Global healthcare

Your handbook

For the employees of ABN AMRO Expat Plan - ROW

January 2024

Welcome to your plan

Claims and questions

+44 (0)1892 556 160

Fax +44 (0)1892 508 256
24 hours a day

Emergency Assistance

+44 (0)1892 513 999

24 hours a day

Expert health information

+44 (0)1892 556 753

Talk to a medical professional at any time, day or night

Your online account

axaglobalhealthcare.com/customer

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

Your plan documents are available in other formats.

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

This private medical insurance plan is arranged and administered by AXA Global Healthcare (UK) Limited and underwritten by AXA PPP healthcare Limited Registered Office: 20 Gracechurch Street, London EC3V 0BG.

Contents

Expert health information

Expert health information you can trust

+44 (0)1892 556 753

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

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

- Nurses, midwives, pharmacists and counsellors ready to talk to you. Nurses and counsellors are available 24/7. Midwives and pharmacists are available Monday to Friday from 08:00 to 20:00 GMT; Saturday and UK public holidays from 08:00 to 16:00 GMT; and Sunday 08:00 to 12:00 GMT
- Completely confidential and completely separate from our claims service.

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

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

Manage your plan online

The easy way to manage your **plan**, make claims and stay in touch. Sign up so you're ready to go whenever you need us **axaglobalhealthcare.com/customer**
You'll need your customer number from your Certificate of Insurance to register. The lead member must register first.

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

1 Introduction to the plan

This section explains the basics of what you are covered for. It also tells you some of the key things that are not covered too.

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

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

Words and phrases in bold type

Some of the words and phrases we use in this handbook have a specific meaning, for example, when we talk about **treatment**. We've highlighted these words in **bold.** You can find their meanings in the glossary.

You and your

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

We, us and our

When we use 'we', 'us' or 'our', we mean AXA Global Healthcare (UK) Limited acting on behalf of AXA PPP healthcare Limited which is the insurance company that underwrites this product.

1.1 > Currency that applies to the plan

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

The currency must be in our list of currencies we can pay in.

To see the list, go to the 'How bills are paid' page on axaglobalhealthcare.com.

We will use the exchange rate listed in the ICE foreign exchange rates on the day of your **treatment** for **out-patient** and **day-patient treatment,** and the day of your admission for **in-patient treatment**.

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

1.2 > Countries where you are covered

Your membership statement will show where you are covered for **treatment.** This will be either worldwide or worldwide excluding the USA.

» You can view your Healthcare Insurance Statement on your online account at axaglobalhealthcare.com/customer

Country of residence

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

1.3 > Your overall plan limit

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

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

Overall plan limit
Overall **plan** limit per member
€2,550,000
• Does not apply to evacuation and repatriation costs. » See 1.9 > Your cover for emergency evacuation and repatriation

Plan limits are shown in the following currency.

Only the currency your **company** requested when the **plan** was taken out applies to the **plan.**

€ = Euro

In-patient or day-patient cover		
	Limit details	**Notes**
Hospital and **day-patient unit** fees	Within your overall **plan** limit	Fees for **in-patient** or **day-patient**: • standard accommodation • use of the operating theatre • **diagnostic tests** • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the **medical practitioner** uses during **surgery** • psychiatric **treatment.** » See 3.5 > Hospitals where you can have your treatment, 3.6 > Accommodation we will pay for at the hospital where you are treated, and 3.7 > Differences when you have treatment in the UK
Medical practitioner fees	Within your overall **plan** limit	Fees for: surgeons, anaesthetists and physicians. » See 3.4 > Who can provide your treatment

In-patient or day-patient cover		
	Limit details	**Notes**
Emergency **treatment** in the USA (does not apply if you have the added USA cover)	Within your overall **plan** limit	This is to cover emergency **in-patient** or **day-patient treatment** of a **medical condition** that arises suddenly whilst you are in the USA. Note: this benefit is only applicable if you do not have the USA upgrade.
Hospital accommodation for one parent while a child is in **hospital**	Within your overall **plan** limit	Covers the cost of one parent staying in **hospital** with a child under 18. The child must be covered by the **plan** and be having **treatment** that is covered by the **plan.**
Hotel accommodation for one parent while a child is in **hospital**	Up to €125 a night up to €625 per **year**.	Cover towards the costs for one parent to stay near to the **hospital** where a child under 18 is having **treatment**. The child must be having **treatment** covered by the plan at a **hospital** that is not in their home town. As you have an excess, we will not take this off this cash payment.
Cash payment when there has been no charge for your **treatment** or your stay in **hospital**	€125 per night	We pay this when: • you are admitted for **in-patient treatment** before midnight • we would have covered your **treatment** if you had had it privately. As you have an excess, we will not take this off this cash payment. This benefit is not available if the cost of **treatment** was funded by another party, such as another insurer**.**

Out-patient cover		
	Limit details	**Notes**
Surgery	Within your overall **plan** limit	» See 3.4 > Who can provide your treatment
CT, MRI or PET scans	Within your overall **plan** limit	CT = Computerised Tomography MRI = Magnetic Resonance Imaging PET = Positron Emission Tomography » See 3.4 > Who can provide your treatment, 3.5 > Hospitals where you can have your treatment, and 3.7 > Differences when you have your treatment in the UK
Emergency **treatment** in the USA (does not apply if you have the added USA cover)	Within your overall **plan** limit	This is to cover emergency **out-patient treatment** of a **medical condition** that arises suddenly whilst you are in the USA. Note: this benefit is only applicable if you do not have the USA upgrade.
Drugs and dressings	Within your overall **plan** limit	The drugs and dressings must be for **treatment** of a **medical condition** that we cover and must be prescribed by a **medical practitioner**.

Out-patient cover		
	Limit details	**Notes**
The following out-patient items have a combined limit of €7,000 per year **Some of the items have their own individual limits which are shown below:**		
Medical practitioner consultation fees	Within combined limit	This includes any **out-patient medical practitioner's** (specialist or GP) consultation fees that are related to **in-patient** or **day-patient treatment** you receive.
Psychiatric **treatment**	€2,000 per **year.** Within combined limit	» See 4.24 > Mental health
Diagnostic tests	Within combined limit	Including diagnostic tests related to **in-patient** or **day-patient treatment**.
Physiotherapy **treatment**	€2,000 per **year.** Within combined limit	
Vaccinations	Within combined limit	When given by a **medical practitioner** or nurse. Limit applies to the combined cost of administering the vaccine and the cost of the vaccine itself.
Complementary practitioner fees	€850 per **year**. Within combined limit	

Pregnancy and childbirth.		
	Limit details	**Notes**
Antenatal consultations, postnatal consultations, screening and monitoring Routine childbirth	Up to €15,000 per **year**	
Doula pregnancy care	€500 per **year**	We will pay for: • ante-natal care • care during delivery • up to 2 months post-natal care with a qualified Doula
Medical conditions that arise during pregnancy and childbirth	**Treatment** for **medical conditions** that arise during pregnancy and childbirth is covered up to the limits that apply in the rest of this **plan**	» See 4.29 > Pregnancy and childbirth or call +44 (0)1892 556 160
Newborn care (while mother in hospital)	Within your overall **plan** limit	Cover for a newborn baby in the days immediately following birth while the mother remains as in-patient » See 4.26 > Newborn Care
Newborn care (for the baby's **treatment**)	Within your overall **plan** limit This is limited to €50,000 per **year** in a special care baby unit or paediatric intensive care immediately after birth for assisted conception multiple births	The baby needs to be enrolled on the **plan** if they need medical **treatment**. » See 5.1 > Adding a family member or baby
Child benefit	€2,000 per **year**	We will pay for: • hearing tests • eye tests • speech therapy • stutter therapy • **cancer** screening We will pay this benefit if the child: • is covered by the **plan** • is aged 18 and under.

Other cover		
	Limit details	**Notes**
Ambulance transport	Within your overall **plan** limit	Type of ambulances covered: • road ambulance • air ambulance if appropriate. Reasons when transport by ambulance is covered: • for emergency transport to or between **hospitals**; or • when a **medical practitioner** says that you need to have medical supervision while you are being transported.
Emergency evacuation and repatriation	Included	As you have an excess, you do not have to pay the excess if you claim for emergency evacuation. » See 1.9 > Your cover for emergency evacuation and repatriation
Cash payment if you have free chemotherapy or radiotherapy	€60 a day	If you choose to have free **day-patient** or **out-patient** chemotherapy or radiotherapy to treat **cancer**. We will only pay this if the **treatment** would have been covered by the **plan**. As you have an excess, you do not have to pay the excess if you claim for this cash payment. This cover only applies when you have not had to pay for your **treatment** or for your stay in **hospital.** » See 4.5 > Cancer

Other cover		
	Limit details	**Notes**
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	Paid in full for up to 42 days per **year**	We will pay for **treatment**: • at home • somewhere else that your **medical practitioner** or nurse agree is appropriate. We will pay for a nurse to give you either of the following by intravenous drip: • chemotherapy to treat **cancer** • antibiotics. This is so long as: • you would otherwise need to be admitted for **in-patient** or **day-patient treatment** • the nurse is working under the supervision of a **medical practitioner**.
Virtual Doctor service	Unlimited video appointments Unlimited doctor call backs	Access to a Virtual Doctor service for unlimited video appointments and telephone consultations. To register and use the service please visit: virtualcarefromaxa.com Using the service will not impact any **out-patient** limit on your **plan**. As you have an excess, you do not have to pay the excess if you use the Mind Health service.
Mind Health	Up to 6 sessions, per condition, each **year**	Mind Health is available for certain conditions and provides telephone consultations with a psychologist. To register and use the service please visit: virtualcarefromaxa.com Using the service will not impact any **out-patient** limit on your **plan**. As you have an excess, you do not have to pay the excess if you use the Mind Health service.

Other cover		
	Limit details	**Notes**
External prosthesis/appliance	€3,500 per **year**	» See 4.14 > External prostheses and appliances
Wigs or other temporary head coverings during **active treatment of cancer**	€510 per **year**	As you have an excess, you do not have to pay the excess.
Kidney dialysis	€63,750 per **year**	Kidney dialysis required due to chronic kidney failure. This limit doesn't apply to dialysis required in the six weeks during preparation for kidney transplant.
Eye test	Paid in full for one eye test per **year**.	As you have an excess, we will not take this off this cash payment. » See 4.23 > Long sightedness, short sightedness and astigmatism
Prescription glasses and contact lenses	€250 per **year**	We will pay this so long as the glasses or lenses are used to correct your vision. As you have an excess, we will not take this off this cash payment. » See 4.23 > Long sightedness, short sightedness and astigmatism
Treatment needed as a result of self-inflicted injuries	€150,000 per **year**	
Treatment of infertility, assisted conception and sperm / egg cryopreservation	Up to €10,000 per **year**	» See 4.20 > Infertility and assisted reproduction Cryopreservation and tissue storage when not part of a current cycle of fertility **treatment** must be on a pay and claim basis
Treatment of psoriasis	75% of costs paid up to a maximum of €1,500 per **year**	

Other cover		
	Limit details	**Notes**
Foot arch supports	€200 per person per **year**	
Health check	Towards the cost of one health check per **year** up to €850	» See 4.18 > Health checks
Preventative **treatment** or screening as an **out-patient**	Preventative **treatment** or screening as an **out-patient**	In relation to cervical, breast or prostate **cancer**
Dietetic advice	€250 per **year**	We will pay this when: • given by a dietician; and • you have been referred by a general practitioner, **medical practitioner** or dentist; and • the referral is for an eligible **medical condition**.
Disability compensation	€63,750	The limit depends on the disability suffered. » For details see 4.12 > Disability compensation As you have an excess, you will not have to pay the excess on claims for disability compensation.
Accidental damage to teeth	€10,000 per **year**	The damage must be due to an external impact. Other conditions also apply. » See 4.39 > Teeth and dental conditions

Other cover		
	Limit details	**Notes**
Dental **treatment**	75% of the cost up to a maximum of €3,500 per **year**	We will pay for: • dental implants • implant retained dentures • false teeth • orthodontic **treatment** when it is medically necessary For children under 18 years of age we will also pay for the following: • routine check ups • x-rays • second opinions • hygienist • fillings • extractions • crowns As the **plan** has an excess you do not have to pay the excess » See 4.39 > Teeth and dental conditions
Palliative care	Paid in full up to a maximum of 30 days per **year** within the limits that apply to the **plan**. For **cancer** only.	

1.5 > Optional cover

Your membership statement will show if you have this additional dental cover.

	Limit details	Notes
Routine, preventative and restorative dental **treatment**	75% up to €1,000 per **year**	Includes fees for: • routine check ups • x-rays • second opinions • hygienist • fillings • extractions • crowns. As your **plan** has an excess you do not have to pay the excess See 4.39 > Teeth and dental conditions

1.6 > The main things we don't cover

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

What are the key things the plan does not cover?

The plan does not cover	For more information	Notes
Treatment that you receive in the **UK** from providers that are not listed in our **UK Directory of Hospitals**		If you have **treatment** in the **UK** and choose to use a different **hospital**, we may pay you a small cash payment. We use a **UK Directory of Hospitals** as it helps us to keep premiums affordable. » See our Directory of Hospitals at axaglobalhealthcare.com/ukhospitals
The costs of arranging **treatment**		The **plan** does not cover your costs for arranging **treatment**, such as phone calls and travelling expenses.
Non-emergency **treatment** outside of the countries where you're covered		If you have added USA cover, your cover extends to all countries worldwide.
Charges that are above the usual and customary charges for the **treatment**.		» See 1.6 > Understanding what usual and customary charges are

1.7 > Understanding what usual and customary charges are

We will only pay for charges for **treatment** or services that a **hospital**, medical facility, **medical practitioner**, **complementary practitioner**, **physiotherapist** or other medical professional would usually and customarily charge for that **treatment** or service in the country where you are receiving it.

We will use guidelines published by a government health department or official medical body in the country where you are having **treatment** or using a service to decide if charges are within the usual and customary range. We may also use anonymised claims data or data from our local partners as a benchmark when we pay or assess claims.

1.8 > Your cover for emergency treatment in the USA (if you have worldwide excluding USA cover) - for members who do not have the USA cover

This section applies if you have worldwide cover excluding the USA It does not apply if you have worldwide cover. The **plan** gives you some emergency cover in the USA.

What cover do I have in the USA?

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

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

1.9 > Your cover for emergency evacuation and repatriation

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

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

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

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

What to do if you need emergency transportation in Africa

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

This service is offered:

- to members who have been advised by a medical professional that they need to be admitted to **hospital**; and
- when it is clear that it is not medically appropriate to be treated where you are.

How emergency evacuation and repatriation cover works

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

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

What costs we will cover

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

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

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

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

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

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

Repatriation following death

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

- your **country of residence**, or
- a country you hold a passport for.

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

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

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

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

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

What cover do I have if a family member is evacuated or repatriated?

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

If you are travelling away from home with a family member who is covered by a plan arranged by the **AXA Global Healthcare Group** and underwritten by AXA PPP healthcare Limited and they are evacuated or repatriated, we will pay for your additional reasonable and necessary transport and accommodation costs that result from the evacuation or repatriation. We will do this if it is medically appropriate for you to travel with the family member. If you are both at the location where you normally live and they have to be evacuated or repatriated from that location, we will pay for your additional reasonable and necessary transport costs that result from the evacuation or repatriation. We will do this if it is medically appropriate for you to travel with the family member. We will not cover your accommodation costs.

What will happen to my travel ticket?

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

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

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

Exclusions that apply to your cover for emergency evacuation and repatriation

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

- the **medical condition** does not need immediate emergency **in-patient treatment**
- the **medical condition** does not prevent you from travelling or working
- the **medical condition** is directly or indirectly caused by a deliberately self-inflicted injury, suicide or an attempt at suicide
- the **medical condition** is a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you only receive travel costs)
- the **medical condition** is a result of base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang-gliding, paragliding or micro-lighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste
- the evacuation would involve moving you from a ship, oil-rig platform or similar off- shore location
- we have not approved the evacuation or repatriation first
- we have not been told about the **medical condition** within 30 days of the condition becoming an emergency (unless this was not reasonably possible)
- the **medical condition** is a result of nuclear, biological or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed

- the emergency occurs when you are on a leisure trip to a destination to which the UK Foreign and Commonwealth Office either advises against all travel, or advises against all travel on holiday or non-essential business.

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

We will not be liable for:

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

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

2 Making a claim

1

Get in touch with us before you see the medical practitioner

- Go to your account at axaglobalhealthcare.com/customer
- Call us on +44 (0)1892 556 160 or
- For treatment in the USA, call us on +1 800 308 2611

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

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

2

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

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

2.1 > How we pay claims

About our network of hospitals

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

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

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

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

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

Always remember to contact us before you have your **treatment** so we can set up any direct payment arrangements with the **hospital** before your visit.

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

If you have **treatment** that you are covered for at a **hospital** that is not in our network of hospitals, we may be able to pay the **hospital** directly.

Always remember to contact us before you have your **treatment** so we can get in touch with the **hospital** you've chosen and try to arrange to pay them directly for your **treatment**.

There are some **hospitals** who we won't pay for **treatment**. This is because they don't meet our billing criteria, or because we do not recognise them. You should check if we will pay the **facility** or **hospital** before you have your **treatment**. The current list of unrecognised providers is available through your online portal at axaglobalhealthcare.com/customer or you can call us to check if we will pay a particular provider. We won't reimburse you for **treatment** you pay for yourself with one of these providers.

Paying claims for out-patient treatment

If you have **out-patient treatment**, most providers will ask you to pay for your **treatment** and then make your claim to us. However, some providers will allow you to have your **out-patient treatment** on the understanding that they will claim the cost back from us. You can search for an **out-patient** provider at: axaglobalhealthcare.com/customer.

You may be asked to show your AXA membership card and a separate form of photo ID when you have your **treatment.**

The **treatments** that we will cover directly at certain medical providers are:

- GP/family doctor consultations
- specialist consultations
- prescription drugs and dressings
- minor **diagnostic tests**, for example
  x-rays or ultrasounds
- blood tests
- up to the first five sessions of physiotherapy (you will need to ask us to pre-approve further sessions)
- vaccinations

If it turns out that your **treatment** is not covered, you will be asked to pay for the cost of the **treatment**.

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

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

Please call us or contact us at axaglobalhealthcare.com/customer and we will explain how to claim.

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

If your **treatment** is being provided as part of a package, we will reimburse the cost of the package once all **treatment** has taken place. If your **treatment** provider is able to provide a breakdown of the **treatment** you have received to date, we may be able to reimburse some of the costs before the package of **treatment** is complete.

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

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

What happens if I receive a bill?

If you receive a bill, please call us or contact us at axaglobalhealthcare.com/customer

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

What should I do if I need further treatment?

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

What currency will I be paid in?

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

We will use the exchange rate listed in the ICE foreign exchange rates on the day of your **treatment** for **out-patient** and **day-patient treatment**, and the day of your admission for **in-patient treatment**.

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

Charges from your bank

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

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

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

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

What does 'more detailed information' mean?

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

- we may need your **medical practitioner** to send us more details about your **medical condition.** Your **medical practitioner** may charge you for providing this information. This charge is not covered by the **plan**.
- we may also ask you to give us consent to access your medical records.

- in some cases, we may also ask you to complete additional forms. We will need you to complete these forms as soon as possible, but no later than six months after your **treatment** starts (unless there is a good reason why this is not possible).
- very rarely, we may have to ask a **medical practitioner** to advise us on the medical facts or examine you. In these cases, we will pay for the **medical practitioner** to do this and will take your personal circumstances into account when choosing the **medical practitioner.**

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

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

2.3 > What if my treatment isn't covered

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

2.4 > What happens if I need emergency treatment?

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

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

3 How the plan works

How the plan works

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

Any questions?

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

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

Or you can call us on +44 (0)1892 556 160 and we'll be very glad to explain.

Making a claim

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

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

The **plan** covers you for established medical **treatments**. We call these **conventional treatments.**

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

What do you mean by conventional treatment?

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

- is established as best medical practice in the country where **treatment** is taking place; and
- is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility where the **treatment** is provided; and
- has been proven to be effective and safe for the **treatment** of your **medical condition** through high quality clinical trials evidence (full criteria available on request).

Conventional treatment does not cost more than an equivalent **treatment** that delivers a similar therapeutic or diagnostic outcome. It must not be provided or used primarily for the convenience or financial or other advantage of you or your **medical practitioner** or other health professional.

Are there any additional requirements for drug treatments?

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

- The Medicines and Healthcare products Regulatory Agency (MHRA) if the **treatment** is to be provided in the **United Kingdom; or**
- the European Medicines Agency (EMA) if the **treatment** is to be provided in Europe, but outside of the **United Kingdom**; or
- the US Food and Drug Administration (FDA) if the **treatment** is to be provided outside Europe.

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

Are there any additional requirements for surgical treatments?

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

» To get a copy of the schedule, go to axaglobalhealthcare.com/en/members/how-bills-are-paid or call us on +44 (0) 1892 503 856

What happens if my medical practitioner says I need surgery that is not conventional treatment?

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

What is not covered?

We will not pay for treatment that is not **conventional treatment** or which is experimental.

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

» To check whether we will agree to cover a treatment, please call us on +44 (0)1892 556 160 before you start treatment

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

The **plan** is designed to cover **treatment** of **medical conditions**.

Your healthcare insurance statement shows which underwriting terms you joined on. Here is an explanation of the underwriting you have on this **plan**:

- MHD (Medical history disregarded).

Underwriting terms

Definition of MHD

MHD means your membership will cover treatment of conditions that you were already aware of when you joined

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

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

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

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

What are **acute conditions** and **chronic conditions**?

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

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

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

3.4 > Who can provide your treatment

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

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

Your **plan** covers you for **in-patient** and **day-patient treatmen**t that is provided by **medical practitioners**. There are some medical providers who we won't pay for **treatment**. These may be providers who don't meet our billing criteria, or we do not recognise. You should check if we will pay the medical provider before you have your **treatment**. The current list of unrecognised providers is available through your online portal at axaglobalhealthcare.com/customer or you can call us to check if we will pay a particular provider. We won't reimburse you for **treatment** you pay yourself with one of these providers.

We will pay for their usual and customary charges for the **treatment**.

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

3.5 > Hospitals where you can have your treatment

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

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

Facilities that are not covered

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

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

There are some other medical providers who we won't pay for **treatment**. These may be providers who don't meet our billing criteria, or we do not recognise. You should check if we will pay the **facility** or **hospital** before you have your **treatment**. The current list of unrecognised providers is available through your online portal at axaglobalhealthcare.com/customer or you can all us to check if we will pay a particular provider. We won't reimburse you for **treatment** you pay yourself with one of these providers.

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

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

We will also pay for your standard menu choices.

What is not covered at the hospital?

We will not pay for:

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

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

3.7 > Differences when you have your treatment in the UK

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

Where you can have treatment in the UK

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

You can get a copy of our **UK Directory of Hospitals** at axaglobalhealthcare.com/ukhospitals or by calling us on +44 (0)1892 556 160.

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

Where you can have cataract surgery in the UK

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

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

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

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

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

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

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

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

To get a copy of the schedule, go to axaglobalhealthcare.com/en/members/how-bills-are-paid or call us on +44 (0)1892 503 856

Checking which anaesthetist will be involved in your treatment

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

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

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

3.8 > General restrictions

Written reports

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

Administration charges

We will not pay for any administration charges.

Treatment and referrals by family members

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

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

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

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

If you're in any way unsure about the cover you have with the plan- even if you don't need to claim for it at the moment – please send us a message using your online account axaglobalhealthcare.com/customer or just give us a call on +44 (0)1892 556 160.

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

4.1 > Advanced therapies

There are a complex set of advanced therapies, including gene therapies and CAR-T **treatment** for **cancer**. They are known by different names across the world, for example Advance therapy medicinal products (ATMPs), Cellular and gene therapy products (CGTPs) or Regenerative medicine advanced therapy (RMAT).

We only cover a small number of ATMPs/CGTPs/RMATs under the plan. You must call us before you start your **treatment** to make sure its covered.

For more information and for the current list of the ATMPs/CGTPs/RMATs we cover please visit axaglobalhealthcare.com/advanced-therapies or call us.

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

4.2 > Alcohol abuse, drug abuse, substance abuse

We do cover **treatment** you need as a result of, or connected to, alcohol abuse, drug abuse or substance abuse.

4.3 > Artificial life maintenance

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

4.4 > Breast reduction

We do not cover either male or female breast reduction.

Support when your health condition is complicated

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

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

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

4.5 > Cancer

This section explains how we cover **cancer treatment.** The cover described elsewhere in your handbook also applies to **treatment** of **cancer**.

About your cover for cancer treatment

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

We will cover **active treatment of cancer**.

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

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

- €60 a day.

Your cancer cover

Place of treatment	
Active treatment of cancer at a **hospital**	Yes. If the **treatment** takes place in the **UK**, this includes **treatment** at a **hospital**, **day-patient unit** or **scanning centre** that is in our **UK Directory of Hospitals**.
Chemotherapy by intravenous drip at home	Yes, when agreed by our clinical team.
Treatment at a hospice	Yes, up to 30 days.

Diagnostic	
Specialist fees for the **specialist** treating your **cancer**	Yes. If the consultations are before your diagnosis they are covered as part of your overall **out-patient** limit. Consultations after your diagnosis are covered as part of your overall **day-patient** and **in-patient** limit.
Diagnostic tests relating to **cancer**	Yes If the tests are before your diagnosis they are covered as part of your overall **out-patient** limit. Tests after your diagnosis are covered as part of your overall **day-patient** and **in-patient** limit.
Surgery as shown below under 'Surgery'	Yes.
CT, MRI and PET scans	Yes.
Genetic testing proven to help choose the best **treatment** that will be covered by your **plan** » See section 3.1 > for more about effective treatment and 4.26 > for more about preventative treatment and tests	Yes.
Genetic testing to work out whether you have a genetic risk of developing **cancer**	No.

Surgery	
Surgery for the **treatment** or diagnosis of **cancer**, so long as that **treatment** has been shown to be effective » See section 3.1 > for more about effective treatment	Yes.
Experimental or unproven **treatment**.	No

Reconstructive surgery following breast cancer	
The first reconstructive **surgery** following **surgery** for breast **cancer**. We will cover: • one planned **surgery** to reconstruct the diseased breast • nipple tattooing, up to 2 sessions • one planned **surgery** to reconstruct the nipple.	Yes. We will do this so long as we agree the method and cost of the **treatment** in writing beforehand.
After the completion of your first reconstructive **surgery**, we will also cover: • one further planned **surgery** to the other breast, when it has not been operated on, to improve symmetry. • two planned fat transfer **surgeries**. The fat must be taken from another part of your body and cannot be donated by anyone else. • one **surgery** to remove and exchange implants damaged by radiotherapy **treatment** for breast **cancer**.	Yes. Symmetry and fat transfer operations must take place within three years of your first reconstructive **surgery**. The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy **treatment**. We will only pay for each of these operations once (or two fat transfer surgeries), regardless of how long you remain a member of a **plan** arranged by the **AXA Global Healthcare Group**.
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.	» See also 4.10 > Cosmetic treatment, surgery or products

Preventative	
Preventative **treatment**, such as: Screening when you do not have symptoms 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 (such as a preventative mastectomy).	No, except for one examination each **year** for cervical, breast or prostate **cancer** as shown in the benefit table.
Vaccines to prevent **cancer** developing or coming back – such as vaccinations to prevent cervical **cancer**	Yes, vaccines are covered as part of your **out-patient** vaccination cover.
Drug therapy	

Drug **treatment** to kill **cancer** cells – including:
• biological therapies, such as Herceptin or Avastin
• chemotherapy
	Yes,
	We will cover them if:
	• they have been licensed by:
	  ○ the Medicines and Healthcare products Regulatory Agency if you are receiving treatment in the **United Kingdom;** or
	  ○ the European Medicines Agency if you are receiving **treatment** in Europe, but outside of the **United Kingdom;** or
	  ○ the Food and Drug Administration if you are receiving **treatment** anywhere else in the world.
	These drugs **treatments** will be covered up to:
	• one year of **treatment** or
	• the period of the drug licence, whichever is shorter and
	• they have been shown to be effective.
	The drugs we cover will change from time to time to reflect any changes in drug licences. Please call us to find out the latest **treatments** that we cover.

Chemotherapy and/or biological drug **treatment** to prevent a recurrence of **cancer** or to maintain remission	Yes.

Drug therapy	
Advanced therapy medicinal products (ATMPs), Cellular and gene therapy products (CGTPs) and Regenerative medicine advanced therapy (RMATs)	Yes, we cover a small number of approved ATMPs/CGTPs/RMATs. For the current list of ATMPs/CGTPs/RMATs that we cover, please see axaglobalhealthcare.com/advanced-therapies or call us. » See 4.1 > Advanced therapies
Other drugs. We cover: • Bone strengthening drugs such as bisphosphonates or Denosumab Hormone therapy that is given by injection (for example goserelin, also known as Zoladex)	Yes. They are covered as long as you have them at the same time as you are having chemotherapy or biological therapy to kill **cancer** cells covered by the **plan**.
Drugs for treating conditions secondary to **cancer**, such as erythropoietin (EPO)	Yes, while you are having chemotherapy that is covered by the **plan**.
Out-patient drugs or other drugs that a **medical practitioner** could prescribe	Yes, covered as part of your overall **out-patient** drugs and dressings cover.

Radiotherapy	
Radiotherapy including when it is used to relieve pain	Yes.
Proton beam therapy (PBT)	Yes. We will pay PBT for: • malignant solid **cancers** in members aged 21 and under • central nervous system (brain and spinal cord) **cancer** • chordomas or chondrosarcomas (types of spine **cancer**) in the base of the skull or cervical spine (neck bones) which have not spread (metastasised) • high naso-ethmoid, frontal and sphenoid tumours with base of skull involvement • adenoid cystic carcinoma with perineural invasion • esthesioneuriblastoma • **cancer** of the iris, ciliary body or choroid parts of the eye (uveal melanoma) which has not spread (metastasised) • conjunctival melanoma • choroidal haemangioma.
Accelerated charged particle therapies	No. However, there is limited cover for Proton Beam Therapy in the circumstances shown above.

Palliative	
Care to relieve pain or symptoms rather than cure the **cancer**	Yes, we will provide cover and support throughout the **cancer treatment** even if it becomes incurable. We cover radiotherapy and chemotherapy and surgery (such as draining fluid or inserting a stent) to relieve pain.

End of life care	
End of life care	Yes, up to 30 days.

Monitoring	
Follow ups – cover for follow up consultations and reviews for **cancer**	Yes, so long as you are still a member and have a plan that covers this. This is paid from your cover for **out-patient treatment**.

Limits	
Time limits on **cancer treatment.** The plan covers you while you are having **treatment** to kill **cancer** cells and for monitoring.	There are some time limits for drug treatments given for prolonged periods as described in the 'Drug therapy' section of this table section of the table
Money limits on **cancer treatment**.	No specific limits- the same rules apply to your **cancer treatment** as for any other **treatment**.

Other cover	
Stem cell or bone marrow **treatment** If you plan to donate tissue as a live donor or receive tissue from a live donor, please call us so we can tell you what support we offer. We do not cover any related administration costs. For example, we will not cover transport costs or the cost of finding a donor. » See section 4.28 > Organ or tissue donation for more about this	Yes.

4.6 > Child benefit

We will pay for children who are covered by this **plan** and who are aged 18 and under for:

- hearing tests
- eye tests
- speech therapy
- stutter therapy
- **cancer** screening as an **out-patient**

We will pay this benefit if the child:

- is covered by the **plan**
- is aged 18 and under.

For speech and stutter therapy, we will pay if the treatment has a medical purpose and when it is expected to restore or improve the ability to speak and if the child has been referred by a general practitioner, a **medical practitioner** or a dentist.

4.7 > 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, except as shown in your benefits table.

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

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

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

4.9 > Contraception

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

4.10 > 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.

whether it is needed for medical or psychological reasons.

» See also 4.31 > Reconstructive surgery and 4.15 > Fat removal

4.11 > Criminal activity

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

4.12 > Disability compensation cover

We will pay you a lump sum if you suffer an accident that leads to any of the disabilities shown in the table.

The disability must be total and incurable by medicine or surgical **treatment**.

The accident must be caused by external violent and visible means.

The table shows the limits for specific disabilities. The maximum limit we will pay following an accident is:

€63,750

Total, incurable loss of sight in one eye Total, incurable loss of speech Total, incurable loss of hearing Loss of limb which means: • Total, incurable loss of the use of a hand, arm, foot or leg; or • Loss of a hand by separation at or above the wrist; or; • Loss of a foot by separation at or above the ankle	Limit: €31,875
Total, incurable loss of sight in both eyes Total, incurable loss of sight in one eye and one loss of limb Total, incurable loss of speech and hearing Two losses of limb	Limit: €63,750

4.13 > Drugs and dressings for out-patient treatment

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

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

» See also 4.38 > supplements

4.14 > External prostheses and appliances

We cover:

- the cost of wigs or other temporary head coverings and external prostheses needed during **active treatment of cancer**,
- the cost of spinal supports, knee braces and pneumatic walking boots if they are a part of a **surgical procedure** or integral to the **treatment** of a condition you are covered for
- external prostheses / appliances when your **medical practitioner** has said it is medically necessary.

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4.15 > Fat removal

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

» See also 4.10 > Cosmetic surgery

4.16 > Gender re-assignment or gender confirmation

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

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

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

4.17 > Genetic tests

What is covered for genetic tests?

We will pay for genetic testing when it is proven to help choose the best eligible **treatment** for your **medical condition**. This means the **treatment** will be **conventional treatment** and proven to be safe and effective for your **medical condition**.

We do not cover genetic tests:

- to check whether you have a **medical condition** when you have no symptoms or if 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 **treatment** that would be covered by your **plan**. This might be because the course of **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 established as being effective or is unproven.

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

» See also 4.30 > Preventative treatment and screening tests

4.18 > Health check

We will pay a contribution towards the cost of one health check per **year**.

Examples of the things your health check could include are:

- body mass index
- resting blood pressure
- urinalysis
- cholesterol test
- instruction in self examination
- advice about diet and lifestyle

We will also pay for **cancer** screening (for cervical, breast and prostate **cancer**) as an **out-patient** as shown in the benefit table.

To claim your health check, simply send us a receipt showing your name to confirm that you have had the health check.

4.19 > Hormone replacement therapy (HRT)

We cover the cost of hormone replacement therapy (HRT) implants that are required following a medical intervention.

We will pay for the associated **medical practitioner's** consultations up to the limits shown in the benefits table and the cost of HRT implants, patches or tablets that are required following a medical intervention, for a maximum of 18 months following the intervention.

What is not covered?

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

4.20 > Infertility and assisted reproduction

We will pay for investigations into infertility (including investigations into recurrent miscarriage) with a **medical practitioner.** If a **medical condition** is found during any investigations, then there is benefit for **treatment**, even if the aim of the **treatment** is to improve fertility. Other than this, all **treatment** of infertility, assisted reproduction or treatment designed to increase fertility is paid from assisted fertility benefit, as detailed below.

We will pay for investigations at a fertility clinic and assisted reproduction treatment up to €10,000 per **year**. Cryopreservation and storage of tissue is also included in this benefit. However, these are on a pay and claim basis unless part of a current cycle of fertility treatment.

The **treatment** we will pay for includes:

- **treatment** to prevent future miscarriage
- routine cycles of proven fertility treatment, including
  - intrauterine insemination
  - in vitro fertilisation
  - intracytoplasmic sperm injection
  - donor insemination
  - the use of donor oocytes (eggs).
  - transportation of tissue when this is part of a current cycle of fertility treatment and is part of the costs invoiced by the **hospital** or **facility**.
- cryopreservation, storage or thawing of egg, ovary, testicular tissue or embryos when this is part of a current routine cycle of proven fertility treatment.
- cryopreservation and storage of tissue when not part of a current cycle of fertility treatment on a pay and claim basis
- drugs when they are prescribed by a **medical practitioner** as part of the **conventional treatment**.
- any **treatment** you need, as a result of these treatments or investigations including any **treatment** you need as a result of any complications

We do not pay for:

- **treatment** that is not **conventional treatment** – see section 3.2 for more details.
- surrogacy
- reversal of sterilisation or **treatment** related to sterilisation
- any **treatment** for anyone under the age of 18
- multiple cycle packages
- any costs not invoiced by a clinical provider
- any **treatment** of infertility or assisted reproduction/**treatment** designed to increase fertility outside of the assisted fertility benefit

» See 5.1 > Adding a family member or baby

4.21 > Kidney dialysis

We cover kidney dialysis in the following situations:

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

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

» See also 4.28 > Organ or tissue donation

4.22 > Learning and developmental disorders

We cover any **treatment**, investigations, assessment or grading to do with:

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

Some examples of the conditions we cover are the following (please call if you would like to know if a condition is covered):

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

4.23 > Long sightedness, short sightedness and astigmatism

We cover any **treatment** to correct long sightedness, short sightedness or astigmatism.

Eye tests

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

What you need to claim for your eye test.

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

Prescribed glasses and contact lenses

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

What is not covered?

We will not pay towards the cost of:

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

4.24 > Mental health

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

We will cover you for up to 100 days for **treatment** as an **in-patient** at a **hospital** providing evidence based **treatment** of a psychiatric illness with 24 hour medical supervision**.** We will only pay for a maximum of 100 days regardless of how long you remain a member of a **plan** arranged by the **AXA Global Healthcare Group.** We will cover up to € 2,000 a **year** for **out-patient treatment**.

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

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

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

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

What if my condition goes on for a long time?

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

What is not covered?

We do not cover any **treatment** at a health hydro, spa, nature clinic or other similar facility, even if it is registered as a **hospital.**

4.25 > Natural ageing

We do not pay for **treatment** of symptoms generally associated with the natural process of ageing. This includes **treatment** for the symptoms of puberty and menopause which are not caused by another disease, illness or injury.

4.26 > Newborn care

We will cover the newborn baby's accommodation and routine screening in the days immediately following their birth, while the mother remains as an **in-patient**.

What is not covered?

We will not cover any **treatment** of a **medical condition** which arises during the time unless the baby is covered by the **plan.**

Adding a baby to the plan

☏ If you have a baby, we can often add them to the **plan** from birth.

» See 5.1 > Adding a family member or baby

4.27 > Nuclear, biological or chemical contamination and war risks

We do not cover **treatment** you need as a result of nuclear, biological or chemical contamination.

We do not cover **treatment** you need as a result of your active involvement in war (declared or not), an act of a foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any similar event.

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

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

4.28 > Organ or tissue donation

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

What is not covered?

We do not pay for:

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

4.29 > Pregnancy and childbirth

We cover your pregnancy and childbirth.

There are different limits on your cover depending on whether your pregnancy and childbirth is routine or non routine. By routine childbirth we mean childbirth that does not involve **treatment** of a **medical condition**.

Routine pregnancy and childbirth

For routine pregnancy and childbirth, we cover the following services you may need:

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

We will only pay up to the usual amount charged by a **medical practitioner** for the **treatment** we cover.

The limit on the total amount we will pay is:

Up to €15,000 per **year**.

We also pay for the services of a Doula as shown in the benefit table up to €500 each **year**.

Non-routine pregnancy and childbirth

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

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

- ectopic pregnancy (pregnancy where the embryo or foetus grows outside the womb)
- hydatidiform mole (abnormal cell growth in the womb)
- retained placenta (afterbirth retained in the womb)
- 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**.

What we don't cover

We do not cover:

- the cost of parenting classes or other classes relating to pregnancy and childbirth; or
- costs for **treatment** that has not yet taken place, even if it is being provided as part of a **treatment** package.

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

Adding a baby to the plan

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

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

» See 5.1 > Adding a family member or baby

4.30 > 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,** genetic tests or screening tests.

What is not covered for preventative treatment or screening tests?

- preventative **treatment**, such as preventative mastectomy; or
- preventative screening tests except **cancer** screening as shown in the benefit table; 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 **treatment** that would be covered by your **plan.** This might be because the course of **treatment** for your symptoms will be the same regardless of what **medical condition** has caused them; or
- preventative **treatment** or screening tests that are not **conventional treatment** or where that are used to direct **treatment** that is not established as being effective or is unproven.

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

» See also 4.17 > Genetic Tests

4.31 > Reconstructive surgery

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

What is covered?

We will cover your first reconstructive **surgery** following an accident or **surgery** for a **medical condition** that was covered by the **plan**. We will do this so long as we agree the cost of the **treatment** in writing beforehand.

☎ Please call us before agreeing to reconstructive **surgery** so we can tell you if you are covered.

What is not covered?

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

» See also 4.5 > Cancer for details of the cover for breast reconstruction and 4.10 > Cosmetic treatment, surgery or products

4.32 > 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 per event, so long as:

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

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

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

What is not covered for rehabilitation?

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

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

4.33 > Self-inflicted injury and suicide

We cover **treatment** you need as a direct or indirect result of a deliberately self-inflicted injury or a suicide attempt.

4.34 > Sexual dysfunction

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

4.35 > Social, domestic and other costs unrelated to treatment

We do not cover the costs that you pay for social or domestic reasons, such as but not limited to travel or home help costs. This includes if your **in-patient** stay is extended for a reason not related to your **treatment** and you could have that **treatment** as an **out-patient**.

We do not cover costs where you are required to quarantine but have no medical need for **treatment** or care as an **in-patient.** This includes state mandated quarantine, even if it takes place in a **hospital**.

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

4.36 > Sports and activity related treatment

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

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

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

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

4.37 > Sterilisation

We do not cover:

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

4.38 > Supplements

What is covered?

We will cover the cost of vitamins to be administered by injection or infusion in the case of a confirmed vitamin deficiency that requires medical management.

What is not covered?

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

4.39 > Teeth and dental conditions

What dental treatment is covered?

We cover some dental **treatment** such as dental implants, dentures and orthodontic **treatment** when this is medically necessary.

If you are under 18 years of age, your cover will also include:

- check-ups
- scale and polish
- restorative dental treatment such as fillings

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

If you have chosen to include the dental upgrade, your cover will also include:

- check ups
- scale and polish
- restorative **treatment** such as fillings

We do not cover:

- check ups (unless you are under 18 or have purchased the dental upgrade)
- scale and polish (unless you are under 8 or have purchased the dental upgrade)
- cosmetic **treatment**; or
- **treatment** that's needed because you have not had at least one dental check-up in every **year**, for example **treatment** for gingivitis and periodontitis; or
- costs for **treatment** that has not yet taken place, even if it is being provided as part of a **treatment** package.

What dental treatment is covered following accidental damage?

We will cover dental **treatment** needed following medically documented accidental damage caused by external impact to the mouth and jaw when:

- we agree the method and cost of the dental **treatment** before it takes place.

We will pay for:

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

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

We do not cover

Treatment needed following damage caused by any of the following:

- normal wear
- eating or drinking something, even if it contains a foreign body

- boxing or playing rugby (except tag rugby) without wearing suitable mouth protection
- brushing your teeth or any other oral hygiene procedure.

4.40 > 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.

4.41 > Weight loss treatment

What is not covered?

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

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

5 Managing your plan

5.1 > Adding a family member or baby

☎To add a **family member** or baby to your cover, call us on +44 (0)1892 556 160 and we will talk you through how it works.

Who you can add

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

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

Adding a new baby

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

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

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

We have explained these limits in the following paragraphs.

Employer rules

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

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

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

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

- we may ask for more details of the baby's medical history
- we cover **treatment** in a Special Care Baby Unit or paediatric intensive care immediately after the birth up to €50,000 for assisted conception multiple births. There is no cover for adoptive births.
- we may add other conditions to the baby's cover. For example, we may limit their cover for pre-existing conditions.

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

5.2 > Paying your excess

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

How the excess works

As the **plan** has an excess, you can see the amount on your healthcare insurance statement.

Here is how the excess works:

We will take your excess off the amount covered by the **plan** for the first claim for each person in each **year.**
For example, if the claim was covered for €800, and the excess was €100, we would pay €700.

- If your claim is for a **treatment** that has a limit we will apply the limit before we take the excess off.
- We count the **treatment** costs for each **year** according to the date the **treatment** took place.
- Even if **treatment** costs less than your excess, please tell us about it so we can make sure we take this into account if you claim again that **year**.
- The excess applies per person. So if two people covered by the **plan** make a claim, we will take the excess off both their claims.
- It may take several claims before the full amount of the excess is paid.
- Once the full amount of an excess has been paid in a **year**, we will not take it off any further claims in that **year.**
- It does not matter whether you claim several times for the same **medical condition**, or for several **medical conditions**.
- The excess applies for each **year**. This means that if you incur costs during this **year,** we will take the excess off what we pay for your claim. If you then incur more costs in the next **year**, even if it's for the same condition, we will take the excess off that claim.
- If your claim goes over your renewal, we will take the excess off the amount we pay for your claim before renewal, then we will take the excess off the amount we pay for your claim after renewal.
- If you have any questions about how your excess works, please call us on +44 (0)1892 556 160

Claims that you do not have to pay an excess for

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

- cash payment when there has been no charge for your **treatment** or your stay in **hospital**
- evacuation or repatriation service
- Disability compensation
- cash payment if you have free chemotherapy or radiotherapy
- eye test
- prescribed glasses or contact lenses
- Virtual Doctor
- Mind Health
- parent hotel accommodation
- any claim for wigs or other temporary head coverings.

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

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

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

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

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

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

Please call us on +44 (0)1892 612 080 and we can help you create a personal healthcare plan to suit you.

5.5 > Keeping us informed

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

Change of country of residence

You must tell us if there's a change of your **country of residence**.

We are not able to provide insurance in some countries, so it's your responsibility to check that your cover is still valid if you move.

Changes to any details you give us when you join

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

This includes if there's a change in your **country of residence**.

5.6 > Making a complaint

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

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

Making a complaint

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

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

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

Please call us on +44 (0)1892 556 160.
Or write to:

AXA Global Healthcare (UK) Limited
International House
Forest Road
Tunbridge Wells
Kent
TN2 5FE UK

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]

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

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

Phone: +44 (0)20 7964 0500
Phone from UK and Channel Islands:

0800 023 4567 or 0300 123 9123

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

Website: financial-ombudsman.org.uk

Your legal rights

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

6 Legal information

6.1 > Rights and responsibilities

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

The plan

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

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

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

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

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

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

Renewal

Before the end of each **plan year**, we will contact your employer 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 your employer asks us to make changes or tells us they wish to cancel.

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

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

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

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

Providing us with information

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

Our right to refuse to add a family member

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

Subrogated rights

We, or any person or company that we nominate, have subrogated rights of recovery of the **lead member** or any **family members** in the event of a claim. This means that we will assume the rights of the **lead member** or any **family 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 a 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 your 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 the **plan** void, as if it never existed. If we have already paid the claim we can recover what we have paid from you.

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

What happens if we make a payment to you in error

If we transfer money to you in error or accidentally overpay you, you must return it to us immediately. If you become aware of an accidental payment or overpayment, you must let us know straight away so that we can arrange for the money to be returned to us.

Our right to make changes to the plan

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

International economic sanctions

We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, **United Kingdom**, United States of America, or under a United Nations resolution.

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 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.

Law applying to the plan

We and the **company** are free to choose the law that applies to the **plan.** The law of England and Wales will apply unless you and we agree otherwise.

Language for the plan

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

Translations

The **plan** is written in English and may be translated into another language. In the event of a discrepancy or other uncertainty, the English version of this **plan** will prevail.

Legal rights

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 members.**

6.2 > Our authorisation and regulation details

Your **plan** is arranged by AXA Global Healthcare (UK) Limited and underwritten by AXA PPP healthcare Limited.

AXA PPP healthcare Limited

AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Its financial services register number is 202947. Registered Office 20 Gracechurch Street, London, EC3V 0BG, United Kingdom.

You can check details of AXA PPP healthcare Limited's registration on the FCA website: fca.org.uk

AXA Global Healthcare (UK) Limited

AXA Global Healthcare (UK) Limited is authorised and regulated by the Financial Conduct Authority (FCA). Our financial services register number is 307140.

Registered office 20 Gracechurch Street, London EC3V 0BG, United Kingdom.

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

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

6.3 > The Financial Services Compensation Scheme (FSCS)

We and AXA PPP healthcare Limited are participants of the Financial Services Compensation Scheme (FSCS). The Scheme may act if it decides that an insurance intermediary or insurer is in such serious financial difficulties that it may not be able to honour liabilities to customers. It may do this by:

- providing financial assistance to the insurer or insurance intermediary
- transferring policies to another insurer
- paying compensation to plan holders.

The Scheme was established in the UK 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

The **plan** is underwritten by AXA PPP healthcare Limited and administered by AXA Global healthcare (UK) Limited (jointly AXA). This is a summary of our respective Privacy Policies that you can find on our websites: axaglobalhealthcare.com/en/about-us/privacy-and-legal and axappphealthcare.co.uk/privacy-policy

Please make sure that everyone covered by this **plan** reads this summary and the full data privacy policies on our website. If you would like a copy of the full plan please call us on +44 (0) 556 160 and we'll send you one.

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

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

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

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

- Manage your claims, e.g. to deal with your doctors or any reinsurers;
- Facilitate the provision of benefits or otherwise manage the **plan**; and
- Help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- Allow other AXA companies to contact you if you have agreed.

In order to be able to manage the **plan** we may access your information from countries anywhere in the world including India and the USA where some administration is undertaken. Before doing so we will ensure that your data is protected and disclosed only to authorised individuals solely for servicing the **plan** or claim. Any internal transfer of your data will be undertaken only in accordance with the relevant data protection laws and regulations.

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

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

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

If you want to ask us to exercise any of your rights just call us on +44 (0) 1892 556160 or write to us at AXA Global Healthcare (UK) Limited, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE, UK.

If you want to contact the Data Protection Officer you can do so by writing to us at the same address, or by emailing; AGHComplianceReporting@axa.com

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

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

This does not change the benefits you can claim under the **plan** (your 'Claim') and also means 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 the **plan**. Where appropriate, we will pay our proper share of the Claim and recover what we pay from the third party. We may use external legal, or other, advisers to help us do this.

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

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

- repay any recovery of our Outlay and interest from the third party directly to us within 21 days of settlement;
- provide us with details of any settlement in full.

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

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

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

7 Glossary

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

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

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

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

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

AXA Global Healthcare Group - AXA Global Healthcare (UK) Limited and its subsidiaries globally, including AXA Global Healthcare (EU) Limited and AXA Global Healthcare (Hong Kong) Limited.

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

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

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

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

complementary practitioner

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

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

Definition for **treatment** given in the **UK:**
a **medical practitioner** who meets all of the following conditions:

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

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

conventional treatment – we define **conventional treatment** as **treatment** that:

- is established as best medical practice in the country where the **treatment** is taking place; and
- is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility where the **treatment** is provided; and

- has been proven to be effective and safe for the **treatment** of your **medical condition** through high quality clinical trial evidence (full criteria available on request).

Conventional treatment does not cost more than an equivalent **treatment** that delivers similar therapeutic or diagnostic outcome. It must not be provided or used primarily for the convenience or financial or other advantage of you or your medical practitioner or health professional.

country of residence – the country where the **lead member** lives or intends to live for most of the **year**.

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

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

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

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

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

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

family member – 1) the **lead member**'s current spouse or civil partner or any person living permanently in a similar relationship with the **lead member**; and 2) any of their or the **lead member's** children up to the renewal date following their 21st birthday (or 27th if in full time education).

hospital

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

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

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

lead member– the first person named on your healthcare insurance statement.

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

medical practitioner

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

Definition for **treatment** within the **UK**: a person who meets all of the following conditions:

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

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

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

In the **UK**, the definition of a medical practitioner includes a general practitioner (GP) on the General Medical Council (GMC) GP register.

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

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

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

physiotherapist –

Definition for **treatment** outside the **UK:**
a person who is licensed to practice as a physiotherapist where the **treatment** is to take place.

Definition for **treatment** within the **UK**:
a person who meets all of the following conditions:

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

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

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

- the company agreement
- any application form we ask you to fill in
- any statement of fact we send you
- this handbook
- your healthcare insurance statement and our letter of acceptance.

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

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

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

» To get a copy of the schedule, go to axaglobalhealthcare.com/en/members/how-bills-are-paid or call us on +44 (0)1892 503 856

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

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

UK Directory of Hospitals – the list of **hospitals**, **day-patient units** and **scanning centres** that are available for you to use under the terms of the **plan**. The list changes from time to time, so you should always check with us before arranging **treatment**. Some **treatments** are only available in certain **facilities**.

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

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

year – the 12 months from the **plan** start date or last renewal date unless we have agreed something different with your employer.

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