Your handbook

Comprehensive
April 2019

Welcome to the plan

Claims and questions	+44 (0)1892 503 856
Fax +44 (0)1892 508 256	
24 hours a day	
Emergency Assistance	+44 (0)1892 513 999
24 hours a day	
24 hour medical help and information	+44 (0)1892 556 753
Talk to a medical professional at any time, day or night	
Your online account	
axaglobalhealthcare.com/customer	
We may record and/or monitor calls for quality assurance, training and as a record of our conversation.	

The **plan** documents are available in other formats.

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

This private medical insurance **plan** is administered by AXA Global Healthcare (UK) Limited and underwritten by AXA Insurance dac. Registered Office: Wolfe Tone House, Wolfe Tone Street, Dublin 1, Republic of Ireland

Contents

Expert health information

Expert health information you can trust 24/7

+44 (0)1892 556 753

We're here whenever you need to talk to a medical expert – not just when you need to claim.

Get the latest information on vaccinations or health precautions before travelling. Check on symptoms that are worrying you. Understand the facts on a health condition. Or simply call for support and reassurance.

- Nurses, midwives, pharmacists and counsellors ready to talk to you. Midwives and pharmacists are available Monday to Friday from 08:00 to 20:00 GMT; Saturday and UK public holidays from 08:00 to 16:00 GMT; and Sunday 08:00 to 12:00 GMT
- Completely confidential and completely separate from our claims service.

You can choose to remain anonymous with no record of your call. Or you can ask us to make a note of your call in case you want to call again.

We can't diagnose medical conditions or prescribe medicine, but we can give the latest information about specific illnesses and conditions, treatments and medicine, as well as provide guidance and support.

Manage the plan online

The easy way to manage the **plan**, make claims and stay in touch. Sign up so you're ready to go whenever you need us **axaglobalhealthcare.com/customer**

You'll need the membership number from your certificate to register. The **lead member** must register first.

- ✓ Manage the **plan** and update your details
- ✓ View the **plan** details
- ✓ Check your treatment is covered
- ✓ Send us a query
- ✓ Make a claim
- ✓ Check your claims and healthcare insurance statements
- ✓ View your statements
- ✓ Send us documents
- ✓ Request money transfers
- ✓ Find a hospital or medical practitioner
- ✓ Access support when your health condition is complicated
- ✓ Access personal case management
- ✓ Available to all family members on the **plan** aged 16 and over

1 Introduction to the plan

This **plan** meets the demands and needs of someone seeking the cover set out in the following sections 1.2, 1.3, 1.4, 1.5, 1.6, 1.7 and 1.8 and should be read alongside your healthcare insurance statement which shows which cover level and **plan** options you have.

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 section will help you to understand the rest of the information in the handbook.

The table in this section only gives you an outline of your cover. For full details, please read the rest of your handbook too.

Words and phrases in bold type

Some of the words and phrases we use in this handbook 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.

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' or 'our', we mean AXA Global Healthcare (UK) Limited acting on behalf of AXA Insurance dac, which is the insurance company that underwrites this product.

1.1 > Currency that applies to the plan

We will pay you in the currency that you request when you make a claim.

The currency must be in our list of currencies we can pay in. To see the list, go to the 'How bills are paid' page on axaglobalhealthcare.com.

We will use the exchange rate listed in the Financial Times Guide to World Currencies on the day of your **treatment** for **out-patient** and **day-patient treatment,** and the day of your admission for **in-patient treatment**.

Where there are currency or exchange rate controls in place, we may not use the rate listed in the Financial Times. In these circumstances, we may contact you to request evidence of the exchange rate used when you purchased the currency and we will use that exchange rate to reimburse you.

1.2 > Countries where you are covered

Your cover applies for **treatment** you receive in any country excluding the USA.

If you have the added optional USA cover, your cover applies for **treatment** you receive in the USA too. Your healthcare insurance statement will show if you have USA cover.

Country where you normally live

The **country where you normally live** is the country where the **lead member** lives or intends to live for most of the **year**. It will be shown as your address on your healthcare insurance statement. You must tell us if there is any change to the **country where you normally live.**

1.3 > Your overall plan limit

This table shows the maximum amount we will pay for claims, per **year**, for each member covered by the **plan**.

Some parts of your cover have their own separate limits, which are all listed in this handbook.

Overall **plan** limit
Overall **plan** limit per member
✓ £1,500,000 or ✓ $2,400,000 or ✓ €1,900,000
• Does not apply to evacuation and repatriation costs. » See 1.8 > Your cover for emergency evacuation and repatriation

Plan limits are shown in the following three currencies
Only the currency you requested when you took out the **plan** applies to the **plan**. £ = Pound Sterling $ = United States dollar € = Euro

1.4 > Your cover

In-patient or day-patient cover		
	Limit details	Notes
Hospital and **day-patient unit** fees	✓ Within your overall **plan** limit	Fees for **in-patient** or **day-patient**: • standard accommodation • psychiatric **treatment** • **diagnostic tests** • use of the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the **medical practitioner** uses during **surgery**. » **See 3.5 >Hospitals where you can have your treatment, 3.6 >Accommodation we will pay for at the hospital where you are treated, and 3.7 >Differences when you have treatment in the UK**
Medical practitioner fees	✓ Within your overall **plan** limit	Fees for: surgeons, anaesthetists and physicians. » **See 3.4 >Who can provide your treatment**
Emergency **treatment** in the USA (*does not apply if you have added USA cover*)	✓ Up to six weeks **treatment** with a total limit of: ✓ £15,000 or ✓ $24,000 or ✓ €19,125	This is to cover emergency **in-patient** or **day-patient treatment** of a **medical condition** that arises suddenly whilst you are in the USA. Note: this benefit is only applicable if you do not have the USA upgrade.
Cash payment when there has been no charge for your **treatment** or your stay in **hospital**	✓ £100 per night or ✓ $160 per night or ✓ €125 per night	We pay this when: • you are admitted for **in-patient treatment** before midnight • we would have covered your **treatment** if you had had it privately. If the **plan** has an excess, we will not take this off this cash payment. This benefit is not available if the cost of **treatment** was funded by another party, such as another insurer.

In-patient or day-patient cover

	Limit details	Notes
Hospital accommodation for one parent while a child is in **hospital**	✓ Within your overall **plan** limit	Covers the cost of one parent staying in **hospital** with a child under 18. The child must be covered by the **plan** and be having **treatment** that is covered by the **plan.**
Hotel accommodation for one parent while a child is in **hospital**	✓ Up to £100 a night up to £500 a **year**. ✓ Up to $160 a night up to $800 a **year**. ✓ Up to €125 a night up to €625 per **year**.	Covers towards the costs for one parent to stay near to the **hospital** where a child under 18 is having **treatment**. The child must be having **treatment** covered by the **plan** at a **hospital** that is not in their home town. If you have an excess, we will not take this off this cash payment.

Out-patient cover

	Limit details	Notes
Surgery	✓ Within your overall **plan** limit	» **See 3.4 >Who can provide your treatment**
CT, MRI or PET scans	✓ Within your overall **plan** limit	CT = Computerised Tomography MRI = Magnetic Resonance Imaging PET = Positron Emission Tomography » **See 3.4 >Who can provide your treatment, 3.5 >Hospitals where you can have your treatment, and 3.7 >Differences when you have your treatment in the UK**
Drugs and dressings	✓ £500 per **year** or ✓ $800 **year** or ✓ €635 per **year**	The drugs and dressings must be for **treatment** of a **medical condition** that we cover and must be prescribed by a **medical practitioner**.

The following out-patient items have a combined limit of:

- £3,500 per **year**
- $5,600 per **year**
- €4,460 per **year**

Some of the items have their own individual limits too. These are shown below:

Medical practitioner consultation fees	✓ Within combined limit	This includes any **out-patient medical practitioner's** consultation fees that are related to **in-patient** or **day-patient treatment** you receive.

Out-patient cover		
	Limit details	Notes
Psychiatric **treatment**	✓ Within combined limit	» **See 4.20 > Mental health**
Diagnostic tests	✓ Within combined limit	Including **diagnostic tests** related to **in-patient** or **day-patient treatment**.
Physiotherapy **treatment**	✓ Within combined limit	
Vaccinations	✓ £300 per **year** or ✓ $480 per **year** or ✓ €380 per **year** Combined limit applies	When given by a **medical practitioner** or nurse. Limit applies to the combined cost of administering the vaccine and the cost of the vaccine itself.
Complementary practitioner fees	✓ £300 per **year** or ✓ $480 per **year** or ✓ €380 per **year** Combined limit applies.	
Routine monitoring of **medical conditions**	✓ Within combined limit	This includes any blood tests or other routine tests carried out to monitor a **medical condition**, including **chronic conditions**

Other cover		
	Limit details	Notes
Ambulance transport	✓ Within your overall **plan** limit.	Type of ambulances covered: • road ambulance • air ambulance if appropriate. Reasons when transport by ambulance is covered: • for emergency transport to or between **hospitals**; or • when a **medical practitioner** says that it is medically essential.
Emergency evacuation and repatriation	✓	If the **plan** has an excess, you do not have to pay the excess if you claim for emergency evacuation. » **See 1.8 > Your cover for emergency evacuation and repatriation**

Other cover		
	Limit details	Notes
Cash payment if you have free chemotherapy or radiotherapy	✓ £50 a day up to £5,000 a **year** or ✓ $80 a day up to $8,000 a **year** or ✓ €60 a day up to €6,375 a **year**	If you choose to have free **day-patient** or **out-patient** chemotherapy or radiotherapy to treat **cancer**. We will only pay this if the **treatment** would have been covered by the **plan**. If the **plan** has an excess, you do not have to pay the excess if you claim for this cash benefit. This cover only applies when you have not had to pay for your **treatment** or for your stay in **hospital.** » **See 4.5 > Cancer**
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	✓ Paid in full for up to 14 days per **year**	We will pay for **treatment**: • at home • somewhere else that is appropriate. We will pay for a nurse to give you either of the following by intravenous drip: • chemotherapy to treat **cancer** • antibiotics. This is so long as: • you would otherwise need to be admitted for **in-patient** or **day-patient treatment** • the nurse is working under the supervision of a **medical practitioner**.
External prosthesis during **active treatment of cancer**. Spinal supports, knee braces, or pneumatic walking boots if they are part of a **surgical procedure**.	A combined overall limit of: ✓ £2,000 per **year** or ✓ $3,200 per **year** or ✓ €2,550 per **year**	
Wigs during **active treatment of cancer**	✓ £150 per **year** or ✓ $240 per **year** or ✓ €190 per **year**	If the **plan** has an excess, you do not have to pay the excess.

Other cover		
	Limit details	Notes
Kidney dialysis	✓ £25,000 per **year** or ✓ $40,000 per **year** or ✓ €31,875 per **year**	Kidney dialysis required due to chronic kidney failure. These limits do not apply to dialysis required in the six weeks during preparation for kidney transplant.
Eye test	✓ Paid in full for one eye test per **year**.	» **See 4.19 > Long sightedness, short sightedness and astigmatism**
Prescription glasses and contact lenses	✓ £100 per **year** or ✓ $160 per **year** or ✓ €125 per **year**	We will pay this so long as the glasses or lenses are used to correct your vision. » **See 4.19 > Long sightedness, short sightedness and astigmatism**
Medical conditions that arise during pregnancy and childbirth	✓ Covered up to the limits that apply in the rest of this **plan**.	Unless you have the optional pregnancy cover, your **plan** does not cover routine childbirth, antenatal consultations, postnatal consultations, screening and monitoring » **See 4.24 > Pregnancy and childbirth or call +44 (0)1892 503 856**
Accidental damage to teeth	✓ £10,000 per **year** or ✓ $16,000 per **year** or ✓ €12,750 per **year**	The damage must be due to an external impact. Other conditions also apply. » **See 4.35 > Teeth and dental conditions**
Dental **treatment**	50% of the cost up to a maximum of: ✓ £320 per **year** or ✓ $510 per **year** or ✓ €405 per **year**	If the **plan** has an excess, you do not have to pay the excess on claims for dentist fees. » **See 4.35 > Teeth and dental conditions**

1.5 > Optional covers

The following tables give details of the optional covers available with the **plan**. Your company may have chosen to add these when they took out the **plan**. See your healthcare insurance statement for details of the cover you have.

Optional pregnancy and childbirth cover

	Limit details	Notes
Antenatal consultations, postnatal consultations, screening and monitoring. Routine childbirth.	✓ £5,000 per **year** or ✓ $8,000 per **year** or ✓ €6,375 per **year**	This cover starts to apply from 10 months after the pregnant member takes out or joins the **plan** unless we have told you otherwise on your healthcare insurance statement.

Optional upgraded dental care

If this cover is added it replaces the standard Dental **treatment** benefit

	Limit details	Notes
Dental **treatment**	✓ 80% of the costs up to £1,000 per **year** or ✓ 80% of the costs up to $1,600 per **year** or ✓ 80% of the costs up to €1,275 per **year**	If the **plan** has an excess, you do not have to pay the excess on claims for dentist fees. » **See 4.35 > Teeth and dental conditions**

Optional travel cover

	Limit details	Notes
Travel cover		See separate Travel handbook for details

Optional extended out-patient cover

If this cover is added it replaces the benefits shown in the main benefits table

	Limit details	Notes
Drugs and dressings	✓ Within your overall **plan** limit	The drugs and dressings must be for **treatment** of a **medical condition** that we cover and must be prescribed by a **medical practitioner**.
Medical practitioner consultation fees	✓ Within your overall **plan** limit	This includes and **out-patient medical practitioner's** consultation fees that are related to **in-patient** or **day-patient treatment** you receive.

Optional extended out-patient cover If this cover is added it replaces the benefits shown in the main benefits table		
	Limit details	Notes
Psychiatric treatment	✓ Within your overall **plan** limit for up to 30 sessions per **year**	» **See 4.20 > Mental health**
Diagnostic tests	✓ Within your overall **plan** limit	Including **diagnostic tests** related to **in-patient** or **day-patient treatment**.
Physiotherapy **treatment**	✓ Within your overall **plan** limit for up to 35 sessions per **year**	
Vaccinations	✓ £300 per **year** or ✓ $480 per **year** or ✓ €380 per **year**	When given by a **medical practitioner** or nurse. Limit applies to the combined cost of administering the vaccine and the cost of the vaccine itself.
Complementary practitioner fees	✓ £300 per **year** or ✓ $480 per **year** or ✓ €380 per **year**	

If you would like to add cover to your membership you can usually do this:

- within 14 days of receiving your documents, or
- when you renew

Just call us on +44 (0)1892 503 856 and we'll be happy to help.

1.6 > The main things we don't cover

There are a few things that the **plan** is not designed to cover. We have listed the most significant things here, but please check the detail in the rest of your handbook.

What are the key things my plan does not cover?

The **plan** does not cover	For more information	Notes
✗ Antenatal and postnatal consultations, monitoring or screening– unless you have optional pregnancy and childbirth	» **See 4.24 > Pregnancy and childbirth** or call us on +44 (0)1892 503 856	Although we do not cover these routine aspects of pregnancy, we do cover **treatment** for **medical conditions** that arise during pregnancy up to the limits that apply in the rest of this **plan**.

The **plan** does not cover	For more information	Notes
✕ Routine childbirth – unless you have optional pregnancy and childbirth cover	» **See 4.24 > Pregnancy and childbirth** or call us on +44 (0)1892 503 856	Although we do not cover routine childbirth, we do cover **treatment** for **medical conditions** that arise during childbirth up to the limits that apply in the rest of this **plan**.
✕ **Treatment** of **medical conditions** you had, or had symptoms of before your joined	» **See 3.2 >how the plan works with pre-existing conditions and symptoms of them**	The **plan** is designed to cover the necessary **treatment** of new **medical conditions** that arise after you join.
✕ **Treatment** that you receive in the **UK** from providers that are not listed in our **UK Directory of Hospitals**		If you have **treatment i**n the **UK** and choose to use a different **hospital**, we may pay you a small cash payment. We use a **UK Directory of Hospitals** as it helps us to keep premiums affordable. » **See our Directory of Hospitals at axaglobalhealthcare.com/ukhospitals**
✕ Non-emergency **treatment** you receive in the USA, unless you have added USA cover		If you have added USA cover, your cover extends to **treatment** in the USA too. » **See 1.2 > Countries where you are covered and 1.7 > Your cover for emergency treatment in the USA**
✕ The costs of arranging **treatment**		The **plan** does not cover your costs for arranging **treatment**, such as phone calls and travelling expenses.

1.7 > Your cover for emergency treatment in the USA – for members who do not have added USA cover

The **plan** is designed to cover you for **treatment** outside the USA. It also gives you some emergency cover in the USA.

What cover do I have in the USA?

We will pay for **in-patient** or **day-patient treatment** needed for an emergency **medical condition** that you suffer suddenly while you are in the USA.

We will not pay if you have travelled to the USA to get **treatment**, or if you have travelled against medical advice (including the published advice of the Chief Medical Officer of the Department of Health of England).

1.8 > Your cover for emergency evacuation and repatriation

Call us on +44 (0)1892 513 999 for emergency evacuation and repatriation. We will cover the costs of emergency evacuation if:

- you are, or need to be, admitted as an emergency **in-patient**, and
- our appointed doctor and the treating doctor believe your current or nearest medical facilities are not able to provide the **treatment** you need.

We will cover the costs of repatriating you if we have agreed to cover your emergency evacuation.

We will not cover the cost of evacuating or repatriating you if you decide to travel elsewhere for **treatment** and we believe the nearest medical facilities are adequate for your **treatment**. This includes if you decide you want to travel back to **the country where you normally live** for your **treatment.**

What to do if you need emergency transportation in Africa

If you receive an injury or suffer from an illness and cannot be medically treated in the area where the incident has occurred we can arrange for you to be transported to the nearest and most appropriate medical facility, in Africa, to receive medical **treatment.**

This service is offered:

- to members who are not yet admitted to **hospital** but following a firm diagnosis by a medical professional; and
- when it is clear that it is not medically appropriate to be treated where you are.

How emergency evacuation and repatriation cover works

If you are admitted as an emergency **in-patient** and you or the treating doctor believe that the local medical facilities are not adequate to treat you, ask somebody to call our emergency number.

We will appoint a doctor who will be able to assess the facilities and the evacuation or repatriation service detailed at the beginning of this section will apply.

What costs we will cover

If the doctor we appoint decides that the facilities are not adequate to treat you, we will cover the reasonable costs of either:

- evacuating you to a suitable medical **facility** for **treatment** in the country you are in; or
- evacuating you to a suitable medical **facility** in a different country for **treatment**.

When you are discharged from the medical **facility** you were evacuated to, we will cover the costs of repatriating you to one of the following:

- the place or **country where you normally live**
- a country that you hold a passport for.

We will cover these costs so long as we have agreed the method of transport to be used, and date and time of your evacuation or repatriation before it takes place.

We will also cover the cost of any necessary **treatment** given to you by our chosen evacuation agency while they are moving you.

Repatriation following death

If you die outside a country that you hold a passport for, we will cover the cost of transporting your body back to a port or airport in:

- the **country where you normally live,** or
- a country you hold a passport for.

The relevant exclusions for emergency evacuation and repatriation also apply to repatriation following death.

Will other members of my family or friends be able to travel with me?

If the member who needs to be evacuated or repatriated is under 18, we will cover the additional reasonable and necessary transport and accommodation costs for someone, aged 18 or over, to accompany them on their journey.

If the member who needs to be evacuated or repatriated is over 18, we may agree to cover these costs if we believe it is medically appropriate.

Once our member reaches their evacuation destination, we will not cover the accompanying person's further costs.

What cover do I have if a family member covered by a product underwritten by AXA Insurance dac is evacuated or repatriated?

Your cover depends on whether they are evacuated or repatriated either from the location where you both normally live or whether you are travelling together at the time.

If you are travelling away from home with a **family member** who is covered by a product underwritten by AXA Insurance dac and they are evacuated or repatriated, we will pay for your additional reasonable and necessary transport and accommodation costs that result from the evacuation or repatriation. We will do this if it is medically appropriate for you to travel with the **family member**.

If you are both at the location where you normally live and they have to be evacuated or repatriated from that location, we will pay for your additional reasonable and necessary transport costs that result from the evacuation or repatriation. We will do this if it is medically appropriate for you to travel with the **family member**. We will not cover your accommodation costs.

What will happen to my travel ticket?

Any unused portion of the travel tickets belonging to you or anyone that we evacuate with you will immediately become our property. You must give the tickets to us.

Can I choose to travel to a particular country for treatment?

You can choose to go to a particular country for **treatment**, but we will not cover the cost of travelling to that country. Once you are in that country, the terms of the **plan** apply as normal.

Exclusions that apply to your cover for emergency evacuation and repatriation

You are not covered for emergency evacuation or repatriation if any of the following apply:

- the **medical condition** does not need immediate emergency **in-patient treatment**
- the **medical condition** does not prevent you from travelling or working
- the **medical condition** is directly or indirectly caused by a deliberately self-inflicted injury, suicide

or an attempt at suicide

- the **medical condition** is in any way connected with alcohol abuse, drug abuse or substance abuse
- the **medical condition** is a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you only receive travel costs)
- the **medical condition** is a result of base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste
- the evacuation would involve moving you from a ship, oil-rig platform or similar off- shore location
- we have not approved the evacuation or repatriation first
- we have not been told about the **medical condition** within 30 days of the condition becoming an emergency (unless this was not reasonably possible)
- the **medical condition** is a result of nuclear, biological or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed
- the emergency occurs when you are on a leisure trip to a destination to which the **UK** Foreign and Commonwealth Office either advises against all travel, or advises against all travel on holiday or non-essential business.

Limits on our liability under your cover for emergency evacuation and repatriation

We will not be liable for:

- any failure or delay in providing emergency evacuation or repatriation
- injury or death while you are being moved.

These limits do not apply if the failure or delay is caused by our negligence or the negligence of someone we have appointed to act for us.

2 Making a claim

1

Get in touch with us before you see the medical practitioner

- Go to your account at axaglobalhealthcare.com/customer
- Call us on +44 (0)1892 503 856
- For treatment in the USA, call us on +1 800 308 2611

Make sure you contact us before you see the **medical practitioner** or have any **treatment.**

We'll be able to explain your cover so you don't end up having to pay for **treatment** you're not covered for.

2

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

We may ask you to provide more information, for example from your **medical practitioner**. You or your **medical practitioner** must provide us with the information we ask for as soon as reasonably possible so that we can assess your claim.

2.1 > How we pay claims

About our network of hospitals

We have arrangements for making direct payments with some **hospitals.**

You can check these in our network of hospitals, which you will find at axaglobalhealthcare.com/customer

The **hospitals** in the network of hospitals are continuously reviewed, so you should always check with us before arranging any **treatment.**

Paying claims for in-patient and day-patient treatment at a hospital where we have arrangements for making direct payments

If you have your **treatment** at a **hospital** listed in our network of hospitals, we will pay the **hospital** directly for **treatment** covered by the **plan.**

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

Always remember to contact us before you have your **treatment**.

Paying claims for in-patient and day-patient treatment at other hospitals

If you have **treatment** that you are covered for at a **hospital** that is not in our network of hospitals, we may still be able to pay the **hospital** directly. Please tell the **hospital** that you are an AXA member when you are admitted. They will tell you if they can invoice us for your **treatment** directly or if they will invoice you.

Always remember to contact us before you have your **treatment**.

Paying claims for out-patient treatment

If you have **out-patient treatment**, most providers will ask you to pay for your **treatment** and then make your claim to us. However, some providers will allow you to have your **out-patient treatment** on the understanding that they will claim the cost back from us later. This is called 'cashless out-patient treatment'.

If you have 'cashless out-patient treatment'

If you have 'cashless out-patient treatment', we will pay the provider after you have had your **treatment**. If it turns out that your **treatment** is not covered, you must pay us for the cost of the **treatment.**

You must show your AXA membership card and a separate form of photo ID when you have your **treatment.**

The **treatments** that we will cover as cashless **treatments** are:

- GP/family doctor consultations
- specialist consultations
- prescription drugs and dressings
- minor **diagnostic tests**, for example x-rays or ultrasounds
- blood tests

- up to the first five sessions of physiotherapy (you will need to ask us to pre-approve further sessions)
- vaccinations.

Not all providers offer 'cashless out-patient treatment'.

How should I claim if I have already paid for my treatment?

If you want to claim for medical bills you have paid yourself, you must make your claim within six months unless that is not reasonably possible.

Please contact us on the claims number or at axaglobalhealthcare.com/customer and we will explain how to claim.

If you pay for any **treatment** yourself, always get a fully receipted invoice that shows how much you have paid for the **treatment**. You will need this if you want to claim, and for your own records.

We may ask you to provide more information to support your claim, for example your card receipt or a copy of your statement. You must provide us with the information we ask for as soon as reasonably possible so that we can assess your claim.

We will pay you for the cost of the **treatment** we cover. If it turns out that your **treatment** or part of it is not covered, we will not reimburse you for the cost of the **treatment** that is not covered.

What happens if I receive a bill?

If you receive a bill, please contact us on the claims number or at axaglobalhealthcare.com/customer

We'll explain how to send the bill to us so that we can assess it.

What should I do if I need further treatment?

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

What currency will I be paid in?

We will pay you in the currency that you request when you make a claim. The currency must be in our list of currencies we can pay in. To see the list, go to the 'How bills are paid' page on axaglobalhealthcare.com

We will use the exchange rate listed in the Financial Times Guide to World Currencies on the day of your **treatment** for **out-patient** and **day-patient treatment**, and the day of your admission for **in-patient treatment.**

Where there are currency or exchange rate controls in place, we may not use the rate listed in the Financial Times. In these circumstances, we may contact you to request evidence of the exchange rate used when you purchased the currency and we will use that exchange rate to reimburse you.

Charges from your bank

You should contact your own bank to find out if they will make any charges for you to send or receive money, or to exchange currency. Any charges from your bank are not covered by the **plan**.

2.2 > The information we may need when you make a claim

When you call us, we will explain if your **treatment** is covered.

Usually, this all happens very quickly. However, sometimes we need more detailed medical

information, including access to your medical records.

What does 'more detailed information' mean?

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

- We may need your **medical practitioner** to send us more details about your **medical condition.** Your **medical practitioner** may charge you for providing this information. This charge is not covered by the **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 **medical practitioner** to advise us on the medical facts or examine you. In these cases, we will pay for the **medical practitioner** to do this and will take your personal circumstances into account when choosing the **medical practitioner.**

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

If you do not give us 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**.

2.3 > What if my treatment isn't covered?

If the **plan** does not cover your **treatment**, we will explain this and also tell you if there's any other way we can support you.

2.4 > What happens if I need emergency treatment?

If you need emergency **treatment** you may not be able to call us before you have the **treatment**. Simply call us or ask someone to call us as soon as you can.

If you can, give your membership card to the **hospital** so that they can contact us whenever they need to.

3 How the plan works

How the plan works

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

Any questions?

If you're unsure how something works, please send us a message using your Customer Online account at axaglobalhealthcare.com/customer

It's usually quicker and easier than working it out from the handbook alone.

Or you can call us on +44 (0)1892 503 856 and we'll be very glad to explain.

Making a claim

If you would like to make a claim, please see section 2 Making a claim.

3.1 >The types of drugs, treatments and surgery that are covered

The **plan** covers you for established medical **treatments.**

There is no cover for any **treatment** or procedure that is experimental or that has not been established as being effective.

The drugs, treatments and surgery we cover

We will pay for the use of drugs that have been established as being effective. This means the drug must be licensed for use by either:

- the European Medicines Agency (EMA), or
- the US Food and Drug Administration (FDA) if the **treatment** is to be provided outside Europe.

The drug must be used within the terms of its licence.

For a **surgical procedure** to be covered it must be listed in our Schedule of Procedures and Fees.

We will also pay for treatment not listed in our Schedule of Procedures and Fees if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body. This means procedures and practices must have undergone appropriate clinical trial and assessment, and be sufficiently evidenced in published medical journals.

What is not covered?

We will not pay for **treatment** that has not been established as being effective or which is experimental.

You are not covered for complications that arise as a result of authorised or unauthorised unproven or experimental **treatment**.

» To check whether we will agree to cover a **treatment**, please call us on +44 (0)1892 503 856 before you start **treatment**

3.2 >How the **plan** works with pre-existing conditions and symptoms of them

The **plan** is designed to cover **treatment** of new **medical conditions** that begin after you join.

You may also be covered for **treatment** of conditions you were aware of or had already had when you joined. We call these conditions pre-existing conditions. Your cover for pre-existing conditions depends on the type of cover your **company** has chosen and the underwriting terms you joined on.

Your healthcare insurance statement shows which underwriting terms you joined on. Here are the options:

- Fully underwritten (or full medical underwriting)
- Continuing medical exclusions
- Moratorium.

Definition of a pre-existing condition

A pre-existing condition is any disease, illness or injury that:

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

Underwriting terms

We have explained how each set of underwriting terms work and what cover you have for pre-existing conditions in the following panels.

If you are unsure about your cover for **treatment** of pre-existing conditions, it is always best to contact us.

Definition of fully underwritten or full medical underwriting

'Fully underwritten' means we asked you for details of your medical history, including any pre-existing conditions, before you joined. We then worked out your cover based on the information we received.

We list any special terms or exclusions on your healthcare insurance statement – please check this carefully. For example, you may not have cover for something specific if you have had that condition in the past. Your statement will also show whether we can remove the exclusion after a period of time.

Definition of continuing medical exclusions

If you joined us on 'continuing medical exclusions' terms, we are carrying on your exclusions for **medical conditions** from your previous health insurer. This normally means we only asked you a few brief medical questions.

We listed any special terms or exclusions on your healthcare insurance statement – please check this carefully. For example, you may not have cover for something specific if you have had that condition in the past. Your healthcare insurance statement will also show whether we will remove the exclusion after a period of time.

If we carried on a moratorium from your previous healthcare insurance, the rules of your moratorium may be slightly different, and we may start the moratorium from when it originally began on your previous insurance. Your healthcare insurance statement will show when your moratorium started.

Definition of moratorium

If you joined us on moratorium terms, it means that you do not have cover for **treatment** of medical problems you had in the five years before you joined us until:

- you have been a member for two **years** in a row, and
- you have had a period of two years in a row that have been trouble-free from that condition.

If you joined us from another health insurer or from a company **plan**, and we carried on your moratorium from that insurer, the rules may be slightly different, and we may start the moratorium from when it originally began on your previous insurance.

If you joined on moratorium terms, what do we mean by trouble-free?

Trouble-free means that, for the **medical condition** you need **treatment** for, you have not:

- had a medical opinion from a **medical practitioner**
- taken medication (including over-the-counter drugs)
- followed a special diet
- had medical **treatment**
- visited a **medical practitioner**, **complementary practitioner**, optician or dentist.

Specified conditions that we do not cover

If you joined us on moratorium terms and you had a pre-existing condition we will not cover the pre-existing condition or the specified conditions listed in this table.

Pre-existing condition at the time you join us	Specified conditions that we will not cover whatever their cause
You have been diagnosed with diabetes.	Diabetes Ischaemic heart disease Cataract Diabetic retinopathy Diabetic renal disease Arterial disease Stroke
You have had **treatment** for raised blood pressure (hypertension) in the five years before you joined.	Raised blood pressure Ischaemic heart disease Stroke Hypertensive renal failure
You have been under investigation, had **treatment** or undergone monitoring as a result of a Prostate Specific Antigen (PSA) test in the five years before you joined.	Any disorder of the prostate

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

Whichever form of underwriting you joined on, we may have asked you some medical questions before agreeing your cover. We worked out your terms or your premium based on your answers. If you did not answer fully or accurately, even if this was by accident, we will not cover **treatment** for the condition.

This means we will not cover **treatment** for 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
- any previous **medical condition** that recurs
- 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 **medical practitioner** for more information to confirm whether you had any symptoms before you joined.

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.

3.3 >How the **plan** works with conditions that last a long time or come back (chronic conditions)

The **plan** covers both of these groups of conditions:

- unexpected illnesses and conditions that respond quickly to **treatment** (**acute conditions**)
- illnesses that recur, continue or require longer term **treatment** (**chronic conditions**).

Your cover for **in-patient treatment** of **chronic conditions** is limited to 120 days per admission.

Your cover for **out-patient** monitoring and **treatment** of **chronic conditions** is subject to the **out-patient** limit shown in the table in section 1.4.

What are acute conditions and chronic conditions?

Acute condition – An **acute condition** is 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.

Chronic condition – 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 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.

3.4 >Who can provide your treatment

The **plan** covers you for **treatment** that is provided by:

- **medical practitioners**
- **complementary practitioners**
- **physiotherapists**

We will pay for their normal charges for the **treatment.**

We will not pay if the charges for your **treatment** are higher than they would normally charge for that **treatment.**

We will pay for one surgeon and one anaesthetist for each operation unless we have agreed a different arrangement with you before your operation.

3.5 >Hospitals where you can have your treatment

The **hospital** where you have your **treatment** must be licensed as a medical or surgical **hospital** by the authorities in the country where the **hospital** is located.

» See section 3.7 >for details of differences to this when you have your treatment in the UK.

Facilities that are not covered?

Treatment at the following types of facilities is not covered even if they are registered as a **hospital:**

- health hydro; or
- spa; or
- nature cure clinic; or
- other similar facilities.

3.6 >Accommodation we will pay for at the hospital where you are treated

If your **treatment** is covered by the **plan,** we will pay reasonable charges for a standard, single room with bath or shower.

We will also pay for your standard menu choices.

What is not covered at the hospital?

We will not pay for:

- upgrades to your room; or
- food or drink choices that are not on the standard menu; or
- costs that would not normally be charged to a person staying in a standard, single room with bath or shower; or
- visitors' accommodation or meals; or
- special nursing unless we have agreed that it is necessary first.

3.7 >Differences when you have your treatment in the UK

There are some differences to your cover in the **UK** to other countries. The differences affect where you can have **treatment** and limits on the charges we will pay.

Where you can have treatment in the UK

If you have **treatment** in the **UK**, you must use a **hospital**, **day-patient unit** or **scanning centre** listed in our **UK Directory of Hospitals**. The **hospitals**, **day-patient units** and **scanning centres** listed in our **UK Directory of Hospitals** have each signed an agreement with us that sets out the standards of clinical care and range of services they will provide, and the fees they will charge for services they provide to our members.

You can get a copy of our **UK Directory of Hospitals** at axaglobalhealthcare.com/ukhospitals or by calling us on +44 (0)1892 503 856.

Note that there are restrictions on where you can have cataract **surgery**.

Where you can have oral or cataract surgery in the UK

If you need oral or cataract **surgery** in the **UK**, we will pay for **treatment** at a **UK facility** that has an agreement with us to provide oral or cataract **surgery**.

What happens if I have treatment in the UK at a centre that is not listed in the UK directory of hospitals?

If you have **in-patient** or **day-patient treatment** in the **UK** at a centre that is not listed in our **UK Directory of Hospitals**, we will only pay you a cash payment. You will have to pay all charges related to the **treatment**.

Treatment	Cash payment
In-patient treatment at a centre not in our **UK Directory of Hospitals**	✓ £100 per night or ✓ $160 per night or ✓ €125 per night
Day-patient treatment at a centre not in our **UK Directory of Hospitals**	✓ £100 per day or ✓ $160 per day or ✓ €125 per day
A CT, MRI or PET scan at a centre not listed as a **scanning centre** in our **UK Directory of Hospitals**. CT = Computerised Tomography MRI = Magnetic Resonance Imaging PET = Positron Emission Tomography	✓ £100 per visit or ✓ $160 per visit or ✓ €125 per visit

What happens if it's medically necessary that I have treatment in the UK at a centre that is not listed in the UK Directory of Hospitals?

If it's medically necessary that you have **in-patient** or **day-patient treatment i**n the **UK** at a centre that is not listed in our **UK Directory of Hospitals**, please tell us before you have the **treatment**. We will review your case and may be able to pay your **hospital** charges, but you must have our written agreement to this before you have the **treatment.**

Agreements with medical practitioners, physiotherapists and complementary practitioners on what we will pay in the UK

In the **UK**, we have a schedule of procedures and fees that sets out the limits that we will pay **medical practitioners**, **physiotherapists** and **complementary practitioners**. If you do not call us prior to **treatment** we will pay up to the usual amount charged by **medical practitioners**, **physiotherapists** or **complementary practitioners** for that **treatment**.

Checking which anaesthetist will be involved in your treatment

If an anaesthetist will be involved in your **treatment**, we recommend that you ask your **medical practitioner** for their name and call to tell us. We will check whether that anaesthetist tends to charge within our schedule of procedures and fees or more.

Even if you don't know the anaesthetist's name, you should still call us as we will be able to check which anaesthetist your **medical practitioner** regularly works with and look at what they tend to charge.

Always contact us before you have treatment, wherever you are in the world.

3.8 >General restrictions

Written reports

We will not pay for the cost of any written reports.

Administration charges

We will not pay for any administration charges.

Treatment and referrals by family members

We will not pay for drugs or **treatment** if the person who refers you or treats you is a member of your family.

In-patient stays

We will not pay for more than 120 days per admission for **in-patient treatment**.

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 the handbook as the other rules of cover will also apply, for example our rules about pre-existing conditions, **chronic conditions** and who we pay. If you're in any way unsure about the cover you have with the **plan** - even if you don't need to claim for it at the moment – please send us a message using your Customer Online account axaglobalhealthcare.com/customer or just give us a call on +44 (0)1892 503 856.

We'll always be glad to explain your cover, and it's often quicker and easier than working it out from the handbook alone.

Support when your health condition is complicated

If your **medical condition** or diagnosis is complicated and you're unsure about what's happening, we can help.

Our medical experts have lots of experience of complex medical cases. They'll listen to what's happening and suggest how they could help. They may recommend getting a second opinion from a specialist, or they may offer to manage your case on your behalf so you feel like you're back in control.

This service is run for us by specialist independent consultants with particular expertise in complex cases.

4.1 > AIDS/HIV

We do not cover **treatment** of any **medical condition** that arises from HIV infection.

4.2 > Alcohol abuse, drug abuse, substance abuse

We do not cover **treatment** you need as a result of, or in any way connected to, alcohol abuse, drug abuse or substance abuse.

4.3 > Artificial life maintenance

We do not cover artificial life maintenance for more than 60 continuous days if you are in a persistent vegetative state and only being kept alive by medical intervention such as mechanical ventilation.

4.4 > Breast reduction

We do not cover either male or female breast reduction.

4.5 > 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.

We will cover **active treatment of cancer** for any new **cancer** that starts after you join**.** We will also cover that **cancer** if it comes back and you are still a member.

If you have exclusions to do with **cancer** because of your past medical history, we will not cover your **treatment** if this **cancer** comes back.

» For more details of how we cover treatment of pre-existing medical conditions, see section 3.2 >How the **plan** works with pre-existing conditions and symptoms of them

Cash payment when there has been no charge for your treatment or your stay in hospital

If you receive radiotherapy or chemotherapy **treatment** for free and the **plan** would have covered that **treatment,** we will make the following cash payment to you:

- £50 a day up to £5,000 per **year**
- $80 a day up to $8,000 per **year**
- €60 a day up to €6,375 per **year**

Your cancer cover

Place of treatment	
Active treatment of cancer at a **hospital**	✓ Yes. If the **treatment** takes place in the **UK**, this includes **treatment** at a **hospital**, **day-patient unit** or **scanning centre** that is in our **UK Directory of Hospitals**.
Chemotherapy by intravenous drip at home	✓ Yes, when agreed by our clinical team
Treatment at a hospice	✗ No
Diagnostic	
Specialist fees for the specialist treating your **cancer**	✓ Yes. If the consultations are before your diagnosis they are covered as part of your overall **out-patient** limit. Consultations after your diagnosis are covered as part of your overall **day-patient** and **in-patient** limit.
Diagnostic tests relating to **cancer**	✓ Yes. If the tests are before your diagnosis they are covered as part of your overall **out-patient** limit. Tests after your diagnosis are covered as part of your overall **day-patient** and **in-patient** limit.
Surgery as shown below under 'Surgery'	✓ Yes
CT, MRI and PET scans	✓ Yes
Genetic testing proven to help choose the appropriate chemotherapy » **See section 3.1 > for more about effective treatment and 4.25 > Preventative treatment, genetic tests and screening tests.**	✓ Yes
Genetic testing to work out whether you have a genetic risk of developing **cancer**	✗ No
Surgery	
Surgery for the **treatment** or diagnosis of **cancer**, so long as that **treatment** has been shown to be effective » **See section 3.1 >for more about effective treatment**	✓ Yes

New or experimental surgical procedures	Please contact us before having any new or experimental surgical procedures so that we can discuss the proposed procedure with you. We will write to tell you what we agree to pay for before your **treatment** starts. We will only pay up to the equivalent non-experimental **surgical procedure** as listed in the schedule of procedures and fees. To get a copy of the schedule, go to axaglobalhealthcare.com or call us on +44 (0)1892 503 856
Complications that arise from new or experimental surgical procedures	✗ No – even if we agreed to cover the procedure itself
Preventative	
Preventative **treatment,** such as: Screening when you do not have symptoms of **cancer**. For example, if you had a screen that showed 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 (such as a mastectomy).	✗ No
Vaccines to prevent **cancer** developing or coming back – such as vaccinations to prevent cervical **cancer**	✓ Yes. Vaccines are covered as part of your **out-patient** vaccination cover.
Drug therapy	
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 them if: • they have been licensed by the European Medicines Agency if you are receiving **treatment** in Europe, or the Food and Drug Administration if you are receiving **treatment** anywhere else in the world • they are used according to their licence, and • they have been shown to be effective. The drugs we cover will change from time to time to reflect any changes in drug licences. Please call us to find out the latest **treatments** that we cover.

Chemotherapy and/or biological drug **treatment** to prevent a recurrence of **cancer** or to maintain remission	✓ Yes
Experimental drugs	If you take part in a randomised clinical trial that the appropriate ethics committee has approved, we will pay for your stay in **hospital** and specialist's fees while you are receiving the experimental drug. You need to call us before **treatment** so we can agree costs and cover in writing. There may be information we need you to provide before we can agree costs. For example we will need you to provide us with a copy of your trial acceptance forms.
Other drugs. We cover: • Bone strengthening drugs such as bisphosphonates or Denosumab • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex)	✓ Yes. They are covered as 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**.
Drugs for treating conditions secondary to **cancer**, such as erythropoietin (EPO)	✓ Yes, while you are having chemotherapy that is covered by the **plan**.
Out-patient drugs or other drugs that a **medical practitioner** could prescribe	✓ Yes – covered as part of your overall **out-patient** drugs and dressings cover.
Radiotherapy	
Radiotherapy including when it is used to relieve pain	✓ Yes
Proton beam therapy (PBT)	✓ Yes We will pay PBT for: • central nervous system (brain and spinal cord) cancer or malignant solid cancers in members aged 21 and under • chordomas or chondrosarcomas (types of spine cancer) in the base of the skull or cervical spine (neck bones) which have not spread (metastasised) • cancer of the iris, ciliary body or choroid parts of the eye (uveal melanoma) which has not spread (metastasised)
Accelerated charged particle therapies	✗ No However, there is limited cover for Proton Beam Therapy in the circumstances shown above.

Palliative	
Care to relieve pain or symptoms rather than cure the **cancer**	✓ Yes. 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.
End of life care	
End of life care	✗ No
Monitoring	
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. This is paid from your cover for **out-patient treatment**.
Limits	
Time limits on **cancer treatment.** The **plan** covers you while you are having **treatment** to kill **cancer** cells and for monitoring.	No time limits while you are covered by this **plan**.
Money limits on **cancer treatment**.	No specific limits- the same rules apply to your **cancer treatment** as for any other **treatment**.
Other cover	
Stem cell or bone marrow **treatment** This includes paying reasonable medical costs to a live donor to donate bone marrow or stem cells. It does not include any related administration costs. For example, we will not cover transport costs or the cost of finding a donor. » **See section 4.23 > Organ or tissue donation for more about this**	✓ Yes

4.6 > 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.

4.7 > Consequences of previous treatment, medical intervention or body modification

If you had **treatment**, medical intervention or body modification previously that would not be covered by the **plan**, we do not cover further **treatment** or increased **treatment** costs that are:

- a result of the **treatment**, medical intervention or body modification you had previously; or
- connected with the **treatment**, medical intervention or body modification you had previously.

4.8 > Contraception

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

4.9 > Cosmetic surgery

We do not cover:

- Cosmetic **treatment** or cosmetic **surgery**.
- **Treatment** that is connected to previous cosmetic **treatment** or cosmetic **surgery.**

» See also 4.26 > Reconstructive surgery

4.10 > Criminal activity

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

4.11 > Drugs and dressings for out-patient treatment

We cover drugs and dressings for **out-patient treatment** when the drugs and dressings:

- are prescribed by a **medical practitioner**, and
- are for medical **treatment** covered by the **plan.**

» See also 4.34 > Supplements

4.12 > External prostheses and appliances

We cover:

- the cost of wigs and external prostheses needed during **active treatment of cancer,**
- the cost of spinal supports, knee braces and pneumatic walking boots if they are a part of a **surgical procedure** or integral to the **treatment** of a condition you are covered for.

We do not cover the costs of providing or fitting external prostheses or appliances needed for any other reason. Prostheses and appliances include items such as crutches and joint supports.

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.

4.14 > Gender re-assignment or gender confirmation

We do not cover gender re-assignment or gender confirmation **treatment.**

What is not covered?

We will not cover any of the following when they are connected to gender reassignment or gender confirmation in any way:

- gender reassignment operations or other **surgical treatment**; or
- psychotherapy or similar services; or
- any other **treatment**.

4.15 > Hormone replacement therapy (HRT)

We cover hormone replacement therapy (HRT) that is required following a medical intervention.

We will pay for the **medical practitioner's** consultations and the cost of HRT implants, patches or tablets for a maximum of 18 months following the intervention.

Patches and tablets are subject to your **out-patient** drugs and dressings limit shown in section 1.4 > Your cover.

4.16 > Infertility and assisted reproduction

We do not cover investigations or **treatment** of infertility and assisted reproduction.

This includes:

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

4.17 > Kidney dialysis

We cover kidney dialysis in the following situations:

- regular or long-term kidney dialysis if you have chronic kidney failure.
- for up to six weeks if you are being prepared for kidney transplant.

» See also Kidney dialysis in section 1.4 > Your cover for details of the limits on this cover

» See also 4.23 > Organ or tissue donation

4.18 > Learning and developmental disorders

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

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

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 long sightedness, short sightedness or astigmatism.

However, we do cover **treatment** to correct astigmatism if the astigmatism is due to surgical replacement of the lens of the eye.

Eye tests

We will pay towards the cost of one eye test per **year**.

What you need to claim for your eye test.

We cannot pay any claims without a receipt. To claim for your eye test, please ask your optician for full receipts. Then call us and we will explain how to send in your receipts.

Prescribed glasses and contact lenses

We will pay towards the cost of eye tests, prescribed glasses and prescribed contact lenses needed to correct vision.

What is not covered?

We will not pay towards the cost of:

- contact lens check ups
- contact lens solutions
- new frames
- non-prescribed glasses
- repairs to glasses
- replacements that you need because of accidental damage
- non-prescribed items that you buy as part of an eye care contract scheme.

4.20 > Mental health

We will cover **treatment** for psychiatric illness as an **in-patient**, **day-patient** or **out-patient**.

We will cover you for up to 100 days in your lifetime for **treatment** as an **in-patient.**

All the other conditions of the **plan** still apply to this cover.

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

If you need to go into **hospital** for **in-patient** or **day-patient treatment** of a psychiatric condition, you or a **family member** must contact us to check your cover before you go in. If your **treatment** is covered, we will contact the **hospital** to ask them for a medical report. We will also arrange for the **hospital** to send the bills for your **treatment** directly to us.

If the **hospital** is in the **UK**, they will contact us to check your cover before you go in.

What if my condition goes on for a long time?

If you need to stay in **hospital** for longer than initially agreed, we will ask your **medical practitioner** why you need further **treatment,** and let you know if we agree to cover the extended stay.

What is not covered?

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

- an injury you inflicted on yourself deliberately
- a suicide attempt
- alcohol abuse
- drug or substance abuse.

4.21 > 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 which are not caused by another disease, illness or injury.

4.22 > 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 your active involvement in 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.

We do not cover **treatment** you need because you have put yourself in needless peril, such as going to a place of unrest as an onlooker.

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

4.23 > Organ or tissue donation

If you **plan** to donate an organ or tissue as a live donor, or receive an organ or tissue from a live donor, please call us so that we can tell you what support we offer.

What is not covered?

We do not pay for:

- the cost of collecting donor organs or tissue; or
- any related administration costs – for example, the cost of searching for a donor; or
- any costs towards organ or tissue donation that is not done in line with appropriate regulatory guidelines.

4.24 > Pregnancy and childbirth

Your cover depends on whether you have the optional pregnancy and childbirth cover.

Your healthcare insurance statement will show if you have this.

» See also optional pregnancy and childbirth cover in section 1.5 Optional covers for details of the limits that apply

Extra cover if you have the option pregnancy and childbirth cover

If you have the optional pregnancy and childbirth cover, we will also cover:

- Antenatal consultations, monitoring and screening
- Childbirth, including caesarean sections which are not for the **treatment** of, or due to, a **medical condition**
- Postnatal consultations for up to six weeks following the birth.

There is no cover available for the first 10 months after each member takes out or joins this **plan** unless we have told you otherwise on your healthcare insurance statement.

What is not covered for pregnancy and childbirth

We do not cover the antenatal consultations, postnatal consultations, monitoring and screening that you will have during routine pregnancy and childbirth.

We do not cover routine childbirth.

What is covered for pregnancy and childbirth?

We cover **treatment** for **medical conditions** related to pregnancy and childbirth. The **treatment** is covered up to the limits that apply in the rest of this **plan**.

Examples of **medical conditions** related to pregnancy and childbirth that we cover are:

- 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)
- placenta praevia
- eclampsia (a coma or seizure during pregnancy and following pre eclampsia)
- diabetes (if you have exclusions because of your past medical history related to diabetes, then you will not be covered for any **treatment** for diabetes during pregnancy.)
- post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- miscarriage requiring immediate surgical **treatment.**

☎ Please always call us to check what you are covered for before starting any private treatment for pregnancy or childbirth that you intend to claim for.

Adding a baby to the plan

☎ If you have a baby, we can often add them to the **plan** from birth. However, if you have a **multiple birth** and either parent has had fertility **treatment** or the pregnancy followed assisted reproduction, we will need to medically underwrite the babies. Please call us for more details.

If you want to add a baby to the **plan**, you must tell us within three months of the baby's birth. If you want to add the baby when they are older than three months, we may need to underwrite their cover separately.

» See 5.1 > Adding a family member or baby

4.25 > Preventative treatment, genetic tests 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**, genetic tests or screening tests.

What is not covered for preventative treatment, genetic tests or screening tests?

We do not pay for:

- preventative **treatment**, such as preventative mastectomy; or
- routine preventative examinations and check-ups; or
- genetic screening 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
  - there is a genetic risk of you passing on a **medical condition**; or
- genetic tests to identify a **medical condition** where the result of the test isn't proven to change the course of **treatment**. This might be because the course of **treatment** for your symptoms will be the same regardless of what **medical condition** has caused them; or
- any other preventative **treatment** to see whether you have a **medical condition** if you do not have any symptoms.

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

What is covered for genetic tests?

We will pay for genetic testing when it is proven to help choose the best course of drug **treatment** for your **medical condition**. This means that it must be recommended in the drug licence for a specific targeted therapy, such as HER2 testing for the use of Herceptin for breast **cancer**.

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

4.26 > Reconstructive surgery

We cover reconstructive **surgery** in certain circumstances as detailed below.

What is covered?

We will cover your first reconstructive **surgery** following an accident or **surgery** for a **medical condition** that was covered by the **plan.** We will do this so long as:

- you have been continuously covered by a private medical insurance **plan** since before the accident or **surgery** happened
- we agree the cost of the **treatment** in writing beforehand.

In the case of breast cancer the first reconstructive **surgery** means:

- one planned **surgery** to reconstruct the diseased breast
- one further planned **surgery** to the other breast, when it has not been operated on, to improve symmetry
- nipple tattooing, up to 2 sessions.

☎ Please call us 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 **surgery** or any cosmetic operation to a reconstructed breast.

» See also 4.9 > Cosmetic surgery

4.27 > 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:

- if follows an acute brain injury, such as a stroke; and
- it is a part of **treatment** that is covered by the **plan**; and
- it takes place in a **hospital** or unit that specialises in rehabilitation; and
- a **medical practitioner** who specialises in rehabilitation is overseeing your **treatment**; and
- we have agreed the costs before you start rehabilitation; and
- the **treatment** could not be carried out on an **out-patient** basis.

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.

What is not covered for rehabilitation?

We do not cover **day-patient** rehabilitation.

We do not cover **treatment** as an **in-patient** that you could have as an **out-patient**. This includes rehabilitation.

☎ If you need rehabilitation, please call us so we can tell you if you are covered.

4.28 > 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.

4.29 > Sexual dysfunction

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

4.30 > Sexually transmitted diseases/infections

We do not cover **treatment** for sexually transmitted diseases/infections.

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 but not limited to travel or home help costs. This includes if your **in-patient** stay is extended for a reason not related to your **treatment** and you could have that **treatment** as an **out-patient.**

We do not cover the costs of home visits unless a home visit is necessary because of the sudden onset of an **acute condition** that means you're not able to have your **treatment** or consultation in a medical clinic or consulting room.

4.32 > Sports and activity related treatment

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

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

We do not cover **treatment** of injuries that are sustained when taking part in the following sports and activities:

- base jumping
- cliff diving
- flying in an unlicensed aircraft
- free climbing
- scuba diving to a depth of more than 10 metres, or to a depth of more than 30 metres if you hold an appropriate diving qualification or you are being instructed by an appropriately qualified diving instructor, for example an instructor recognised by PADI (Professional Association of Diving Instructors)
- any activity at a height of over 5,000 metres above sea level
- canyoning
- skiing off piste, or any other winter sports activity carried out off piste without an instructor with the appropriate qualifications.

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 > Supplements

We do not cover any supplements or substances that are available naturally, such as vitamins, minerals and organic substances.

4.35 > Teeth and dental conditions

What dental treatment is covered?

Your cover depends on whether you have the dental upgrade. Your healthcare insurance statement will show if you have the dental upgrade.

What is covered without the dental upgrade	
Dental **treatment**, such as fillings	✓ Yes
Check-ups	✗ No
Scale and polish	✗ No

What is covered with the dental upgrade	
Dental **treatment**, such as fillings	✓ Yes
Check-ups	✓ Yes
Scale and polish	✓ Yes

» See also dental treatment in section 1.4 > Your cover for details of the limits on your dental cover

We do not cover:

- cosmetic treatment
- **treatment** that's needed because you have not had at least one dental check-up in every **year**, for example **treatment** for gingivitis and periodontitis.

What dental treatment is covered following accidental damage?

We will cover the following types of dental **treatment** when they are needed following accidental damage caused by external impact to the mouth and jaw:

- the reasonable cost of replacing a crown, bridge-facing, veneer or denture with a replacement of equivalent quality to the original device
- implants needed for clinical reasons (not cosmetic) – we will pay up to the cost of equivalent dental work to supply and fit a bridge
- replacement dentures as long as you were wearing them when you suffered the injury.

We will only pay for **treatment** if you noticed the damage within seven days of the accidental damage taking place and the **treatment** takes place within 18 months.

We do not cover:

- **treatment** needed following damage caused by any of the following:
  - normal wear
  - eating or drinking something, even if it contains a foreign body
  - boxing or playing rugby (except tag rugby) without wearing suitable mouth protection
  - brushing your teeth or any other oral hygiene procedure.

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 > 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 **medical practitioner** 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 the **plan**.

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

4.38 > Weight loss treatment

We do not cover **treatment** for weight loss **surgery**.

What is not covered?

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

5 Managing the plan

5.1 > Adding a family member or baby

☎ To add a **family member** or baby to your cover, call us on +44 (0)1892 503 856 and we will talk you through how it works.

Who you can add

You can apply to add the following **family members** to the **plan**:

- Your partner in marriage, in a civil partnership, or when living together permanently in a similar relationship. (There may be certain circumstances where we cannot add a partner.)
- Any of your children or your partner's children.
- A new baby.

Adding a new baby

If you would like to add a new baby to your cover, you can do this from their date of birth so long as you call us within three months of their birth. We will not normally need details of their medical history.

There may be some limits to our cover if any of the following apply:

- either parent has had any kind of fertility **treatment** and the babies are a **multiple birth**; or
- the babies are a **multiple birth** and were born after assisted reproduction; or
- you have adopted the baby.

We have explained these limits in the following paragraphs.

Employer rules

Your employer may apply their own rules to when you can add a family member or baby. Please check with your HR department.

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 the **plan.** As with most health insurance, our cover for **treatment** has a few limits in these situations.

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

- we may ask for more details of the baby's medical history
- we will not cover **treatment** in a Special Care Baby Unit or paediatric intensive care immediately after the birth
- we may add other conditions to the baby's cover. For example, we may limit their cover for pre-existing conditions.

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

5.2 > Paying your excess

Your healthcare insurance statement will tell you if you have an excess and how much it is. This section tells you how to pay it.

If the plan has an excess

If the **plan** has an excess, you can see the amount on your healthcare insurance statement.
Here is how excesses work:

- We will take your excess off the amount covered by the **plan** for the first claim for each person in each **year**. For example, if the claim was covered for £800, and the excess was £100, we would pay £700.
- If your claim is for a **treatment** that has a limit we will apply the limit before we take the excess off.
- We count the **treatment** costs for each **year** according to the date the **treatment** took place.
- Even if **treatment** costs less than your excess, please tell us about it so we can make sure we take this into account if you claim again that **year**.
- The excess applies per person. So if two people covered by the **plan** make a claim, we will take the excess off both their claims.
- It may take several claims before the full amount of the excess is paid.
- Once the full amount of an excess has been paid in a **year**, we will not take it off any further claims in that **year**.
- It does not matter whether you claim several times for the same **medical condition**, or for several **medical conditions**.
- The excess applies for each **year**. This means that if you incur costs during this **year**, we will take the excess off what we pay for your claim. If you then incur more costs in the next **year**, even if it's for the same condition, we will take the excess off that claim.
- If your claim goes over your renewal, we will take the excess off the amount we pay for your claim before renewal, then we will take the excess off the amount we pay for your claim after renewal.
- If you have any questions about how your excess works, please call us on +44 (0)1892 503 856.

Claims that you do not have to pay an excess for

If you claim for any of the following, you will not need to pay an excess:

- cash payment when there has been no charge for your **treatment** or your stay in **hospital**
- evacuation or repatriation service
- cash payment if you have free chemotherapy or radiotherapy
- any claim for dental **treatment** (unless the claim relates to accidental damage, in which case you will have to pay an excess)
- any claim for wigs.

5.3 > What to do if you do not want the plan

If you do not want the **plan**, you should talk to your employer.

You cannot cancel the **plan** with us as it is part of your employer's healthcare scheme.

5.4 > Continuing your cover without the need for additional medical underwriting

If your cover is ending because you are leaving your employer, it is easy to switch to a personal healthcare **plan**.

We can usually offer you comparable cover without the need for additional medical underwriting.

Please call us on +44 (0)1892 503 856 and we can help you create a personal healthcare **plan** to suit you.

5.5 > Keeping us informed

If any of your personal details change, it's important that you let us know as soon as possible. If you're unsure whether the change is important, it's best to tell us and we can explain if it affects the **plan**.

Change of country where you normally live

You must tell us if there's a change of **country where you normally live.**
We are not able to provide insurance in some countries, so it's your responsibility to check that your cover is still valid if you move.

Changes to any details you give us when you join

If you send us any form, and anything changes between the time you send the form and the time we confirm that we have made the change shown in the form, you must tell us.

This includes if there's a change in the **country where you normally live.**

5.6 > 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 the **plan.** 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 **plan** number
- a contact phone number
- the details of your complaint
- any relevant information that we may not have already seen.

Please call us on +44 (0)1892 503 856, email us at AGHCustomerRelations@axa.com or write to:

AXA Global Healthcare

Phillips House, Crescent Road, Tunbridge Wells, Kent

England

TN1 2PL

Answering your complaint

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

The Financial Services and Pensions Ombudsman

If you are unhappy with the way we have dealt with your complaint, you may be able to refer the matter to:

Financial Services and Pensions Ombudsman,

Lincoln House, Lincoln Place,

Dublin D02 VH29.

Tel - +353 1 567 7000.

Email - info@fspo.ie

Web - www.fspo.ie

Your legal rights

None of the information in section 5.6 > Making a complaint, affects your legal rights.

6 Legal information

6.1 > Rights and responsibilities

This section sets out the rights and responsibilities we have to each other.

The plan

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

The **plan** is for one **year**.

We will provide you with the cover set out in the **plan**.

We will pay for covered costs incurred during a period for which the premium has been paid.

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

If the **lead member** stops working for the employer that is paying for the **plan**, your cover will end.

Renewal

Before 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.

What happens if your employer ends their company healthcare scheme with us

If your employer ends their **company** healthcare plan with us, your cover will end.

You may be able to take out your own plan with us. We can explain your options to you at the time.

» See also 5.4 > Continuing your cover without the need for additional medical underwriting

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 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 member** 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 a state healthcare provider.

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 claims;
- recover from you any loss caused by the break;
- refuse to renew the **plan**;
- impose different terms to your cover;
- end 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 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 recover what we have paid from you.

Our right to make changes to the plan

We can change all or any part of the **plan** from any renewal date. We will give you reasonable notice of changes to the **plan.**

International economic 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.

If you or a **family member** are directly or indirectly subject to economic sanctions, including sanctions against the **country where you normally live**, we reserve the right to do any of the following:

- immediately end cover (even if you have permission from a relevant authority to continue cover or pay premiums)
- stop paying claims on the **plan** (even if you have permission from a relevant authority to continue cover or pay premiums)
- cancel the **plan** or remove a **family member** immediately without notice.

We will tell you if we do any of these.

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 seven days of finding this out.

Law applying to the plan

We and the **company** are free to choose the law within the European Union that applies to the **plan**. Irish Law will apply unless you and we agree otherwise.

Language for the plan

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

Legal rights

Only the **company** and we have legal rights under this **plan**. No one other than the parties to the **plan** shall have any rights to enforce any of its terms.

6.2 > Our authorisation and regulation details

Our plans are administered by AXA Global Healthcare (UK) Limited and underwritten by AXA Insurance dac.

AXA Global Healthcare (UK) Limited is authorised and regulated by the Financial Conduct Authority UK, registered number 307140.

AXA Insurance dac is registered in the Republic of Ireland, no. 136155 and is regulated by the Central Bank of Ireland.

You can check details of AXA Insurance dac's regulatory registration on the following Central Bank of Ireland website: registers.centralbank.ie

6.3 > Your personal information

The **plan** is underwritten by AXA Insurance dac and administered by AXA Global Healthcare (jointly AXA). This is a summary of our respective Privacy Policies that you can find on our websites: axaglobalhealthcare.com/en/about-us/privacy-and-legal and axaglobalhealthcare.com/privacy-ie

Please make sure that everyone covered by this **plan** reads this summary and the full data privacy policies on our websites axaglobalhealthcare.com/privacy-ie and axaglobalhealthcare.com/en/about-us/privacy-and-legal. If you would like a copy of the full Privacy Policies please call us on +44 (0) 1892 503 856 and we'll send you one.

We want to reassure you AXA never sells 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 obtain your consent to process information such as your medical information when it's necessary to do so.

We collect information about you and the **family members** who are covered by the **plan** from you, those **family members,** your healthcare providers, your employer (*if you are on a company scheme*), your insurance broker if you have one and third party suppliers of information.

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; and
- Facilitate the provision of benefits or otherwise manage the **plan**; and
- Help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- Allow other AXA companies to contact you if you have agreed.

In order to be able to manage the **plan** we may transfer and access your information from countries

anywhere in the world including India and the USA where some administration is undertaken and Switzerland where AXA has a European data centre. Before doing so we will ensure that your data is protected and disclosed only to authorised individuals solely for servicing the **plan** or claim. Any internal transfer of your data will be undertaken only in accordance with the relevant data protection laws and regulations.

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 claims or manage the **plan** properly.

We will inform you if a data breach occurs and your personal and medical information are disclosed to unauthorised parties. The notification will be provided within 72 hours of the confirmation of the incident.

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 +44 (0) 1892 503 856 or write to us.

6.4 > 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 **plan** 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. Paying only our proper share helps us to keep the cost of premiums down.

If another party is responsible for part of your claim, it may mean they will pay for costs you would otherwise have to pay yourself, such as your excess on this **plan** or private treatment not covered by this **plan**.

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

If your claim relates to an injury or **medical condition** that was caused by another person, they may be liable to pay some of the costs of your claim. This means you must tell us as quickly as possible if you believe a third party caused the injury or **medical condition**, or if you believe they were at fault. If we need further information, we may contact you or the third party.

We will pay our proper share of the claim and recover what we pay from the third party. We do this so we can keep the cost of premiums down. It also means that you can be repaid for any costs you paid yourself, or if you paid for private **treatment** that wasn't covered by the **plan**.

You must include all amounts (including interest) paid by us in respect of the injuries in your claim against the third party.

You (or your solicitors) must keep us informed:

- on the progress of your claim and any action against the third party or any pre-action matters
- on the progress of and outcome of any action or settlement discussions, including providing us with access to the details of any settlement reached.

Repaying us if the third party pays you

If we have paid you for your claim and you are subsequently paid by the third party, you must repay us within 21 days of being paid by the third party. The amount you must repay depends on what you are paid:

- If the third party settles in full, you must repay our payment to you in full; or
- if the third party pays you a percentage of your claim for damages, you must repay us the same percentage of our payment to you; or
- if your claim is paid as part of a global settlement and our payment to you is not individually identified, you must repay us the same proportion that the global settlement is of your total claim for damages against the third party.
- If you are paid interest by the third party, you must include that when working out what to pay us.
- If you do not repay us, we will be entitled to recover what you owe us from you and the **plan** may be cancelled in accordance with the section: 'What happens if you break the terms of the **plan**'.

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

7 Glossary

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

Where we've used these terms, we've highlighted them in bold to help you know that they have a specific meaning.

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

active treatment of cancer – **treatment** intended to shrink, stabilise, or slow the spread of the **cancer**, and not given solely to relieve the symptoms.

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 the **plan** is part of.

company agreement – an agreement we have with the **company**. This agreement sets out who can be covered, when cover begins, how it is renewed and how premiums are paid.

complementary practitioner

Definition for **treatment** given outside the **UK:**

a practitioner who is qualified and registered to practice in the country where the **treatment** will be given as one of the following:

- homeopath
- acupuncturist
- osteopath
- chiropractor
- practitioner of Chinese herbal medicine.

Definition for **treatment** given in the **UK:**

a **medical practitioner** who meets all of the following conditions:

- is fully registered under the Medical Acts
- specialises in at least one of the following: homeopathy, acupuncture, osteopathy or chiropractic
- is registered under the relevant Act
- is recognised by us as a complementary practitioner for **out-patient treatment.**

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

country where you normally live – the country where the policyholder lives or intends to live for most of the year. It will be shown as your address on your healthcare insurance statement.

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.

» The units we recognise for treatment in the **UK** are listed in our Directory of Hospitals at axaglobalhealthcare.com/ukhospitals

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

facility – a **hospital** or a centre with which we have an agreement to provide a specific range of medical services and which is listed in the **UK Directory of Hospitals**.

In some circumstances **treatment** may be carried out at an establishment that provides **treatment** under an arrangement with a **facility** listed in the **UK Directory of Hospitals**.

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.

hospital

Definition outside the **UK**: a hospital that is licensed as a medical or surgical hospital in the country where it is based

Definition within the **UK:** a hospital that is in our **UK Directory of Hospitals**

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 healthcare insurance statement. If the first person named on your healthcare insurance statement is under 18 then we will treat the person who pays the premium as the policyholder. In this case, the policyholder will not be entitled to cover under this **plan**.

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

medical practitioner

Definition for **treatment** outside the **UK**:

a person who has primary degrees in the practice of medicine and surgery from a medical school that is listed in the World Health Organisation's World Directory of Medical Schools.

Definition for **treatment** within the **UK**:

a person 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.

In the **UK**, 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 psychosexual medicine, musculoskeletal or sports medicine, 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

multiple birth – the birth of more than one baby from a single pregnancy.

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

physiotherapist

Definition for **treatment** outside the **UK:**

a person who is licensed to practice as a physiotherapist where the **treatment** is to take place.

Definition for **treatment** within the **UK**:

a person who meets all of the following conditions:

- is fully registered under the Medical Acts
- specialises in physiotherapy
- is recognised by us as a physiotherapist for **out-patient treatment.**

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

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
- any statement of fact we send you
- this handbook
- your healthcare insurance statement and our letter of acceptance

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

» The centres we recognise are listed in our **UK Directory of Hospitals** at axaglobalhealthcare.com/ukhospitals

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.

treatment ◆ – surgical or medical services (including **diagnostic tests**) that are needed to diagnose,

relieve or cure a disease, illness or injury.

UK Directory of Hospitals – the list of **hospitals**, **day-patient** units and **scanning centres** that are available for you to use under the terms of the **plan**.

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.

» The Directory of Hospitals is on our website at axaglobalhealthcare.com/ukUhospitals

United Kingdom (UK) – 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 unless we have agreed something different with your employer.

Notes

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