other surgical **treatment**; or
- any other **treatment.**

4.15 >Genetic tests

What is covered for genetic tests?

We will pay for genetic testing when it is proven to help choose the best **eligible treatment** for your **medical condition**.

See section 3.3 - Eligible treatment regarding how we define eligible treatment, conventional treatment and unproven treatment.

We do not cover genetic tests:

- to check whether you have a **medical condition** when you have no symptoms; or
- you have a genetic risk of developing a **medical condition** in the future; or
- to find out if there is a genetic risk of you passing on a **medical condition**; or
- where the result of the test wouldn't change the course of **eligible treatment**. This might be because the course of **eligible treatment** for your symptoms will be the same regardless of the result of the test or what **medical condition** has caused them; or
- that themselves are not **conventional treatment** or where they are used to direct **treatment** that is not **eligible treatment**.

In addition, genetic tests must be:

- listed in the NHS England National genomic test directory and used for the purposes listed in the directory; and
- carried out at a testing laboratory which is accredited by the United Kingdom Accreditation Service (UKAS) or an equivalent agreed in advance of testing by AXA Health.

See Preventative treatment and screening tests.

Please call us before you have any genetic tests to confirm that we will cover them. Your **specialist** might want to do a variety of tests and they might not all be covered. The cost to you might be significant if the tests aren't covered under your **plan**.

4.16 >GP and primary care services

Your membership is not designed to cover primary care services except as follows:

- Services provided by a private **GP** up to the amounts shown in your benefits table
- Cover for sight tests and glasses or contact lenses to correct vision up to the amounts shown in your benefits table
- Consultations with our online private **GP** service, AXA Doctor at Hand, as shown in your benefits table
- Travel vaccinations as shown in your benefits table.

4.17 >Infertility and assisted reproduction

We do not cover investigation or **treatment** of infertility and assisted reproduction or **treatment** designed to increase fertility. This includes:

- **treatment** to prevent future miscarriage; or
- investigations into miscarriage; or
- assisted reproduction; or
- anything that happens, or any **treatment** you need, as a result of these **treatments** or investigations.

4.18 >Learning and developmental disorders

We do not cover any **treatment**, investigations, assessment or grading to do with:

- speech delay
- learning disorders
- educational problems
- behavioural problems
- physical development
- psychological development.

Some examples of the conditions we do not cover are the following (please call if you would like to know if a condition is covered):

- dyslexia
- dyspraxia
- autistic spectrum disorder
- attention deficit hyperactivity disorder (ADHD)
- speech and language problems, including speech therapy needed because of another **medical condition**.

4.19 >Long sightedness, short sightedness and astigmatism

We do not cover any **treatment** to correct refractive errors, including long sightedness, short sightedness or astigmatism.

4.20 >Mechanical heart pumps (Ventricular Assist Devices (VAD) and artificial hearts)

There is no cover for the provision or implantation of a mechanical heart pump. There is also no cover for the long-term monitoring, consultations, check-ups, scans and examinations related to the implantation or the device.

4.21 >Mental health

We will cover your **treatment** for mental health illness up to the levels shown in your benefits table. The Stronger Minds service can help provide access to **treatment** for all mental health concerns (available for over 18s).

Your cover includes:

- counselling provided through the Stronger Minds service (for over 18s); and
- **out-patient treatment**; and
- **in-patient** and **day-patient treatment** in hospital paid in full

What happens if I need to go into hospital for a mental health condition?

If you need to go into hospital for **in-patient** or **day-patient treatment** of a mental health condition, the hospital will contact us to check your cover before you go in. If your **treatment** is covered, we will agree to pay the hospital for an initial period of time in hospital. The hospital will tell you how long this period is.

What if my condition goes on for a long time?

Our normal rules on **chronic conditions** apply to mental health problems. So if your condition becomes chronic, unfortunately we may no longer be able to cover your **treatment**. If this happens, we will contact you beforehand so that you can decide whether to start paying for the **treatment** yourself, or to transfer to the NHS.

For more details, see 'How your membership works with conditions that last a long time or come back'

What is not covered?

We do not cover any **treatment** connected in any way to:

- an injury you inflicted on yourself deliberately; or
- a suicide attempt.

4.22 >Natural ageing

We do not pay for **treatment** of symptoms generally associated with the natural process of ageing. This includes **treatment** for the symptoms of puberty and menopause including symptoms as a result of medical intervention.

4.23>Nuclear, biological or chemical contamination and war risks

We do not cover **treatment** you need as a result of nuclear, biological or chemical contamination. We do not cover **treatment** you need as a result of war (declared or not), an act of a foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any similar event. However if you are an Armed Forces veteran (by this we mean anyone who has served in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations and have been discharged from active duty for 18 months or more), we will cover the **treatment** you need as a result of your previous active service in line with the benefits and rules of your **plan**.

We do cover **treatment** due to a **terrorist act** so long as the act does not cause nuclear, biological or chemical contamination.

4.24 >Organ or tissue transplant

What is covered for organ or tissue transplant?

We will pay for:

- stem cell or bone marrow transplant when:
  - **treatment** is for the **treatment** of **cancer**; and
  - it is **conventional treatment** for that **cancer**.
- **surgery** using donated stored tissue, where it is integral to the **surgical procedure**, for example ligament reconstruction, replacement heart valve or corneal transplant.

What is not covered for organ or tissue transplant?

We do not pay for:

- any **surgery** or **treatment** required to receive an organ for example, the receiving of a heart or lung; or
- any **treatment** needed in preparation for a transplant, or as a result of a transplant, for example dialysis; or
- the cost of collecting donor organs, tissue or harvesting cells from a donor; or
- any related administration costs – for example, the cost of searching for a donor; or transport costs for tissue or harvested cells.

4.25 > Pregnancy and childbirth

There is benefit for routine pregnancy and childbirth as shown on your benefits table. We will pay for **in-patient** or **out-patient** antenatal consultations, delivery and post natal consultations for up to six weeks following birth. This is in addition to the benefit available for **treatment** of a **medical condition** that arises during pregnancy and/or childbirth as described below.

We do not pay for parenting or other teaching classes as these are a matter of personal choice.

What is covered during pregnancy and childbirth?

We will cover the additional costs for **treatment** of **medical conditions** that arise during your current pregnancy or childbirth. For example:

- ectopic pregnancy (pregnancy where the embryo or foetus grows outside the womb)
- hydatidiform mole (abnormal cell growth in the womb)
- retained placenta (afterbirth retained in the womb)
- eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
- post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- miscarriage requiring immediate surgical **treatment**.

Please call us on 0800 051 8010 to check what you are covered for before starting any private **treatment**

4.26 >Preventative treatment and screening tests

Health insurance is designed to cover problems that you're experiencing at the moment, so it generally doesn't cover preventative **treatment** or screening tests including genetic tests.

What is not covered for preventative treatment and screening tests?

We do not pay for:

- preventative **treatment** such as preventative mastectomy or a YAG laser iridotomy for narrow angles in isolation; or
- preventative screening tests; or
- routine preventative examinations and check-ups; or
- tests to check whether:
  - you have a **medical condition** when you have no symptoms; or
  - you have a risk of developing a **medical condition** in the future; or
  - there is a risk of you passing on a **medical condition**.
- tests where the result of the test wouldn't change the course of **eligible treatment**. This might be because the course of **eligible treatment** for your symptoms will be the same regardless of the result of the test or what **medical condition** has caused them; or
- preventative **treatment** or screening tests that themselves are not **conventional treatment** or where they are used to direct **treatment** that is not **eligible treatment**; or
- any other preventative screening or **treatment** to see if you have a **medical condition** if you do not have symptoms; or
- vaccinations.

See also Genetic tests and Vaccinations

Your **company plan** has some cover for preventative tests as shown in your benefits table.

If you're unsure whether your **treatment** is preventative or not, please call us on 0800 051 8010 before going ahead with the **treatment**.

4.27 >Reconstructive surgery

We do cover reconstructive **surgery**, but only in certain situations.

What is covered?

We will cover your first reconstructive **surgery** following a medically documented accident or **surgery** for a **medical condition**.

We will do this so long as:

- we agree the method and cost of the **treatment** in writing beforehand.

Please call us on 0800 051 8010 before agreeing to reconstructive **surgery** so we can tell you if you are covered.

What is not covered?

We do not cover **treatment** that is connected to previous reconstructive or cosmetic **surgery**.

See also Cosmetic treatment, surgery or products

4.28 >Rehabilitation

We do cover **in-patient** rehabilitation for a short period, but there are some limits to our cover.

What is covered for rehabilitation?

We will cover **in-patient** rehabilitation for up to 28 days, so long as:

- it follows an acute brain injury, such as a stroke, and
- it is part of **treatment** of an **acute condition** that is covered by your membership, and
- a **specialist** in rehabilitation is overseeing your **treatment**, and
- you have your **treatment** in a rehabilitation hospital or unit; and
- the **treatment** can't be carried out as a **day-patient** or **out-patient**, or in another suitable location, and
- we have agreed the costs before you start rehabilitation.

If you need rehabilitation, please call us on 0800 051 8010, as we will need to confirm that we recognise the hospital or unit where you are having the rehabilitation.

If you have severe central nervous system damage following external trauma or accident, we will extend this cover to up to 180 days of **in-patient** rehabilitation.

4.29 >Self-inflicted injury and suicide

We do not cover **treatment** you need as a direct or indirect result of a deliberately self-inflicted injury or a suicide attempt.

4.30 >Sexual dysfunction

We do not cover **treatment** for sexual dysfunction or anything related to sexual dysfunction.

4.31 >Social, domestic and other costs unrelated to treatment

We do not cover the costs that you pay for social or domestic reasons, such as home help costs. We do not cover the costs that you pay for any reasons that are not directly to do with **treatment** such as travel to or from the place you are being treated.

4.32 >Sports related treatment

We do not cover **treatment** you need as a result of training for or taking part in any sport for which you:

- are paid, or
- receive a grant or sponsorship (we don't count travel costs in this); or
- are competing for prize money.

4.33 >Sterilisation

We do not cover:

- sterilisation; or
- any consequence of being sterilised; or
- reversal of sterilisation; or
- any consequence of a reversal of sterilisation.

4.34 >Teeth and dental conditions

The **plan** does not cover treating dental problems or any routine dental care including **treatment** of cysts in the jaw that are tooth related or are of a dental nature. This also means we will not pay any fees for dental specialists, such as orthodontists, periodontists, endodontists or prosthodontists.

We will cover the following types of oral **surgery** when you are referred for **treatment** by a dentist:

- reinserting your own teeth after an injury
- removing impacted teeth, buried teeth and complicated buried roots
- removal of cysts of the jaw (sometimes called enucleation).

4.35 >Treatment abroad

There is no cover for assistance or treatment overseas.

4.36 >Treatment that is not medically necessary

Like most health insurers, we only cover **treatment** that is medically necessary. We do not cover **treatment** that is not medically necessary, or that can be considered a personal choice.

4.37 >Treatments, medical or surgical interventions or body modifications that are not covered by your plan

If you are planning **treatments**, medical or surgical interventions or body modifications that are not covered by your membership, we will not cover:

- any investigations or tests needed to plan or facilitate that **treatment**, medical or surgical intervention or body modification; or
- any further **treatment** needed as a result of your **treatment**, medical or surgical intervention or body modification.

If you had **treatments**, medical or surgical interventions or body modifications previously that would not have been covered by your membership, we will not cover:

- further **treatment** or increased **treatment** costs that are as a result of the **treatment**, medical or surgical intervention or body modification you had previously; or
- any **treatment** which is connected with the **treatment**, medical or surgical intervention or body modification you had previously.

See also Vaccinations

4.38 >Vaccinations

What is covered?

Your **plan** will cover **treatment** you need if you develop a **medical condition** as a result of receiving a Covid-19 vaccination.

Vaccinations must be approved for use by the Medicines and Healthcare products Regulatory Agency and used according to that approval.

What's not covered?

Except as shown in your benefits table, there is no cover on your **plan** for any other vaccinations or their administration.

See also Preventative treatment and screening tests

There is no cover for **treatment** needed following any other vaccination.

There is no cover for **treatment** that would usually be managed in a **GP** surgery or other primary care setting, including over the counter drugs to manage your symptoms.

See also GP and primary care services

4.39 >Varicose Veins

We do cover **treatment** of varicose veins, but only in certain circumstances.

What is covered?

We will cover one **surgical procedure** per leg to treat varicose veins, for the lifetime of your membership with us. This may be foam injection (sclerotherapy), ablation or other **surgery**.

We will cover one follow up consultation with your **specialist** and one simple injection sclerotherapy per leg to treat residual or remaining veins when it is carried out in the 6 months after you've had the main **surgical procedure**.

What's not covered?

We do not cover more than one **surgical procedure** per leg, regardless of how long you stay a member with us.

There is no cover for the **treatment** of recurrent varicose veins under your **plan**.

>>Please see 'How your membership works with conditions that last a long time or come back (chronic conditions)'

There is no cover for the treatment of thread veins or superficial veins.

4.40 >Warts

We do not cover **treatment** of skin warts.

4.41 >Weight loss treatment

We do not cover treatment for weight loss.

What is not covered?

We do not cover any fees for any kind of bariatric **surgery**, regardless of why the **surgery** is needed. This includes fitting a gastric band, creating a gastric sleeve, or other similar **treatment**.

5 Managing your membership

5.1 >Adding a family member or baby

Whether you can add **family members**, including babies, to your cover will depend on the agreement we have with your employer. Depending on your agreement with your employer, there may be restrictions on when you can add **family members**.

Please call us or speak to your Human Resources Department for details.

Who you can add

You can normally add:

- Your partner. You must either be married, in a civil partnership or living together permanently in a similar relationship.
- Any of your children or your partner's children. Children can stay on the **plan** up to the age of 25 when they will come off the **plan** at the renewal date following their birthday.

Babies born after fertility treatment, or following assisted reproduction, or who you have adopted

You can add a baby born after fertility **treatment**, or following assisted reproduction (such as IVF), or who you've adopted, to your membership. As with most health insurance, our cover for **treatment** has a few limits in these situations.

If a baby is born after fertility **treatment**, or following assisted reproduction, or if you have adopted a baby:

- We may ask for more details of the baby's medical history.
- We will not cover any **treatment** in a Special Care Baby Unit or paediatric intensive care.

We count fertility **treatment** as taking any prescription or non-prescription drug or other **treatment** to increase fertility.

5.2 >Paying income tax on your subscription

You will have to pay income tax on the subscription paid by your employer.

5.3 >Leaving your employer

Call us on 0800 028 2915 when you know you're leaving.

If you leave the employer that provides this **plan**, it's quick and easy to transfer to a personal plan.

When you transfer to a personal plan with similar cover we can usually continue to cover any existing **medical conditions** without the need for medical underwriting – so you won't have to fill in any form or have a medical examination.

Call us as soon as you know you're leaving as you may find it difficult to get continued cover for any existing or previous **medical conditions** later. We'll also try to get in touch with you when we know that you're leaving your employer.

5.4 >Making a complaint

Your cover is provided under our company agreement with your **company**. However, we do give all members full access to the complaint resolution process.

Our aim is to make sure you're always happy with your membership. If things do go wrong, it's important to us that we put things right as quickly as possible.

Making a complaint

If you want to make a complaint, you can call us or write to us using the contact details below.

To help us resolve your complaint, please give us the following details:

- your name and membership number
- a contact telephone number
- the details of your complaint
- any relevant information that we may not have already seen.

Please call us on 0800 051 8010.

Or write to:

AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL

Answering your complaint

We'll respond to your complaint as quickly as we can.

If we can't get back to you straight away, we'll contact you within five working days to explain the next steps.

We always aim to resolve things within eight weeks from when you first told us about your concerns. If it looks like it will take us longer than this, we will let you know the reasons for the delay and regularly keep you up to date with our progress.

The Financial Ombudsman Service

You may be entitled to refer your complaint to the Financial Ombudsman Service. The ombudsman service can liaise with us directly about your complaint and if we can't respond fully to a complaint within eight weeks, or if you're unhappy with our final response, you can ask the Financial Ombudsman Service for an independent review.

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR

Phone: 0300 123 9 123 or 0800 023 4567 (These numbers may not be available from outside the **UK** – so from abroad please call +44 20 7964 0500)

Email: complaint.info@financial-ombudsman.org.uk

Website: financial-ombudsman.org.uk

Your legal rights

None of the information in this section affects your legal rights.

6 Legal Information

6.1 Rights and responsibilities

This section sets out the rights and responsibilities you, your employer and we have to each other.

The plan

The cover is provided under an agreement with your **company** who selects the level of benefits included.

The **plan** is for one **year** unless your **company** has advised you otherwise.

Only those people listed in the **company** agreement can be members of this **plan**.

All cover ends when the **lead member** stops working for the **company** or if the **company's** group membership ends.

We will pay for covered costs under the terms of this **plan** when **treatment** takes place in a period for which the subscription has been paid. We will not pay any costs for **treatment** that happens outside your period of cover even if we had pre-authorised it during your period of cover under the **plan**.

The provision of the **treatment** itself, including the date(s) of the **treatment**, will be the subject of a separate agreement between you and your treatment provider.

We will confirm the date that the **plan** starts and ends, who is covered, and any special terms that apply.

Your membership certificate is proof of your cover under the **plan**.

Renewal

At the end of each **plan year**, we will contact the **company** to tell them the terms the **plan** will continue on if the **plan** is still available. We will renew the **plan** on the new terms unless the **company** asks us to make changes or tells us they wish to cancel. You will be bound by those terms.

Providing us with information

Whenever we ask you to give us information, you will make sure that all the information you give us is sufficiently true, accurate and complete for us to be able to work out the risk we are considering. If we later discover that it is not, we can cancel your membership to the **plan** or apply different terms of cover in line with the terms we would have applied if the information had been presented to us fairly.

Our right to refuse to add a family member

We can refuse to add a **family member** to the **plan**. We will tell the **lead member** if we do this.

Subrogated rights

We, or any person or company that we nominate, have subrogated rights of recovery of the **lead member** or any **family members** in the event of a claim. This means that we will assume the rights of the **lead member** or any **family members** to recover any amount they are entitled to that we have already covered under this **plan**.

For example, we may recover amounts from someone who caused injury or illness, or from another insurer or state healthcare provider. We may use external legal, or other, advisers to help us do this.

The **lead member** must provide us with all documents, including medical records, and any reasonable assistance we may need to exercise these subrogated rights.

The **lead member** must not do anything to prejudice these subrogated rights.

We reserve the right to deduct from any claims payment otherwise due to you an amount that will be recovered from a third party or state healthcare provider.

What happens if you break the terms of the plan?

If you break any terms of the **plan** that we reasonably consider to be fundamental, we may do one or more of the following:

- refuse to pay any of your claims;
- recover from you any loss caused by the break;
- refuse to renew your membership to the **plan**;
- impose different terms to your cover on the **plan**;
- end your membership of the **plan** and all cover immediately.

If you (or anyone acting on your behalf) claim knowing that the claim is false or fraudulent, we can refuse to pay that claim and may declare your membership of the **plan** void, as if it never existed. If we have already paid the claim we can recover what we have paid from you.

If we pay a claim and the claim is later found to be wholly or partly false or fraudulent, we will be able to recover what we have paid from you.

International sanctions

We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, **United Kingdom**, United States of America or under a United Nations resolution. We will immediately end cover and stop paying claims on the **plan** if you or a **family member** are directly or indirectly subject to economic sanctions, including sanctions against your country of residence. We will do this even if you have permission from a relevant authority to continue cover or subscription payments under a plan. In this case, we can cancel your membership of the **plan** or remove a **family member** immediately without notice, but will then tell you if we do this. If you know that you or a **family member** are on a sanctions list or subject to similar restrictions you must let us know within 7 days of finding this out.

What happens if the company agreement ends?

If the **company** agreement ends, you can apply to transfer to another plan.

Legal rights

Each **family member** may make individual claims under the **plan**, which may be without the knowledge of the **lead member** in accordance with our approach to personal data. Only the **company** and we have legal rights under this **plan**. No clause or term of this **plan** will be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person, including the **lead member** and any **family member**.

The **lead member** is liable for any shortfalls incurred by a **family member** under the **plan**.

Law applying to the plan

The law of England and Wales will apply to the **plan**.

Language for your plan

We will use English for all information and communications about the **plan**.

6.2 Our authorisation and regulation details

AXA Health is a trading name of AXA PPP healthcare Limited and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority.

The FCA sets out regulations for the sale and administration of general insurance. We must follow these regulations when we deal with you.

Our financial services register number is 202947.

You can check details of our registration on the FCA website: fca.org.uk

6.3 The Financial Services Compensation Scheme (FSCS)

AXA PPP healthcare Limited is a participant in the Financial Services Compensation Scheme (FSCS). The Scheme may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance. It may do this by:

- providing financial assistance to the insurer
- transferring policies to another insurer
- paying compensation.

The Scheme was established under the Financial Services and Markets Act 2000 and is administered by the Financial Services Compensation Scheme Limited. You can find more information about the scheme on the FSCS website: fscs.org.uk.

6.4 Your personal information

Here is a summary of the data privacy notice that you can find on our website axahealth.co.uk/privacy-policy.

Please make sure that everyone covered by the **plan** reads this summary and the full data privacy notice on our website. If you would like a copy of the full notice, call us on 0800 051 8010 and we'll send you one.

We want to reassure you we never sell personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information as we need. We will get your consent to process information such as your medical information when it's necessary to do so.

We get information about you and your **family members** who are covered by the **plan**. This information can be provided by you, those **family members**, your healthcare providers, your employer, your employer's intermediary (if they have one) and third party suppliers of information, for example on-line shopping surveys.

We process your information mainly for managing your membership and claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you, statistical analysis, for example to help us decide on premiums and marketing.

We may disclose your information to other people or organisations. For example we'll do this to:

- manage your claims, e.g. to deal with your doctors or any reinsurers;
- manage the scheme with your employer or their intermediary;
- help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- allow other AXA companies in the **UK** to contact you if you have agreed.

Where our using your information relies on your consent you can withdraw your consent, but if you do we may not be able to process your claims or manage your plan properly.

In some cases you have the right to ask us to stop processing your information or tell us that you don't want to receive certain information from us, such as marketing communications. You can also ask us for a copy of information we hold about you and ask us to correct information that is wrong.

If you want to ask to exercise any of your rights just call us on 0800 051 8010 or write to us at Continuous Improvement Team, AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

If you want to contact the Data Protection Officer you can do so at Data Protection Team, AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

6.5 >What to do if somebody else is responsible for part of the cost of your claim

You must tell us if you are able to recover any part of your claim from any other party. Other parties would include:

- an insurer that you have another insurance policy with
- a state healthcare system
- a third party that has a legal responsibility or liability to pay. We will pay our proper share of the claim.

6.6 >What to do if your claim relates to an injury or medical condition that was caused or contributed to by another person

You must tell us as quickly as possible if you believe someone else or something (i.e. a third party) contributed to or caused the need for your **treatment**, such as a road traffic accident, an injury or potential clinical negligence.

This does not change the benefits you can claim under your **plan** (your "Claim") and also means that you can potentially be repaid for any costs you paid yourself, such as your excess or if you paid for private treatment that wasn't covered by your **plan**. Where appropriate, we will pay our share of the Claim and recover what we pay from the third party. We may use external legal, or other, advisers to help us do this.

Where you bring a claim against a third party (a "Third Party Claim"), you (or your representatives) must:

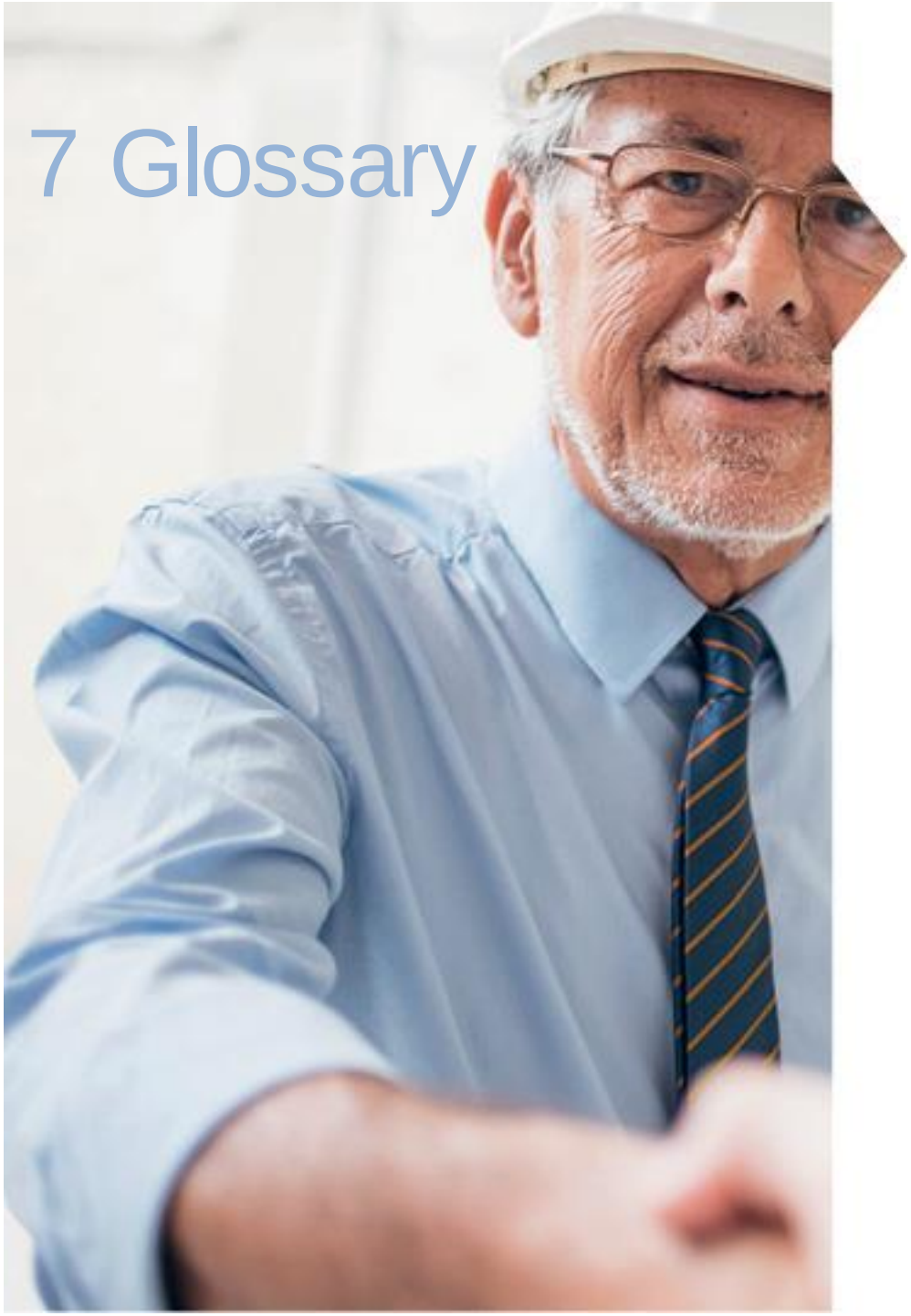
- include all amounts paid by us for **treatment** relating to your Third Party Claim (our "Outlay') against the third party;
- include interest on our Outlay at 8% p.a.;
- keep us fully informed on the progress of your Third Party Claim and any action against the third party or any pre-action matters;
- agree any proposed reduction to our Outlay and interest with us prior to settlement. If no such agreement has been sought we retain the right to recover 100% of our Outlay and interest directly from you;
- repay any recovery of our Outlay and interest from the third party directly to us within 21 days of settlement;
- provide us with details of any settlement in full.

In the event you recover our Outlay and interest and do not repay us this recovered amount in full we will be entitled to recover from you what you owe us and your **plan** may be cancelled in accordance with 'What happens if you break the terms of your plan'.

Even if you decide not to make a claim against a third party for the recovery of damages we retain the right (at our own expense) to make a claim in your name against the third party for our Outlay and interest. You must co-operate with all reasonable requests in this respect.

The rights and remedies in this clause are in addition to and not instead of rights or remedies provided by law.

If you have any questions please call 0800 051 8010 and ask for the Third Party Recovery team.



7 Glossary

Certain terms in this handbook have specific meanings. The terms and their meanings are listed in this glossary.

Where we've highlighted these terms in **bold** they have a specific meaning.

◆ The terms marked with this symbol have meanings that are agreed by the Association of British Insurers.
These meanings are used by most medical insurers.

acupuncturist – a medical practitioner who specialises in acupuncture who is registered under the relevant Act or a practitioner of acupuncture who is a member of the British Acupuncture Council (BAcC); and who, in all cases, meets our criteria for acupuncturist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as an acupuncturist for benefit purposes in that field for the provision of **out-patient treatment** only.

The full criteria we use when recognising **medical practitioners** are available on request

acute condition ◆ – a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

cancer ◆ – a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

chronic condition ◆ – a disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

company – the company that pays for the group membership that your **plan** is part of.

conventional treatment – **treatment** that:

- is established as best medical practice and is practiced widely within the **UK**; and
- is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the **treatment** is provided; and has either
- been approved by NICE (The National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice; or
- been proven to be effective and safe for the **treatment** of your **medical condition** through high quality clinical trial evidence (full criteria available on request).

If the **treatment** is a drug, the drug must be

- licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency; and
- used according to that licence.

day-patient ◆ – a patient who is admitted to a hospital or **day-patient unit** because they need a period of medically supervised recovery, but does not occupy a bed overnight.

day-patient unit – a medical unit where **day-patient treatment** is carried out.

diagnostic tests ◆ – investigations, such as x-rays or blood tests, to find or to help to find the cause of your symptoms.

Directory of Hospitals – the list of hospitals, **day-patient units** and **scanning centres** that we have an agreement with.

The list changes from time to time, so you should always check with us before arranging **treatment**. Some **treatments** are only available in certain facilities.

You can search your **Directory of Hospitals** from your Wellbeing Hub

eligible treatment - treatment of a disease, illness or injury where that **treatment**:

- falls within the benefits of this **plan** and is not excluded from cover by any term in this handbook; and
- is of an acute condition (see Section 3 – How your membership works with pre-existing conditions and symptoms of them); and
- is **conventional treatment** (for details see Section 3 – Eligible treatment); and
- is not preventative (for details see Section 4 – Preventive treatment and screening tests); and
- does not cost more than an equivalent **treatment** that is as likely to deliver a similar therapeutic or diagnostic outcome; and
- is not provided or used primarily for the convenience of financial or other advantage of you or your **specialist** or other health professional.

external prosthesis - an artificial, removable replacement for a part of the body.

facility – a **private hospital**, or unit listed in the **Directory of Hospitals** with which we have an agreement to provide a specific set of medical services.

Some facilities may have arrangements with other establishments to provide **treatment.**

family member – 1) the **lead member's** current spouse or civil partner or any person living permanently in a similar relationship with the **lead member**; and 2) any of their or the **lead member's** children.

Children can stay on the **plan** up to the age of 25.

Children will come off the **plan** at the renewal date following their birthday.

GP – a general practitioner on the General Medical Council (GMC) GP register.

We will only accept referrals from your NHS GP practice or a GP at the AXA Doctor at Hand service unless your **company** provides access to an alternative GP service. In this case we will accept referrals from the alternative GP service under your **company's** arrangement.

homeopath – a medical practitioner with full registration under the Medical Acts, who specialises in homeopathy who is registered under the relevant Act or a practitioner of homeopathy who holds full membership of the Faculty of Homeopathy is registered with the Faculty of Homeopathy; and who, in all cases, meets our criteria for homeopath recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as a homeopath for benefit purposes in that field for the provision of **out-patient treatment** only.

The full criteria we use when recognising **medical practitioners** are available on request

in-patient ◆ – a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

lead member – the first person named on your membership certificate.

medical condition – any disease, illness or injury, including psychiatric illness.

medical device – any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings.

nurse ◆ – a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

out-patient ◆ – a patient who attends a hospital, consulting room, or out-patient clinic and is not admitted as a **day-patient** or an **in-patient**.

plan – the insurance contract between the company and us. The full terms of the plan are set out in the latest versions of:

- the company agreement
- any application form we ask you to fill in
- this handbook
- your membership certificate and our letter of acceptance.

practitioner – a dietician, **nurse**, orthoptist, psychotherapist, psychologist, audiologist or speech therapist that we have recognised. We will pay for **treatment** by a **practitioner** if both the following apply:

- a **specialist** refers you to them
- the **treatment** is as an **out-patient**.

If the **treatment** is as an **in-patient** or **day-patient**, that **treatment** will be included as part of your **private hospital** charges.

The full criteria we use when recognising **practitioners** are available on request

private hospital – a hospital listed in our current **Directory of Hospitals**.

scanning centre – a centre where **out-patient** CT (computerised tomography), MRI (magnetic resonance imaging) and PET (positron emission tomography) is carried out.

specialist – a medical practitioner who meets all of the following conditions:

- has specialist training in an area of medicine, such as training as a consultant surgeon, consultant anaesthetist, consultant physician or consultant psychiatrist
- is fully registered under the Medical Acts
- is recognised by us as a specialist.

The definition of a specialist who we recognise for **out-patient treatment** only is widened to include those who meet all of the following conditions:

- specialise in musculoskeletal medicine, sports medicine, psychosexual medicine or podiatric surgery
- is fully registered under the Medical Acts
- is recognised by us as a specialist.

The full criteria we use when recognising **specialists** are available on request.

surgery/surgical procedure – an operation or other invasive surgical intervention listed in the schedule of procedures and fees.

terrorist act – any act of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.

therapist – a medical practitioner who meets all of the following conditions:

- is a practitioner in physiotherapy, osteopathy, chiropractic, **treatment**
- is fully registered under the relevant Acts
- is recognised by us as a therapist for **out-patient treatment**.

The full criteria we use when recognising medical **practitioners** are available on request.

treatment ◆ – surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

United Kingdom – Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man.

year – the 12 months from the **plan** start date or last renewal date. However, the **company** agreement may amend the period of cover to something different. If this happens, you should be informed by your **company**.

Claims and queries

including Working Body and Stronger Minds

0800 051 8010

Monday to Friday 8am to 8pm and Saturday 9am to 5pm

If you're leaving your employer

0800 028 2915

Your membership documents are available in other formats.

If you would like a Braille, large print or audio version, please contact us.

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