



Health

okta
My Benefits

OKTA UK Ltd
Healthcare insurance plan
Advance Membership handbook
September 2024

Personal Advisory team

0800 169 7587

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

For queries or claims pre-authorisation including our muscles, bones and joints service and our mental health assessments and support service. Remember a GP referral may not be needed for some conditions.

Find out about our specialist appointment booking service in Section 2 – 'Making a claim and using your Advance services'.

To contact us by Relay UK on any of the numbers listed in this handbook just prefix the number listed with 18001.

Overseas emergency control centre

+44(0) 1892 513 999

Health information

axahealth.co.uk/health

Access to our on-line health centres

Leaving your employer

Stay covered with the same personal medical underwriting

Call us on 0800 028 2915

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

Wellbeing Services

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

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

If you have hearing, speech or visual difficulties

axahealth.co.uk/accessibility

This gives helpful information and support on how to access your documentation and different ways to communicate with us.

If you're leaving your company

Stay covered with the same personal medical underwriting

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

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

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

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

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1 Quick start guide to your membership



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

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

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

1.1 > Your benefits

1.2 > The main things we don't cover

Words and phrases in bold type

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

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

You and your

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

We, us and our

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

1.1 >Your benefits

This section shows you the cover your membership gives you.

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

GP referral

Where we talk about referral from a GP, we mean the AXA Doctor at Hand service or a GP at your GP practice. If your **company** provides access to an alternative GP service, we will accept referrals from the alternative GP service under your **company's** arrangement.

If you're an in-patient or day-patient		
Private hospital and day-patient unit fees	Paid in full so long as you use a hospital or day-patient unit in your Directory of Hospitals	Including fees for in-patient or day-patient : <ul style="list-style-type: none"> • accommodation • diagnostic tests • using the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the specialist uses during surgery. <p>>> For more information, see Section 3 – 'Paying the places where you're treated'</p>
Cash payment if you use a hospital or day-patient unit that's not in your Directory of Hospitals	£100 a night for in-patient treatment , £100 a day for day-patient treatment	If you have private in-patient treatment or day-patient treatment at a hospital or day-patient unit that is not in your Directory of Hospitals .
Hospital accommodation for one parent while a child is in hospital	Paid in full	Covers the cost of one parent staying in hospital with a child. The child must be covered by your membership and having treatment covered by it.
Hotel accommodation for one parent while a child is in hospital	Up to £100 a night up to £500 a year	Covers towards the costs for one parent to stay near to the private hospital where a child is having treatment . The child must be covered by the membership and having treatment covered by it. We will not take any excess off this cash payment.

If you're an in-patient or day-patient		
Specialist fees	No yearly limit	Includes fees for: <ul style="list-style-type: none"> • surgeons • anaesthetists • physicians. <p>>> For more information, see Section 3 – 'Paying the specialists, practitioners and therapists who treat you'</p>
If you're an out-patient		
Access to our muscles, bones and joints service – No GP referral needed - Call us on 0800 169 7587		
Surgery	No yearly limit	
CT, MRI or PET scans	Paid in full at a scanning centre , or hospital listed as a scanning centre , in your Directory of Hospitals	>> For more information, see Section 3 – 'Paying the places where you're treated'
Cash payment if you have a private CT, MRI or PET scan at a hospital or day-patient unit that is not in your Directory of Hospitals	£100 each visit	If you have a private CT, MRI or PET scan at a scanning centre that is not in your Directory of Hospitals .
Specialist consultations Diagnostic tests performed by your specialist or when your specialist refers you Practitioner fees when your specialist refers you	No yearly limit	Practitioners are nurses , dieticians, orthoptists, speech therapists, psychotherapists or psychologists and audiologists. This includes remote consultations by telephone or via a video link instead of you going to an out-patient clinic. >> For more information, see Section 3 – 'Paying the specialists, practitioners and therapists who treat you'
Fees for out-patient treatment by physiotherapists, acupuncturists , osteopaths or chiropractors	Up to a combined overall maximum of 10 sessions in a year on GP referral or when you have physiotherapy or osteopathy treatment through our muscles, bones and joints service Further sessions when your specialist or our muscles, bones and joints service refers you as long as we agree them first	We call physiotherapists, osteopaths and chiropractors therapists .

If you're an out-patient		
Routine follow up consultations and associated diagnostic tests with a specialist to monitor the on-going control of a specified chronic condition	Up to £1,000 in a year	By specified chronic condition we mean: angina, asthma, diabetes, epilepsy, heart valve problems, high blood pressure, glaucoma, osteoarthritis, rheumatoid arthritis, thyroid problems and ulcerative colitis.
AXA Doctor at Hand consultations	Unlimited video or telephone consultations with the AXA Doctor at Hand service	<p>Access to the AXA Doctor at Hand, a private GP service for video or telephone consultations. For information on terms and conditions, registering and how to use this service, please visit https://www.axahealth.co.uk/dahadvance.</p> <p>The AXA Doctor at Hand service is delivered by Doctor Care Anywhere.</p> <p>Appointments carried out by Doctor Care Anywhere are not subject to your excess, or any other monetary limitations.</p> <p>>> For more information, see Section 2 – 'Making a claim and using your Advance services'</p>

Mental Health If you're an in-patient or day-patient		
Private hospital and day-patient unit fees for mental health treatment	Paid in full	So long as you use a hospital or day-patient unit in your Directory of Hospitals . Including fees for: <ul style="list-style-type: none"> • accommodation • diagnostic tests • drugs. <p>>> For more information, see Section 3 – 'Paying the places where you're treated'</p>
Cash payment if you use a hospital or day-patient unit that is not in your Directory of Hospitals	£100 a night for in-patient treatment £100 a day for day-patient treatment	If you have private in-patient or day-patient treatment for a mental health condition at a hospital or day-patient unit that is not in your Directory of Hospitals .
Specialist fees for mental health treatment	No yearly limit	

Mental Health - If you're an out-patient		
Access to our mental health assessments and support service – No GP referral needed - Call us on 0800 169 7587		
Counselling sessions through our mental health assessments and support service	Sessions with a counsellor when this is directed by, and arranged through, our mental health assessments and support service	This could be face to face, email or telephone counselling. The type and amount of counselling will be arranged as clinically appropriate by our mental health assessments and support service. Only counselling arranged through our mental health assessments and support service is covered by your plan . Over 18s only. Counselling is not subject to the excess or other monetary benefit limits.
Specialist consultations for mental health treatment	No yearly limit	This includes remote consultations by telephone or via a video link instead of you going to an out-patient clinic.
Mental health treatment by psychologists and psychotherapists	No yearly limit	>> For more information, see Section 4 – 'Mental Health'
Routine monitoring and/or treatment needed for the on-going control of a chronic mental health condition	Paid up to £1,000 each year	Treatment with specialists , psychologists or psychotherapists.

Additional benefits		
Nurse to give you antibiotics by intravenous drip at home	Paid in full	<p>We will pay for treatment:</p> <ul style="list-style-type: none"> • at home; or • somewhere else that is appropriate. <p>We will pay for a nurse to give you antibiotics by intravenous drip. This is so long as:</p> <ul style="list-style-type: none"> • we have agreed the treatment beforehand; and • you would otherwise need to be admitted for in-patient or day-patient treatment; and • the nurse is working under the supervision of a specialist; and • the treatment is provided through a healthcare services supplier that we have a contract with for this kind of service.
Cash payment when you have free treatment under the NHS	£200 per night up to £5,000 each year	<p>We pay this when:</p> <ul style="list-style-type: none"> • you are admitted for in-patient treatment before midnight; and • we would have covered your treatment if you had had it privately. <p>We will not take your excess off this cash payment. You can also receive this cash payment if you have treatment in an NHS Intensive Therapy or Intensive Care unit, whether it follows private treatment or not.</p>
Oral surgery	Paid in full so long as you use a facility that we have an agreement with covering oral surgery	<p>So long as your dentist refers you, we will pay for:</p> <ul style="list-style-type: none"> • reinserting your own teeth after a trauma; or • surgical removal of impacted teeth, buried teeth and complicated buried roots; or • removal of cysts of the jaw (sometimes called enucleation). <p>To check if we have an agreement with a facility for oral surgery, search your Directory of Hospitals at axahealth.co.uk/hospitals</p>
Ambulance transport	Paid in full	If you are having private in-patient or day-patient treatment and it is medically necessary to use a road ambulance to transport you to another medical facility .

Additional benefits		
Treatment of menopausal symptoms	No yearly limit	<p>We will cover if you need to be referred to a specialist by your GP for the treatment of menopausal symptoms.</p> <p>We recommend referral to a specialist accredited by the British Menopause Society (BMS). Please ask your GP for an open referral and we can support you in finding a BMS specialist, either nearby, or one who commonly offers online appointments.</p>
Assessment, diagnosis and initial support for specified neurodiverse conditions through our selected provider	<p>Supporting you through our online Neurodiversity Assessment and Support Service as follows:</p> <ul style="list-style-type: none"> • An initial needs assessment • Online assessment(s) and diagnosis • Group sessions following diagnosis of ADHD and/or Autism to better understand your condition(s) • Sessions with an educational expert (Education Navigator) to provide information on how to access local support • Sessions with the medicine review team after a diagnosis of ADHD 	<p>Benefit is available for the following neurodiverse conditions when you are referred by your GP for suspected: Autism, Attention Deficit Hyperactivity Disorder (ADHD) and the following learning difficulties: Dyslexia, Dysgraphia and Dyscalculia.</p> <p>The referral can be from any GP. However, some online GPs are not able to support ongoing prescriptions, so you may wish to speak to your practice GP.</p> <p>Because of the online nature of the support, benefit is available for adults and children aged 7 and over. Your excess will apply to this service.</p> <p>>> For more information, see Section 4 – ‘Learning and Developmental disorders’</p>
Overseas evacuation and repatriation	Service available	<p>Our evacuation or repatriation service is available to move you to another hospital which has the necessary medical facilities to treat your medical condition if the appointed doctor establishes the local hospitals are inadequate, or the appropriate treatment is unavailable locally. You will be moved, either to a hospital in the country where you are taken ill or in another nearby country (evacuation) or brought back to the United Kingdom (repatriation).</p> <p>>> For more information, see Section 4 – ‘Evacuation and repatriation’</p>
Immediate emergency in-patient treatment received while travelling abroad which relates to an evacuation or repatriation we have arranged for you		

Additional benefits		
New child payment	£150 per birth or adoption	We will pay this benefit to one parent covered on the plan for more than 10 months. You will need to send us an original or certified copy of the long birth certificate or adoption papers.
External prosthesis	Up to £5,000 for the lifetime of your membership	We will pay this benefit towards the cost of providing an external prosthesis . We will not take your excess off this cash payment. >> For more information, see Section 4 – ‘External prosthesis or appliances’

Excess information		
Excess per member per year	£100	Excesses do not apply to: <ul style="list-style-type: none"> • Overseas evacuation or repatriation service • NHS cash benefit • Day-patient and out-patient radiotherapy and chemotherapy cash benefit • Parent hotel accommodation • Counselling arranged through our mental health assessments and support service • New child payment • External prosthesis • GP appointments carried out by Doctor Care Anywhere.

Cancer cover and care

For details, see [Section 4 – ‘Cancer’](#).

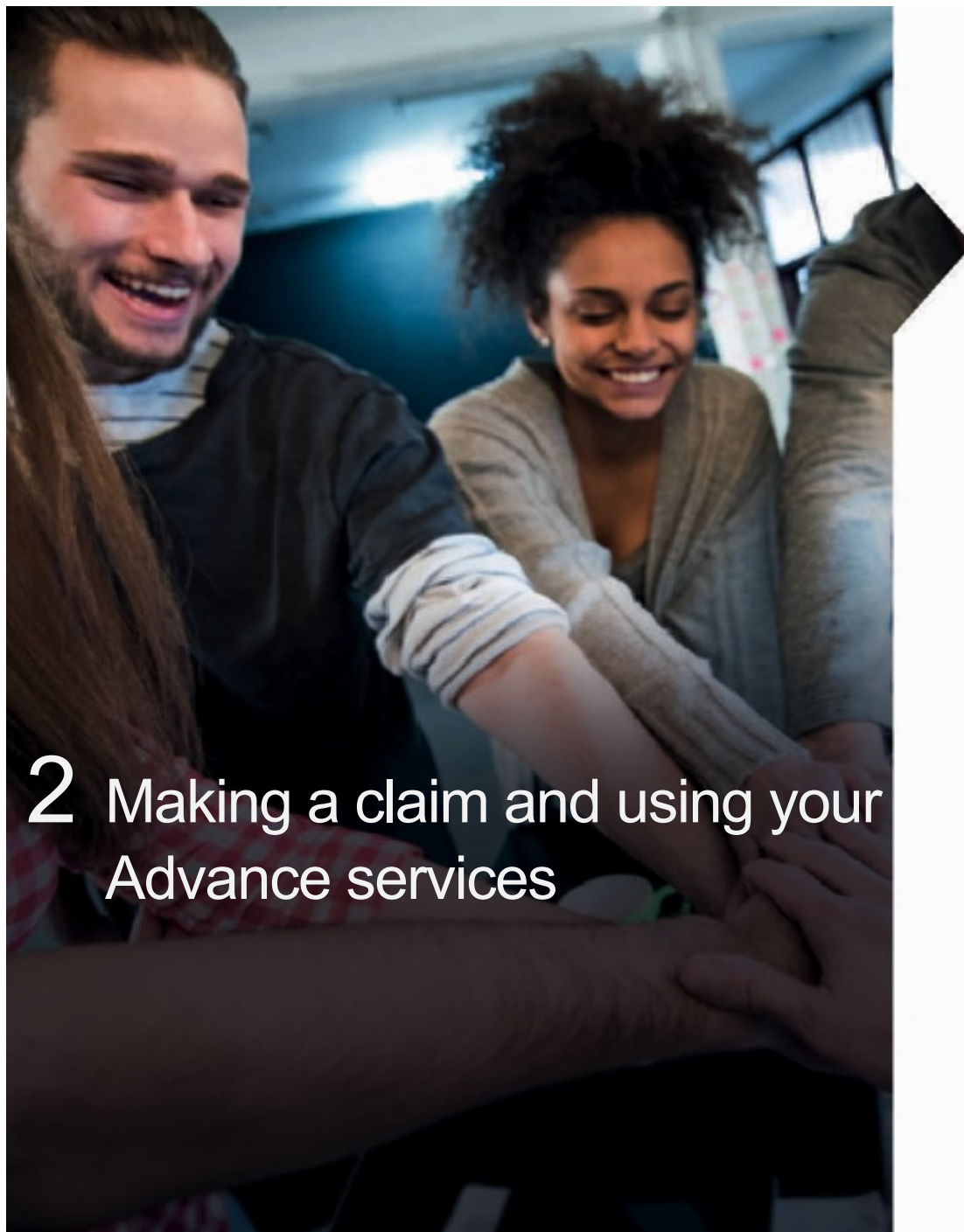
1.2 > The main things we don't cover

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

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

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

Your plan does not cover	For more information	Notes
Routine pregnancy and childbirth	>> For more information, see Section 4 – 'Pregnancy and childbirth' or call us on 0800 169 7587	
Treatment of ongoing, recurrent and long-term conditions (chronic conditions) except as allowed for in the benefits table	>> For more information, see Section 3 – 'How your membership works with conditions that last a long time or come back (chronic conditions)'	
Fees if you choose to use a hospital that is not in your Directory of Hospitals	>> For more information, see Section 3 – 'Paying the places where you're treated'	If you choose to use a different hospital, we may pay you a small cash payment. We use a Directory of Hospitals as it helps us to keep subscriptions affordable. You can search your Directory of Hospitals at axahealth.co.uk/hospitals



2 Making a claim and using your Advance services

- > **Our muscles, bones and joints service**
- > **Our mental health assessments and support service**
- > **Self-referral service**
- > **Neurodiversity Assessment and Support Service**
- > **Claiming for other conditions**
Cover for treatment, tests and diagnoses
- > **Online GP appointments**
AXA Doctor at Hand
- > **Ask our health professionals**
24/7 health support line
Health information
Dedicated nurses

Find out more at your Wellbeing Hub

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

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

Please call us on 0800 169 7587 if you have any queries about the hub.

Our muscles, bones and joints service

0800 169 7587

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

If you have a muscle, bone or joint problem:

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

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

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

With our online service, you can also:

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

Members under the age of 18 will need a GP referral for these types of conditions as our muscles, bones and joints service is not available to them.

Our mental health assessments and support service

0800 169 7587

Our mental health assessments and support service provides prompt access to mental healthcare and support.

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

Call us on 0800 169 7587 - If you experience stress, anxiety or any mental health concerns, call your Personal Advisory team to check your cover. They'll pass you straight through to our mental health assessments and support service to speak to a trained counsellor or psychologist.

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

After the assessment

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

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

Only counselling arranged through our mental health assessments and support service is covered by your **plan**. Members under the age of 18 will need a GP referral for these types of conditions as our mental health assessments and support service is not available to them.

Self-referral service

0800 169 7587

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

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

Call us on 0800 169 7587 – We will check your cover and take you through some questions designed to show whether the service can help. If your answers show the service can help and you decide to use it, we'll refer you. We'll ask for your consent before transferring you and the service will take things from there. They will be responsible for making a diagnosis.

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

Members under the age of 18 will need a GP referral for these types of conditions as the self-referral service is not available to them.

Neurodiversity Assessment and Support Service

If you or any of your **family members** over the age of 7 are referred by a GP for suspected Autism, Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Dysgraphia or Dyscalculia, you have access to assessment, diagnosis and initial support through the specialist service provided by our selected provider. We will accept referrals from the AXA Doctor at Hand service or a GP at your GP practice. If your company provides access to an alternative GP service, we will accept referrals from the alternative GP service under your **company's** arrangement. But, as ADHD is usually managed by ongoing medication and some online GPs are not able to support this, you may wish to speak to your practice GP if ADHD is suspected.

Call us on 0800 169 7587 - As soon as you have a GP referral you can call your Personal Advisory team. We'll discuss the service with you and send a link to register with our selected provider's online portal so you can book an initial needs assessment.

Assessments are available from 8 am to 7pm, Monday to Friday (subject to appointment availability and excluding Bank Holidays).

Assessment and support - The service gives you access to the following:

- An initial needs assessment to determine the required assessment(s).
- Online assessment(s), a feedback discussion and a downloadable report on the assessment findings.
- Group sessions following diagnosis of ADHD and/or Autism to better understand your condition(s).
- Sessions with an educational expert (Education Navigator). They will provide information on the support available in your local area and how best to access it. This does not include supporting Educational Health Care Plan (EHCP) applications, further reports or attendance at meetings.
- A medication service when medication is recommended following a diagnosis of ADHD by our selected provider. The aim of the service is to find the best dose for you. There is no benefit for the cost of **out-patient** drugs so you will have to self-pay for a private prescription which could be a significant monthly amount. After an initial period to monitor your response to the medication, your care will need to be transferred to your GP. Our selected provider will support with this process. Alternatively, you can pay for ongoing reviews yourself. Our selected provider will be able to explain this if the option of medication is discussed with you.

Please note: If you have been prescribed medication for ADHD in the past, the benefit does not include ongoing medical review and prescribing.

>> [For more information, see Section 4 – 'Learning and Developmental disorders'](#)

This Neurodiversity Assessment and Support Service is not available to children under 7 years old.

Members will need online access and an email address to use this service.

Our selected provider will be responsible for your assessment, diagnosis and any support given.

They will decide which post diagnosis support services are suitable for you and the number of sessions.

Making a claim for all other conditions

0800 169 7587

1 Ask your GP for an open referral

We will accept referrals from the AXA Doctor at Hand service or a GP at your GP practice. If your **company** provides access to an alternative GP service, we will accept referrals from the alternative GP service under your **company's** arrangement. If your GP or the AXA Doctor at Hand service says you need specialist **treatment**, tell them you want to go private and ask for an 'open referral'.

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

2 Call us before you see the specialist

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

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

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

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

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

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

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

If you need further treatment, please call us first.

Specialist appointment booking service

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

What if your GP refers you to a named specialist?

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

Second opinion service

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

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

The AXA Doctor at Hand service

Medical consultations online or by phone

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

Appointments available 24 hours a day, seven days a week, 365 days a year*. When you contact the AXA Doctor at Hand service, you may be offered an appointment with a GP or another registered medical practitioner.

Your condition and treatment

You can have an AXA Doctor at Hand consultation for any **medical condition** or concern, whether or not this would be covered by your **plan**. You should be aware there are some conditions that can't be assessed online, so you may need to make an appointment with your NHS or private GP instead. The service cannot help in an emergency. You should call an NHS ambulance or go to an NHS A&E department.

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

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

Register for the AXA Doctor at Hand service

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

Using the AXA Doctor at Hand service

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

Private prescriptions and delivery

If the AXA Doctor at Hand service has prescribed medication, this can be delivered to an address of your choice.

Private prescription and delivery charges are not paid for by your **plan**.

*Subject to appointment availability

About the AXA Doctor at Hand service terms

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

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

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

Ask our health professionals

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

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

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

24/7 health support line

Call 0800 003 004
with your health queries – any time

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

Open 24 hours a day, 365 days a year

Midwife and pharmacist services:

Monday to Friday 8am to 8pm

Saturday 8am to 4pm

Sundays 8am to 12pm.

- > Nurses
- > Counsellors
- > Midwives
- > Pharmacists

Health information you can trust

axahealth.co.uk/health

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

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

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

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

24/7 support for cancer and heart

Speak to our specialist
cancer and heart nurses

Dedicated Heart Nurse

0800 2182 303

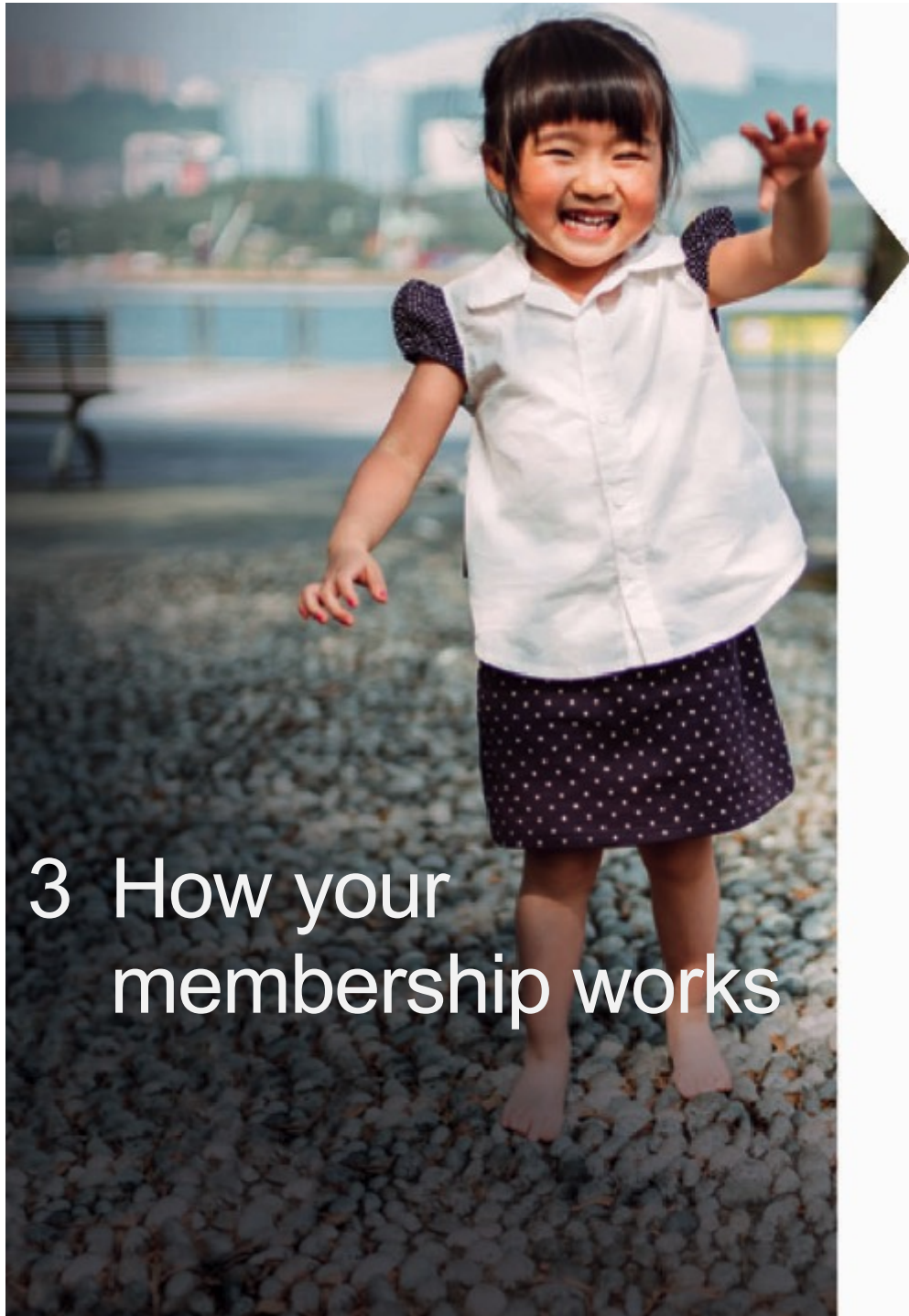
Dedicated Cancer Nurse

0800 1114 811

9am to 5pm Monday to Friday

Outside of these hours our experienced
nurses and counsellors provide round the
clock support by phone

0800 003 004



3 How your membership works

- 3.1 > How we pay claims
- 3.2 > Looking at who should provide treatment
- 3.3 > Eligible treatment
- 3.4 > Our cover for treatment and surgery
- 3.5 > How your membership works with pre-existing conditions and symptoms of them
- 3.6 > How your membership works with conditions that last a long time or come back (chronic conditions)
- 3.7 > Paying the specialists, practitioners and therapists who treat you
- 3.8 > Paying the places where you're treated
- 3.9 > General restrictions

Please read all of your handbook

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

Any questions?

If you're unsure how something works, just call 0800 169 7587 and we'll be very glad to explain. It's often quicker and easier than working it out from the handbook alone.

3.1 >How we pay claims

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

How do you pay my medical bills?

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

>> For more information, see [Section 3 – 'Paying the specialists, practitioners and therapists who treat you'](#)

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

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

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

If you paid your medical bills yourself and your **treatment** is covered, we will refund you the rates we have agreed with the hospital or centre, minus any excess. Please send the original, itemised receipts from the **specialist** or hospital to AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE.

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

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

What should I do if I need further treatment?

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

The information we may need when you make a claim

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

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

What does 'more detailed' mean?

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

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

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

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

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

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

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

What if my treatment isn't covered?

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

What if I want to see a specific specialist?

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

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

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

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

What happens if I need emergency treatment in the UK?

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

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

If you have free **treatment** on the NHS that would have been covered by the **plan**, we will pay you a cash payment. This includes **treatment** in an NHS Intensive Therapy or Intensive Care Unit.

>> [For more information on emergencies abroad, see Section 4 – 'Evacuation and repatriation'](#)

3.2 >Looking at who should provide treatment

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

- Consultations with the AXA Doctor at Hand service, as shown in your benefits table.

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

3.3 >Eligible treatment

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

'**Eligible treatment**' is **treatment** of a **medical condition** that is covered by the **plan** and is not excluded by any of the rules in this handbook. You should read all sections of this handbook together.

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

3.4 >Our cover for treatment and surgery

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

What do you mean by conventional treatment?

We define **conventional treatment** as **treatment** that is established as best medical practice, and is practised widely in the **UK**. It must also be clinically appropriate in terms of necessity, type, frequency, extent, duration and the **facility** or location where the **treatment** is provided.

In addition, to meet our definition it must be approved by NICE (The National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice. Otherwise, it must have high quality clinical trial evidence proving it is effective and safe for the **treatment** of your **medical condition** (full criteria available on request).

Are there any restrictions on what you pay for conventional treatment?

Yes. There may be more than one **conventional treatment** available for your **medical condition**. We will only pay for **conventional treatment** that doesn't cost more than an equivalent **conventional treatment** that gives a similar clinical or diagnostic outcome.

For example, if robotic surgery is more expensive than an equivalent **surgery**, we will only pay the higher cost if the robotic **surgery** will give a better clinical outcome.

You can choose to go ahead with the more expensive **surgery** or **treatment** even if there is no evidence it will give a better clinical outcome. If you do this, it will be your responsibility to pay any difference between the two costs.

Are there any additional requirements for drug treatments?

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

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

If there is more than one brand of the same drug that will treat your **medical condition**, we will pay for the lowest cost drug. We will only pay for an equivalent higher cost drug if there is evidence that drug will give a better clinical outcome.

Are there any additional requirements for surgical treatments?

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

You can find our schedule at axahealth.co.uk/fees or call us on 0800 169 7587 and we'll send you a copy

Are there any additional requirements for medical devices?

If the **treatment** involves a **medical device** (including surgical devices and implants), it must be approved by current EU Medical Device Regulation. When we say **medical device** we mean any instrument, implant or other item that the manufacturer intended to be used for humans.

Medical devices must have moderate or high-quality evidence that they are safe and effective from either:

- systematic reviews of randomised controlled trials; or
- clinical trial evidence with three years of follow-up data.

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

We know our members may want to have access to developing **treatments** as they become available. Our general position is that there is no cover for **treatments** or **surgery** that are not **conventional treatments**. We call this **unproven treatment**.

In some cases we will consider covering **surgery** not listed in the schedule of procedures and fees. We may also consider other **treatments** and **diagnostic tests** carried out by a **specialist** which are not **conventional treatments**. We must agree to the **treatment** before you have it, including what costs (if any) we will pay.

The cover for **unproven treatment** is more restrictive than for **conventional treatment**. We will only pay for **treatment** that we agree is a suitable equivalent to **conventional treatment**. To understand what the equivalent **conventional treatment** is we will look at the **treatment** of other patients with the same **medical condition** and prognosis. **Unproven treatment** must have high quality evidence of its safety and take place in the **UK**.

Are there restrictions on what you pay for unproven treatment?

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

There is no cover for any costs if you are having **treatment** as part of a registered clinical trial.

If we agree to pay for your **unproven treatment**, the most we will pay is up to the amount we would pay for the equivalent **conventional treatment**.

This is based on the **UK** average amount that we would pay a fee-approved **specialist** and hospital in the **Directory of Hospitals**. A fee-approved **specialist** is a **specialist** who routinely charges in line with our schedule of procedures and fees.

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

Yes, you or your **specialist** must contact us at least 10 working days before you have **unproven treatment**. This is so we can get the full details of the **treatment** and the clinical evidence. We can also support you with additional information and questions for your **specialist** before you have **treatment**.

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

We recommend you check with the hospital, **specialist**, anaesthetist and other providers how much they will charge for your **treatment**. Some **unproven treatments** can be expensive and it will be your responsibility to pay any shortfall.

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

Yes there will. We will not pay for further **treatment** for your **medical condition** after you have had **unproven treatment**. This includes **treatment** of any complications or other **medical conditions** associated with the **unproven treatment**.

To check whether we will agree to cover a treatment, please call us on 0800 169 7587 before you book your treatment

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

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

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

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

This includes any pre-existing condition, whether you had **treatment** for it or not. It also includes any previous **medical condition** that comes back and any **medical condition** you should reasonably have known about. It doesn't matter if your condition has been diagnosed or not.

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

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

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

What are acute conditions and chronic conditions?

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

Acute conditions

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

Chronic conditions

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

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

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

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

Your **company plan** also covers you for routine **out-patient** monitoring and **treatment** needed with a **specialist**, psychologist or psychotherapist for the ongoing control of a chronic mental health condition up to the levels shown in the benefit table.

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

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

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

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

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

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

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

How does this affect my cover for cancer treatment?

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

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

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

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

We will not pay for routine checks that a GP would normally carry out, such as anticoagulation, lipid monitoring or blood pressure monitoring.

Are there any conditions that are always regarded as chronic?

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

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

What other treatment is covered for chronic conditions?

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

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

Unless we've contacted you to say we will stop covering **treatment** for your condition, we will cover short-term **in-patient treatment** to take your condition back to its controlled state if your condition flares up or you develop complications.

To check whether we will agree to cover a treatment, please call us on 0800 169 7587 before you book your treatment

3.7 >Paying the specialists, practitioners and therapists who treat you

Does my plan cover the full fees charged by specialists?

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

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

Recognised specialists – what we pay

Call us as soon as you have seen your GP, and we can make your appointment with a recognised **specialist** for you.

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

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

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

Specialists we do not recognise

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

What about anaesthetists?

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

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

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

Who will be paid under the benefit for practitioners?

We will pay for the **out-patient treatment** you need with a **practitioner** up to the limits shown in the benefit table. By **practitioners** we mean a:

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

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

Who will be paid under the benefit for therapists?

We will pay **out-patient treatment** fees up to the levels shown in the benefits table for **treatment** with physiotherapists, osteopaths and chiropractors.

You need to see a **therapist** we recognise. We will pay as long as your **treatment** is covered and your GP or **specialist** refers you. Our muscles, bones and joints service can also refer you for physiotherapy or osteopathy **treatment**.

We pay physiotherapists, osteopaths and chiropractors in full if we recognise them. All physiotherapists and osteopaths used by our muscles, bones and joints service will be recognised.

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

Acupuncturists

We will pay **out-patient treatment** fees up to the levels shown in the benefits table for **acupuncturists** we recognise. We will pay as long as your **treatment** is covered and your GP or **specialist** refers you.

Who will be paid for mental health treatment?

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

We will pay for **out-patient treatment** up to the limits shown in the benefits table by any of the following:

- mental health **specialist** (psychiatrist)
- a psychologist or psychotherapist, so long as a **specialist** oversees your **treatment** or you have been referred through our mental health assessments and support service.

We will pay for counselling arranged by our mental health assessments and support service. These payments will be made direct to the provider.

3.8 >Paying the places where you're treated

Where can I have treatment?

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

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

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

- accommodation
- diagnostic tests
- using the operating theatre
- nursing care
- drugs
- dressings
- radiotherapy and chemotherapy
- physiotherapy

- surgical appliances that the **specialist** uses during **surgery**.

>> For more information about how we pay for treatment, see [Section 3 – 'Paying the specialists, practitioners and therapists who treat you'](#)

There are special rules about the following kinds of **treatment**:

- **out-patient treatment**
- intensive care
- cataract **surgery**
- oral **surgery**.

Please also see the rest of this section for more details about these.

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

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

You can search your **Directory of Hospitals** at axahealth.co.uk/hospitals

What happens if you use a different hospital or scanning centre?

If you have private **in-patient** or **day-patient treatment** at a hospital, **day-patient unit** or use a **scanning centre** that is not in your **Directory of Hospitals**, we will pay £100 a day for **day-patient treatment** or £100 a night for **in-patient treatment** or £100 a visit to a **scanning centre**. You will need to pay the majority of the cost yourself. This could be a significant amount.

Where can I have out-patient treatment?

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

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

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

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

We do not pay for **out-patient** drugs or dressings.

What about intensive care?

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

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

If you need intensive care **treatment**, you or your **specialist** should call us on 0800 169 7587 before you are admitted to intensive care so we can tell you if you are covered.

Where can I have cataract surgery?

If you need cataract **surgery**, we will pay for your **treatment** at any **facility** where we have an agreement covering cataract **surgery**. These are shown in your **Directory of Hospitals**. If your GP or optician says you need cataract **surgery**, you need to contact us to find an appropriate **facility** for your **treatment**. The **facility** will put you in contact with one of their **specialists**.

Where can I have oral surgery?

We will pay for oral **surgery** at any **facility** that we have an agreement with covering oral **surgery**. These are shown in your **Directory of Hospitals**. Your dentist will need to refer you for the **treatment**.

Please contact us to find an appropriate specialist and facility for your treatment

What about treatment on the NHS?

If you have free **treatment** on the NHS that would have been covered by your membership, we will pay you a cash payment. This includes **treatment** in an NHS Intensive Therapy or Intensive Care unit, or **treatment** received in a private facility paid for by the NHS.

>> For more information, see [Section 1 – ‘Your benefits’](#)

Does the plan cover payment for treatment anywhere else?

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

3.9 >General restrictions

High charges

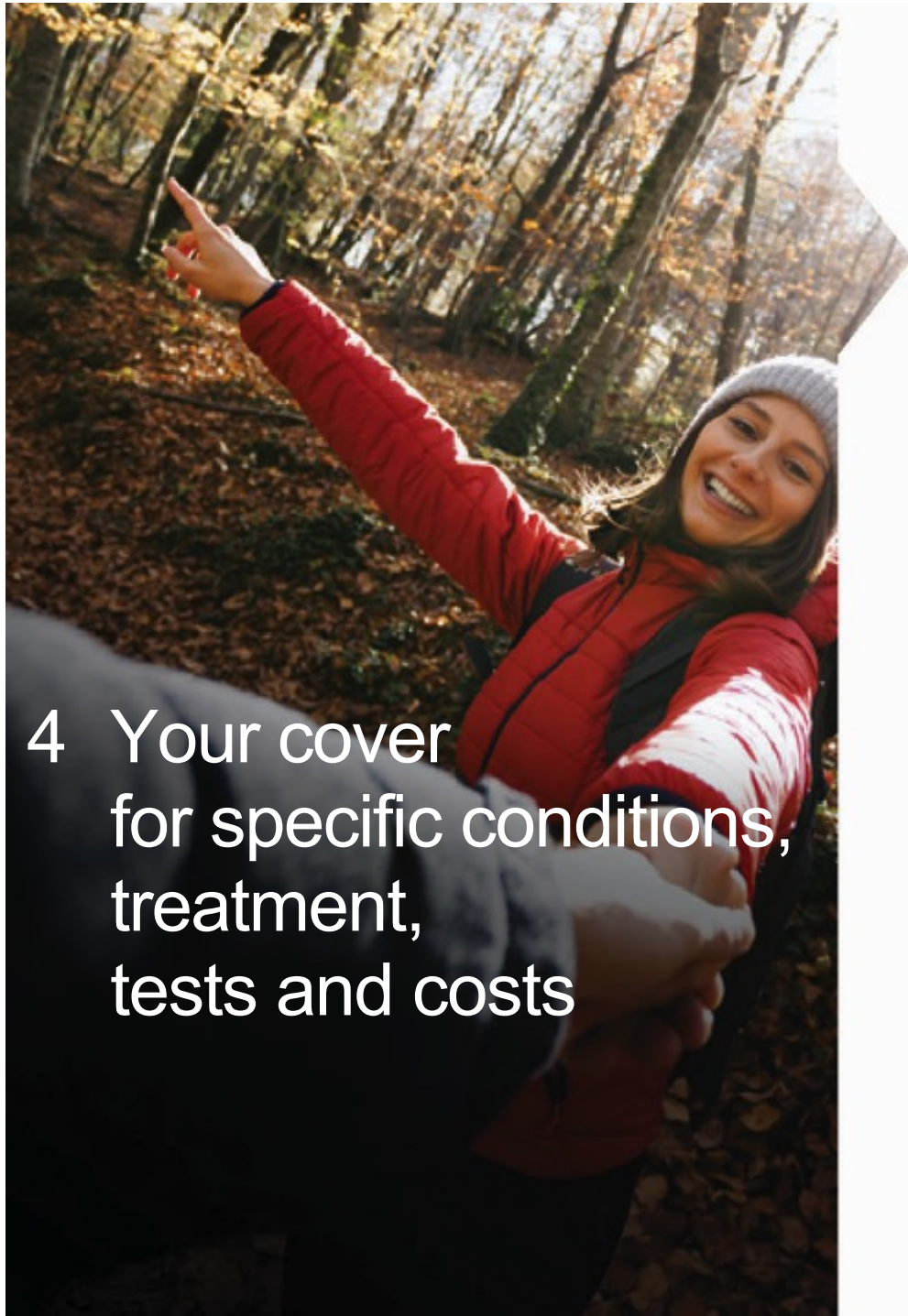
We will not pay if any of the following charge a significant amount more than they usually do, unless we have agreed this beforehand:

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

Treatment and referrals by family members

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

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



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

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

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

Any questions?

If you're unsure how something works, just call 0800 169 7587 and we'll be very glad to explain. It's often quicker and easier than working it out from the handbook alone.

- 4.1 > Cancer
- 4.2 > Advanced therapy medicinal products (ATMPs)
- 4.3 > Bariatric surgery
- 4.4 > Breast reduction
- 4.5 > Chiropody and foot care
- 4.6 > Contraception
- 4.7 > Cosmetic treatment, surgery or products
- 4.8 > Criminal activity
- 4.9 > Dialysis
- 4.10 > Drugs and dressings
- 4.11 > Evacuation and repatriation
- 4.12 > External prostheses or appliances
- 4.13 > Eye conditions
- 4.14 > Fat removal
- 4.15 > Gender re-assignment or gender confirmation
- 4.16 > Genetic tests
- 4.17 > GP and primary care services
- 4.18 > Infertility and assisted reproduction
- 4.19 > Learning and developmental disorders
- 4.20 > Mechanical heart pumps (Ventricular Assist Devices (VAD) and artificial hearts)
- 4.21 > Mental Health
- 4.22 > Nuclear, biological or chemical contamination and war
- 4.23 > Organ or tissue transplant
- 4.24 > Pregnancy and childbirth
- 4.25 > Preventative treatment and screening tests
- 4.26 > Reconstructive surgery
- 4.27 > Rehabilitation
- 4.28 > Self-inflicted injury and suicide
- 4.29 > Sexual dysfunction
- 4.30 > Social, domestic and other costs unrelated to treatment
- 4.31 > Sports related treatment
- 4.32 > Sterilisation
- 4.33 > Teeth and dental conditions
- 4.34 > Treatment abroad
- 4.35 > Treatment that is not medically necessary
- 4.36 > Treatments not covered by your plan
- 4.37 > Vaccinations
- 4.38 > Varicose Veins
- 4.39 > Warts
- 4.40 > Weight loss treatment

4.1 >Cancer

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

About your cover for cancer treatment

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

Experienced nurses and case managers

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

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

If you are diagnosed with cancer, please call us on 0800 169 7587 so we can explain how we can support you

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

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

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

If you have **day-patient** or **out-patient** radiotherapy or chemotherapy on the NHS, and your **plan** would have covered that **treatment**, we will make a cash payment of £200 a day up to £5,000 per **year**.

We will also make a cash payment for **in-patient treatment** on the NHS (as well as **out-patient** and **day-patient** radiotherapy or chemotherapy).

>> For more information, see [Section 1 – 'Your benefits'](#)

Health coaching

You can claim for health coaching through an AXA Health Coach. This service is there to help and support you in managing your health and wellbeing goals while having **cancer treatment**. This service is available if you have **treatment** to kill or remove **cancer** cells, either on the NHS or privately if your **plan** would have covered this. Your excess will be applied to the cost of this service.

>> For more information, see the end of this section

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

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

Comparing our cancer cover

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

Place of treatment	Am I covered?
Private hospitals, day-patient units or scanning centres listed in your Directory of Hospitals	Yes
Drug treatment for cancer at home or somewhere else that is appropriate	<p>Yes. We will pay in full for a nurse from a healthcare services supplier that we have a contract with to give you drug treatment to kill cancer cells. You can have this treatment at home or another place that is appropriate.</p> <p>This could be chemotherapy by intravenous drip, an injection, delivery of oral chemotherapy tablets or other treatment.</p> <p>Your cancer treatment needs to be under the supervision of a specialist and we must agree to it first</p>

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

Surgery	Am I covered?
Whether you're an in-patient, day-patient or out-patient	
Surgery for the treatment or diagnosis of cancer , so long as it is conventional treatment .	Yes >> See Section 7 – 'Glossary' for how we define surgery >> See Section 3 – 'Our cover for treatment and surgery' for more information about conventional treatment and unproven treatment
Reconstructive surgery following breast cancer	
The first reconstructive surgery following surgery for breast cancer . We will cover: <ul style="list-style-type: none"> • one planned surgery to reconstruct the diseased breast • nipple tattooing, up to 2 sessions • one planned surgery to reconstruct the nipple 	Yes We will cover this so long as we agree the method and cost of the treatment in writing beforehand.
After the completion of your first reconstructive surgery , we will also cover: <ul style="list-style-type: none"> • one further planned surgery to the other breast, when it has not been operated on, to improve symmetry • two planned fat transfer surgeries to the diseased breast. The fat must be taken from another part of your body and cannot be donated by anyone else • one further planned surgery due to the medical failure of your first reconstruction • one planned surgery to remove and exchange implants damaged by radiotherapy treatment for breast cancer. 	Yes Symmetry and fat transfer operations must take place within three years of your first reconstructive surgery . Surgery due to failure of your breast reconstruction must take place within three years of your first reconstruction surgery . This must be agreed with us before you have surgery . The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy treatment . We will only pay for each of these operations once (or two fat transfer surgeries), regardless of how long you remain a member of AXA Health.
If you choose not to have reconstructive surgery following treatment of breast cancer , we will cover the cost of one planned surgery to the unaffected breast to improve symmetry.	Yes No further reconstructive surgery will be covered on either the diseased breast or the unaffected breast.
We do not cover treatment that is connected to previous reconstructive surgery or any cosmetic operation to a reconstructed breast.	No >> For more information, see Section 4 – 'Cosmetic treatment, surgery or products'

Preventative	Am I covered?
<p>Preventative treatment, such as:</p> <ul style="list-style-type: none"> • screening when you do not have symptom(s) of cancer. For example, if you had a screen to see if you have a genetic risk of breast cancer, we would not cover the screening or any treatment to reduce the chances of developing breast cancer in future • vaccines to prevent cancer developing or coming back– such as vaccinations to prevent cervical cancer 	<p>No</p>
Drug Therapy	Am I covered?
<p>Out-patient drugs or other drugs that a GP could prescribe or could be bought over the counter. This includes drugs or prescriptions you are given to take home if you have had in-patient, day-patient or out-patient treatment</p>	<p>No – Please call us about these drugs. We don't cover them, but we can help you apply to get these paid for by the NHS. Call us on 0800 169 7587 and we can talk you through this.</p>
<p>Drug treatment to kill cancer cells – including:</p> <ul style="list-style-type: none"> • biological therapies • chemotherapy 	<p>Yes</p> <p>There is no time limit on how long we cover these drugs.</p> <p>We will cover if:</p> <ul style="list-style-type: none"> • they have been licensed by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency, and • they are used according to their licence, and • they have been shown to be effective. <p>Because drug licences change, this means that the drugs we cover will change from time to time.</p> <p>Please call us once you know your treatment plan</p>
<p>Advanced therapy medicinal products (ATMPs)</p>	<p>Yes</p> <p>We cover a small number of approved ATMPs. Please see axahealth.co.uk/atmps for the list of ATMPs that we cover, or call us.</p> <p>>> For more information, see Section 4 – 'Advanced therapy medicinal products'</p>

Drug Therapy	Am I covered?
Unproven drugs	No. There is no cover for unproven drugs or drugs that are used outside of their licence. >> For more information about conventional treatment and unproven treatment, see Section 3 – ‘Our cover for treatment and surgery’
Other Drugs We cover drugs you need to support you whilst you are having chemotherapy or biological therapy to kill cancer cells. For example: <ul style="list-style-type: none"> • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex) 	Yes. They are covered so long as you have them at the same time as you are having chemotherapy or biological therapy to kill cancer cells covered by the plan .
Antivirals, antibiotics, antifungals, anti-sickness and anticoagulant drugs	Yes, while you are having chemotherapy that is covered by the plan .
We will also cover bone strengthening drugs such as bisphosphonates or Denosumab that are: <ul style="list-style-type: none"> • licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and used according to that licence; or • being used as recommended by the National Institute for Health and Care Excellence (NICE) as a treatment that may be used in routine practice 	Yes. We will only pay for these drugs when they can't be prescribed by a GP.
Drugs for treating conditions secondary to cancer such as erythropoietin (EPO)	Yes, while you are having chemotherapy that is covered by the plan .
Radiotherapy	Am I covered?
Radiotherapy, including when it is used to relieve pain	Yes
Proton beam therapy (PBT)	Yes We will pay for PBT for cancer when it is in line with treatment that is routinely commissioned by the NHS. We will not pay for PBT in any other circumstances. As PBT is a developing area of medicine there are only a limited number of facilities that provide this treatment . Please contact us before you have your treatment
Accelerated charged particle therapies	No. However, there is limited cover for Proton Beam Therapy in the circumstances shown above.

Palliative and end of life care	Am I covered?
Care to relieve pain or other symptoms rather than cure the cancer	We will provide cover and support throughout your cancer treatment even if it becomes incurable. We cover radiotherapy, chemotherapy and surgery (such as draining fluid or inserting a stent) to relieve pain.
Donation to a hospice where you are having end of life care, or a donation to a service providing hospice at home care.	£100 for each night. This is a charitable donation paid direct to a registered hospice charity when you are provided free treatment in a hospice.
Donation to a registered hospice charity that is providing you with end of life care, either at a hospice or for hospice at home care	£100 for each day. This is a charitable donation paid direct to a registered hospice charity when you are provided free hospice at home care treatment instead of having treatment in a hospice.
Monitoring	Am I covered?
Follow ups – cover for follow up consultations and reviews for cancer	Yes, so long as you are still a member and have a plan that covers this.
Routine monitoring or checks that a GP or someone else in a GP surgery (or other primary care setting) could carry out	No
Follow up procedures that are for monitoring rather than treatment . Some cancer patients need procedures to check whether cancer is still present or has returned. For example, these could include colonoscopies to check the bowel or cystoscopies to check the bladder.	Yes, so long as you are still a member and have a plan that covers this.
Limits	What limits are there?
Time limits on cancer treatment Your membership covers you while you are having treatment to kill cancer cells	None
Money limits on cancer treatment	No specific limits – the same rules apply to your cancer treatment as for any other treatment .

Other benefits	Am I covered?
Stem cell or bone marrow transplant	<p>Yes. We will cover the reasonable costs for a stem cell or bone marrow transplant as long as:</p> <ul style="list-style-type: none"> • the stem cell or bone marrow transplant is for the treatment of cancer; and • it is conventional treatment for that cancer. <p>It does not include any related administration costs. For example, we will not cover the cost of searching for a donor, the harvesting of cells from a donor or transport costs for tissue or harvested cells.</p> <p>>> For more information, see Section 3 – ‘Our cover for treatment and surgery’ and Section 4 – ‘Organ or tissue transplant’</p>
The cost of wigs or other temporary head coverings or external prostheses needed because of cancer whilst you are having treatment to kill cancer cells	<p>Yes – up to £400 a year for wigs or other temporary head coverings and up to £5,000 a year for prostheses. This is in addition to the lifetime benefit for external prosthesis.</p>
Health coaching to support you when you are having treatment to kill or remove cancer cells	<p>Yes – we will cover a six-month course each year, with an AXA Health Coach, via an app on your smart device.</p> <p>They will help you to manage your health and wellbeing goals.</p> <p>This is available providing your plan would have covered your cancer treatment.</p> <p>Your excess on your plan will be applied to the cost of this service.</p>

4.2 >Advanced therapy medicinal products (ATMPs)

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

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

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

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

4.3 >Bariatric surgery

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

>> See also [Section 4 – 'Weight loss treatment'](#)

4.4 >Breast reduction

We do not cover either male or female breast reduction.

4.5 >Chiropody and foot care

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

4.6 >Contraception

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

4.7 >Cosmetic treatment, surgery or products

We do not cover:

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

>> See also [Section 4 – 'Reconstructive surgery'](#)

4.8 >Criminal activity

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

4.9 >Dialysis

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

>> See [Section 3 – 'How your membership works with conditions that last a long time or come back \(chronic conditions\)'](#) to understand your cover

4.10 >Drugs and Dressings

We don't cover drugs, dressings or prescriptions that:

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

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

>> There is a full explanation of how we cover cancer treatment in [Section 4 – 'Cancer'](#)

4.11 >Evacuation and repatriation

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

If you fall ill abroad you do have access to an overseas medical assistance line. This service is provided by an international assistance company on our behalf. The service provided is not a substitute for full travel insurance and we strongly advise you to take out appropriate travel insurance when travelling abroad.

The overseas medical assistance line is manned around the clock to provide help and assistance in any part of the world. They will normally give immediate advice and can arrange to put you in touch with an English-speaking doctor. That doctor will help arrange **treatment** locally or, if you have already started **treatment**, will ensure that existing arrangement is satisfactory. Call the emergency control centre on +44 (0) 1892 513 999 to alert the international assistance company who can help you. Please note that in this situation any costs for **treatment** would not be covered by the **plan**.

This **plan** also provides an emergency **evacuation or repatriation service** should you be injured or become ill suddenly, and need immediate emergency **in-patient treatment**. The exclusions in the other sections of this handbook don't apply to the **evacuation or repatriation service** but will apply to any **treatment** on return home to the **UK**.

If you need the evacuation or repatriation service, contact the emergency control centre on +44 (0) 1892 513 999 so that immediate help or advice can be given over the phone

Arrangements may then be made for an **appointed doctor** to liaise with the medical practitioner providing your **treatment**. The **appointed doctor** will advise us on your **medical condition** and the need for the **evacuation or repatriation service**. If it is established that the hospitals locally are inadequate, or the appropriate **treatment** is not available locally, then arrangements will be made to move you or bring you back to the **UK**.

If the **appointed doctor** thinks there is a medical need, then the evacuation or repatriation will include medical supervision. The rules relating to evacuation and repatriation can be found in this section.

What will the evacuation or repatriation service provide?

The overseas **evacuation or repatriation service** is available to provide the following services when the arrangements are made by us:

- Transferring you by air ambulance, regular airline or any other method of transport we consider appropriate. We will decide the method of transport and the date and time.
- Cover for the reasonable and necessary transport and additional accommodation costs for another person, who must be 18 or over, to accompany you if you are under 18 (or in other cases where we believe that your **medical condition** makes it appropriate) while you are being moved.
- Cover for the reasonable additional travelling expenses and accommodation costs, incurred in returning to the **UK** any **family members** covered by an AXA Health plan who are accompanying you on the overseas journey.
- Bringing your body back to a port or airport in the **UK** if you die abroad except if you die as a direct result of a deliberately self-inflicted injury or suicide attempt.

We will also pay up to £40,000 for immediate emergency **in-patient treatment** received while travelling abroad, immediately before or immediately after an evacuation or repatriation we have arranged for you.

What is not covered?

Evacuation or repatriation service if you have travelled outside the **UK** to get **treatment** (whether or not that was the only reason) or travelled against medical advice (including the published advice of the Chief Medical Officer of the Department of Health of England).

The overseas evacuation or repatriation service will not be available for:

- Any **medical condition** that does not prevent you from continuing to travel or work and which does not need immediate emergency **in-patient treatment**.
- Any costs incurred which arise from or are directly or indirectly caused by a deliberately self-inflicted injury, suicide or attempt at suicide.

- Any costs incurred which arise from, or are in any way connected with, alcohol abuse, drug abuse or substance abuse.
- Any costs incurred as 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 receive travel costs only).
- **Treatment** of injuries sustained from 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.
- Moving you from a ship, oil-rig platform or similar off-shore location.
- Any costs that we don't approve beforehand or costs incurred where we haven't been told about the accident or illness for which you need the overseas **evacuation or repatriation service** within 30 days of it happening (unless this was not reasonably possible).
- **Treatment** costs other than for the necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you and immediate emergency **in-patient treatment** received whilst travelling abroad when it immediately precedes or immediately follows an evacuation or repatriation we have arranged for you.
- Any unused portion of your travel ticket, and that of any accompanying person, will immediately become our property and you must give it to us.
- Any costs incurred as 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 lawful government; explosions of war weapons or any event similar to those listed.
- Any costs incurred when you are on a leisure trip and you are travelling to a country or area that the UK Foreign and Commonwealth Office lists as a place which they either advise against:
 - all travel to; or
 - all travel on holiday or non-essential business.

We will not be liable in respect of the overseas evacuation or repatriation service for:

- Any failure to provide the overseas **evacuation or repatriation service** or for any delays in providing it, unless the failure or delay is caused by our negligence (including that of the international assistance company we have appointed to act for us), or of agents appointed by either party.
- Failure or delay in providing the overseas **evacuation or repatriation service** if;
 - i) by law the overseas **evacuation or repatriation service** cannot be provided in the country which it is needed; or
 - ii) the failure or delay is caused by any reason beyond our control including, but not limited to, strikes and flight conditions.
- Injury or death caused while you are being moved unless it is caused by our negligence or the negligence of anyone acting on our behalf.

4.12 External prostheses or appliances

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

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

We will do this so long as:

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

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

How to claim

If you want to claim this benefit, you should call us on 0800 169 7587 and we will explain what to do next. Please remember to ask the provider of your **external prosthesis** for full, itemised receipts as we cannot pay claims without an itemised receipt showing how much you have paid.

What is not covered?

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

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

4.13 >Eye conditions

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

- refractive errors (this includes long or short sightedness and astigmatism)
- eye co-ordination (convergence insufficiency)
- eye focusing problems (accommodative dysfunctions).

4.14 >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.

4.15 >Gender re-assignment or gender confirmation

We do not cover gender re-assignment or gender confirmation or any connected **treatments**.

4.16 >Genetic tests

What is covered?

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

>> See [Section 3 – 'Eligible treatment'](#) for how we define eligible treatment

What is not covered?

We do not cover genetic tests:

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

In addition, genetic tests must be:

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

>> See also [Section 4 – 'Preventative treatment and screening tests'](#)

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

4.17 >GP and primary care services

Your membership is not designed to cover primary care services such as the routine management of a **medical condition**, except as follows:

- Consultations with the AXA Doctor at Hand service, as shown in your benefits table

4.18 >Infertility and assisted reproduction

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

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

4.19 >Learning and developmental disorders

We pay for the assessment, diagnosis and initial support for Autism, Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Dysgraphia and Dyscalculia when:

- your GP refers you; and
- the member receiving support is aged 7 or over; and
- our selected provider has carried out an initial needs assessment and agreed the service is suitable for you; and
- you use the online Neurodiversity Assessment and Support Service provided by our selected provider for assessment, diagnosis and support.

Your referral can be from any GP. However, some online GPs are not able to support ongoing prescriptions, so you may wish to speak to your practice GP.

What's included

The service gives you access to the following:

- An initial needs assessment to determine the required assessments.
- Online assessment(s), a feedback discussion and a downloadable report on the assessment findings.
- Group sessions following diagnosis of ADHD and/or Autism to better understand your condition(s).
- Sessions with an educational expert (Education Navigator). They will provide information on the support available in your local area and how best to access it. This does not include supporting Educational Health Care Plan (EHCP) applications, further reports or attendance at meetings.

- A medication service when medication is recommended following a diagnosis of ADHD by our selected provider. The aim of the service is to find the best dose for you. There is no benefit for the cost of **out-patient** drugs so you will have to self-pay for a private prescription which could be a significant monthly amount.
- After initial support is provided by the medication service, your care will be transferred to your GP for ongoing medical management and prescriptions. Our selected provider will liaise with them during the transfer. Alternatively, you can pay for ongoing reviews yourself. Our selected provider will be able to explain this if the option of medication is discussed with you.

Our selected provider will decide which of the post-diagnosis support services are suitable for you and the number of sessions you need.

What's not included

The service can only be used for the listed neurodiverse conditions.

If you do not use the Neurodiversity Assessment and Support Service with our selected provider, there is no benefit for neurodiverse conditions under the **plan**.

The service is not suitable for everyone. Our selected provider will discuss your clinical circumstances and advise if the service is appropriate for you.

There is no access to the assessment and support services listed unless our selected provider has agreed they are suitable for you.

The educational expert will give you information on support in your local area. However, you'll need to liaise with local services yourself. There is no benefit for supporting Educational Health Care Plan (EHCP) applications, further reports or attendance at meetings.

There is no benefit for **out-patient** drugs, even if your prescription is being monitored by the medicine review team. You will need to self-fund the cost of a private prescription, which could be a significant monthly amount.

The medicine review is only available following an ADHD diagnosis by our selected provider and not for any other condition. If you have been prescribed medication for ADHD in the past, the benefit does not include ongoing medical review and prescribing.

Except as part of the assessment, diagnosis and initial support of the conditions detailed, we do not pay for anything to do with:

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

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

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

4.21 >Mental health

We will cover your **treatment** for mental health conditions up to the levels shown in your benefits table. Our mental health assessments and support service can help provide access to **treatment** for all mental health concerns (available for over 18s).

Your cover includes:

- counselling provided through our mental health assessments and support service (for over 18s); and
- **out-patient treatment**; and
- **out-patient** monitoring and **treatment** needed for the ongoing control of a chronic mental health condition; and
- **in-patient** and **day-patient treatment** in hospital paid in full.

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

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

What if my condition goes on for a long time?

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

[For more information, see Section 3 – ‘How your membership works with conditions that last a long time or come back \(chronic conditions\)’](#)

What is not covered?

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

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

4.22 >Nuclear, biological or chemical contamination and war risks

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

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

4.23 >Organ or tissue transplant

What is covered for organ or tissue transplant?

We will pay for:

- stem cell or bone marrow transplant when:
 - **treatment** is for the **treatment of cancer**; and
 - it is **conventional treatment** for that **cancer**.

- **surgery** using donated stored tissue, where it is integral to the **surgical procedure**, for example ligament reconstruction, replacement heart valve or corneal transplant.

What is not covered for organ or tissue transplant?

We do not pay for:

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

4.24 >Pregnancy and childbirth

As pregnancy and childbirth are not **medical conditions** and because the NHS provides for them, our cover is limited.

We don't cover the checks or other interventions, such as antenatal and postnatal monitoring and screening, which you will have during pregnancy and birth.

What is covered during pregnancy and childbirth?

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

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

Because our cover for pregnancy and childbirth is limited, please call us on 0800 169 7587 to check what you are covered for before starting any private treatment

4.25 >Preventative treatment and screening tests

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

What is not covered for preventative treatment and screening tests?

We do not pay for:

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

>> See also [Section 4 – 'Genetic tests'](#) and [Section 4 – 'Vaccinations'](#)

If you're unsure whether your treatment is preventative or not, please call us on 0800 169 7587 before going ahead with the treatment

4.26 >Reconstructive surgery

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

What is covered?

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

We will do this so long as we agree the method and cost of the **treatment** in writing beforehand.

Please call us on 0800 169 7587 before agreeing to reconstructive surgery so we can tell you if you are covered

What is not covered?

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

>> See also [Section 4 – 'Cosmetic treatment, surgery or products'](#)

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:

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

If you need rehabilitation, please call us on 0800 169 7587, as we will need to confirm that we recognise the hospital or unit where you are having the rehabilitation.

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

4.28 >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 >Social, domestic and other costs unrelated to treatment

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

4.31 >Sports related treatment

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

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

4.32 >Sterilisation

We do not cover:

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

4.33 >Teeth and dental conditions

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

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

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

4.34 >Treatment abroad

We do not cover any costs for **treatment** you receive outside the **UK**, except as shown earlier in this handbook.

>> For more information, please see [Section 4 – ‘Evacuation and repatriation’](#)

4.35 >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.

4.36 >Treatments not covered by your plan

We don't cover **treatment** that is connected to anything not covered under your **plan**. This means we won't pay for further **treatment** or increased **treatment** costs if you have any medical or surgical procedure we wouldn't have covered under your **plan**. We also won't pay if you need **treatment** as a result of a body modification.

There is no cover for any costs for investigations, tests or **treatments** which are only needed so you can have **treatment** that isn't covered under your **plan**. There is also no cover for costs if you are planning to have a medical or surgical procedure or body modification that wouldn't be covered under your **plan**.

>> See also [Section 4 – ‘Vaccinations’](#)

4.37 >Vaccinations

What is covered?

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

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

What is not covered?

There is no cover on your **plan** for vaccinations or their administration.

>> See also [Section 4 – ‘Preventative treatment and screening tests’](#)

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

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

>> See also [Section 4 – ‘GP and primary care services’](#)

4.38 >Varicose Veins

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

What is covered?

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

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

What is not covered?

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

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

>> For more information, see [Section 3 – ‘How your membership works with conditions that last a long time or come back \(chronic conditions\)’](#)

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

4.39 >Warts

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

4.40 >Weight loss treatment

We do not cover treatment for weight loss.

What is not covered?

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



5 Managing your membership

- 5.1 > Adding a family member
- 5.2 > Paying income tax on your subscription
- 5.3 > Leaving your employer
- 5.4 > Making a complaint
- 5.5 > Paying your excess

5.1 >Adding a family member or baby

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

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

Who you can add

You can normally add:

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

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

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

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

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

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

5.2 >Paying income tax on your subscription

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

5.3 >Leaving your employer

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

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

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

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

5.4 >Making a complaint

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

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

Making a complaint

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

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

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

Please call us on 0800 169 7587.

Or write to:

AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE

Answering your complaint

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

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

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

The Financial Ombudsman Service

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

The Financial Ombudsman Service

Exchange Tower

Harbour Exchange Square

London

E14 9SR

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

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

Website: financial-ombudsman.org.uk

Your legal rights

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

5.5 >Paying your excess

You have an excess of £100 which applies once per member each **year**. Here is how the excess works:

We will take your excess off the amount covered by the **plan** for the first claim per member in each membership **year**.

If your claim is for a **treatment** that has a limit we will apply the limit before we take the excess off.

Even if your **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**.

We only take the £100 excess off once per member each **year**. So even if you claim several times we will only take the excess off once. It doesn't matter if you claim several times for the same **medical condition** or for several **medical conditions**.

It also applies for each membership **year**. This means that if you incur costs during this membership **year**, we will take the excess off what we pay for your claim. If you then incur more costs in the next membership **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'll take the excess off the amount we pay for your claim before renewal, then we'll take the excess off the amount we pay for your claim after your renewal.

If you have any questions about how your excess works, please call us on 0800 169 7587.



6 Legal Information

- 6.1 > Rights and responsibilities
- 6.2 > Our authorisation and regulation details
- 6.3 > The Financial Services Compensation Scheme (FSCS)
- 6.4 > Your personal information
- 6.5 > What to do if somebody else is responsible for part of the cost of your claim
- 6.6 > What to do if your claim relates to an injury or medical condition that was caused by or contributed to by another person

6.1 >Rights and responsibilities

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

The plan

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

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

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

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

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

Your **treatment** is provided through a separate agreement between you and your **treatment** provider. The date(s) you receive your **treatment** is part of that agreement.

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

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

If you move abroad

If you move abroad, you'll no longer be able to stay a member of this **plan** and you will not be able to make any claims for **treatment**.

Renewal

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

Providing us with information

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

Our right to refuse to add a family member

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

Subrogated rights

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

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

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

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

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

What happens if you break the terms of the plan?

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

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

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

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

International sanctions

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

What happens if the company agreement ends?

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

Legal rights

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

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

Law applying to the plan

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

Language for your plan

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

6.2 >Our authorisation and regulation details

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

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

Our financial services register number is 202947.

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

6.3 >The Financial Services Compensation Scheme (FSCS)

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

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

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

6.4 >Your personal information

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

Please make sure that everyone covered by the **plan** reads this summary and the full data privacy notice on our website. If you would like a copy of the full notice, call us on 0800 169 7587 and we'll send you one.

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

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

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

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

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

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

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

If you want to ask to exercise any of your rights just call us on 0800 169 7587 or write to us at Customer Service Data Team, AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE.

If you want to contact the Data Protection Officer you can do so at Data Protection Team, AXA Health, Jubilee House, Vale Road, Tunbridge Wells, Kent TN1 1BJ.

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

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

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

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

You must tell us as quickly as possible if you believe something or someone else contributed to or caused the need for your **treatment**. For example, if you were injured in a road traffic accident that wasn't your fault or potential clinical negligence.

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

If you decide to take legal action, there are some rules you need to follow and you need to keep us up to date with the case.

The amount you claim through your legal action needs to include the whole amount we have paid for **treatment**, plus 8% interest per year.

The amount we paid for your **treatment** is our 'Outlay' against the person or organisation you're pressing action against. We need to agree if you are claiming less than our Outlay. If we don't and your payment is less than our Outlay, we may ask you to pay the rest of it, plus interest.

You must pay us our Outlay and interest within 21 days of the settlement date. You also need to provide us full details of the settlement.

Even if you decide not to take legal action, we retain the right (at our own expense) to make a claim in your name for our Outlay and interest. You must cooperate with all reasonable requests to help with this process.

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

If you have any questions please call 0800 169 7587 and ask for the Third Party Recovery team.

7 Glossary



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

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

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

acupuncturist – a medical practitioner who specialises in acupuncture who is registered under the relevant Act or a practitioner of acupuncture who is registered as a member of the British Acupuncture Council (BAcC). In all cases, the acupuncturist needs to meet our criteria for recognition. We must have told them in writing that we currently recognise them as an acupuncturist to provide **out-patient treatment** only.

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

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

appointed doctor – a medical practitioner chosen by us to advise us on your **medical condition** and need for the **evacuation or repatriation service**.

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

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

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

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

conventional treatment – **treatment** that is established as best medical practice, and is practised widely in the **UK**. It must also be clinically appropriate in terms of necessity, type, frequency, extent, duration and the **facility** or location where the **treatment** is provided.

In addition, to meet our definition it must be approved by NICE (The National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice. Otherwise, it must have high quality clinical trial evidence proving it is effective and safe for the **treatment** of your **medical condition** (full criteria available on request).

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

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

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

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

The units we recognise are listed in your **Directory of Hospitals** which you can search at axahealth.co.uk/hospitals

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

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

You can search your **Directory of Hospitals** at axahealth.co.uk/hospitals

eligible treatment - treatment of a **medical condition** that is covered by this **plan** and is not excluded by any of the rules in this handbook. You should read all sections of this handbook together.

evacuation or repatriation service – moving you to another hospital which has the necessary medical facilities either in the country where you are taken ill or in another nearby country (evacuation) or bringing you back to the **UK** (repatriation). The service includes immediate emergency **in-patient treatment** received while travelling abroad, when it immediately precedes or immediately follows an evacuation or repatriation we have arranged for you, and any necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The centres we recognise are listed in your Directory of Hospitals which you can search at axahealth.co.uk/hospitals

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

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

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

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

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

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

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

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

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

The full criteria we use when recognising therapists are available on request

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

United Kingdom (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. However, the **company** agreement may amend the period of cover to something different. If this happens, you should be informed by your **company**.

Claims and queries

including our muscles, bones and joints service and our mental health assessments and support service

0800 169 7587

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

If you're leaving your employer

0800 028 2915

This handbook and other literature can be provided in Braille, large print or digital audio, please contact us.

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AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Aspects of policy administration may be undertaken on behalf of AXA PPP healthcare Limited by AXA Health Limited (Registered No. 12839134). AXA Health Limited is authorised and regulated by the Financial Conduct Authority.

Write to us at: AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE.

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

For information about AXA Health, visit axahealth.co.uk/aboutaxahealth