**Global healthcare**
**Islands Health Plan**

# Your handbook

For the employees of
The Sovereign Group
Guernsey
**July 2022**

# Contacting us

While it is important that you read and understand this **plan** handbook, we understand that it is often easier to call us to obtain information – so we have a team of Personal Advisers to help you. You should always call them on **+ 44 (0) 1892 503 108** when you need **treatment** so we can help you to understand the extent of your cover before you incur any **treatment** costs.

## Quick reference guide for important information

### Personal Advisory team

Tel + 44 (0)1892 503 108
Fax + 44 (0) 1892 508 256

Available: day or night, 365 days a year.

### Expert health information

Within the UK and Channel Islands 0800 003 004
Outside the UK and Channel Islands +44 (0) 1892 556 753

See page 45.

### Emergency Assistance Centre

+44 (0) 1892 513 999

Available: day or night, 365 days a year.

### axaglobalhealthcare.com

For information on member offers, products and travel insurance.

### Customer Online

Login to Customer Online at: axaglobalhealthcare.com/customer, our secure interactive portal where you can submit your claims, check your **treatment** is covered and ask us a question about your membership to the plan or details on the progress of a claim, whenever it suits you.

### MyGlobe

Via Customer Online, you have access to MyGlobe where you can find health information and security updates. MyGlobe also helps you find the nearest clinic or hospital.

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

If you would like to receive this handbook or any other of our literature in a large print, audio (CD or tape) or Braille format, please contact us.

# Contents

# 1 Introduction

## What is the purpose of this handbook and how to use it?

This handbook sets out the terms of your cover for the Islands Health Plan.

This handbook is an important document as it details:

- the cover you have (both benefits and limitations);
- how to make a claim;
- how the **plan** is administered; and
- other services provided by the **plan**.

Throughout your handbook certain words and phrases appear in **bold type** to indicate they have a special medical or legal meaning. You will find a glossary of these words in section 17.

Additionally, when we refer to 'you' or 'your' throughout this document, we mean the **lead member** and any **family members** named on the **lead member's** membership statement. When we use 'we', us' or 'our' we are referring to AXA Global Healthcare (UK) Limited acting on behalf of AXA PPP Healthcare Limited, who is the insurer who underwrite this product.

## Stay covered with the same personal medical underwriting

If you are leaving employment you will find transferring to an AXA Global Healthcare (UK) Limited personal plan is quick, easy and trouble free. Contact us as soon as you know you will be leaving your company scheme by phoning **+ 44 (0) 1892 612 080** you won't need to fill in any forms or have any kind of medical examination – we'll arrange everything over the phone.

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

To ensure you retain this special benefit it is important you call us on **+ 44 (0) 1892 612 080** as soon as you know you will be leaving. You may find it difficult to get continued cover for any existing or previous **medical conditions** at a later date. We will try to get in touch with you as soon as we know you are leaving your employment to let you know more about your options.

# 2 Your cover

Please remember that our plans are not intended to cover all eventualities.

In return for payment of the premium we agree to provide cover as set out in the terms of this **plan**. Please refer to the definition of '**plan**' in the glossary for details of the documents that make up the **plan**.

## Summary of the Islands Health Plan

The Islands Health Plan is designed to cover necessary **treatment** of new and existing **medical conditions**.

There is no cover for on-going, recurrent and long-term conditions (also known as **chronic conditions**).

Your membership statement will advise you of the underwriting that applies to the **plan**.

Your cover includes:

- **in-patient** and **day-patient treatment** and associated **specialists'** charges
- **cancer treatment**, including radiotherapy and chemotherapy
- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans
- **out-patient surgical procedures**
- road ambulance transport
- should it be medically necessary, transportation from the islands to the **UK** mainland or another **Channel Island**
- outside of **Europe** cover
- cash benefit
- **out-patient specialist** charges and consultations, **diagnostic tests**, physiotherapy and **complementary practitioner** charges
- external prostheses and wigs or other temporary head coverings during **active treatment of cancer**
- external prostheses needed as part of a **surgical procedure**
- **treatment** of psychiatric illness
- hospice donation
- additional transportation from the island to the **UK** (for treatment not available on the island) – for **eligible cancer treatment**
- GP fees
- health checks
- maternity cash benefit
- optical cover
- dental care.

## Be aware:

| The **plan** will not cover you for: | For more information: |
|---|---|
| Routine pregnancy and childbirth. | Page 25 |
| For **treatment** in the **UK**, any **in-patient** or **day-patient treatment**, MRI, CT or PET scans, oral **surgical procedures** or cataract **surgical procedures** not received in a **hospital**, **scanning centre** or **facility** listed in **The Islands Health Plan Directory of Hospitals**. | Page 35 |
| **Treatment** in a hospital included in the Greater London extended hospital list. | Page 35 |
| Claims if you travelled outside of **Europe** to get **treatment**. | Page 40 |
| Ongoing, recurrent or long-term **treatment** of long term illnesses (usually referred to as '**chronic conditions**'). | Page 27 |

These are just some of the key limitations that relate to the **plan**, please read this handbook for full details.

## Please note:

We will pay **eligible** fees in full in the **UK** when a **specialist**, **complementary practitioner** or **physiotherapist** charges up to the level within our published schedule of procedures and fees. If you receive **treatment** outside of the **UK** we will pay up to the usual amount charged by **specialists**, **complementary practitioners** or **physiotherapists** for that **treatment**. Please see the 'Who we pay for treatment' section of this handbook for full details.

# 3 Islands Health Plan benefits table

The table on the following few pages shows the benefits available to you together with the monetary limits of the **plan**. These benefits are explained fully in this handbook. You must read this table in conjunction with the rest of your handbook.

## Be aware:

You will be covered for **in-patient treatment**, **day-patient treatment**, **out-patient treatment** and **diagnostic tests** at the **hospitals** listed in **The Islands Health Plan Directory of Hospitals**, excluding those shown in the Greater London extended hospital list section.

This means you will be limited to the **hospitals** where you can receive **treatment** in London.

The full list of these **hospitals** can be found in **The Islands Health Plan Directory of Hospitals**, this is available on our website: axaglobalhealthcare.com or by contacting our Personal Advisory team.

Please make sure you call us on **+ 44 (0) 1892 503 108** prior to **treatment** so we can confirm the extent of your cover and any limitations that may apply.

| The Islands Health Plan cover | | |
|---|---|---|
| | **Benefits** | **Amount payable** |
| | **In-patient & day-patient treatment** | |
| 1. | **Hospital** charges: charges for **in-patient** or **day-patient treatment** made by a **hospital** including charges for psychiatric **treatment**, standard accommodation, **diagnostic tests**, operating theatre charges, physiotherapy, nursing care, drugs and dressings and surgical appliances used by the **specialist** during surgery. | Paid in full for:<br>• any **hospital** in the **Channel Islands**.<br>• any **hospital** in **Europe** outside the **Channel Islands** and the **UK**<br>• any **hospital** or **day-patient unit** in the **UK** listed in **The Islands Health Plan Directory of Hospitals**. |
| | For more information on the above please see: | Page 35 |
| 2. | Out of directory cash benefit.<br>This benefit is payable if you receive **in-patient** or **day-patient treatment** at a **hospital** or **day-patient unit** in the **UK** not listed in **The Islands Health Plan Directory of Hospitals.**<br>This benefit is also payable for **treatment** at a **hospital** in the Greater London extended hospital list, as these hospitals are not included in your cover. | £100 each day for **day-patient treatment**.<br>£100 each night for **in-patient treatment**. |
| | For more information on the above please see: | Page 35 |
| 3. | **Specialists'** fees (surgeons', anaesthetists' and physicians').<br>This includes pre- and post-operative consultations whilst an **in-patient** or **day-patient** and includes intensive care. | No annual maximum. |
| | For more information on the above please see: | Page 38 |

| The Islands Health Plan cover | |
|---|---|
| **Benefits** | **Amount payable** |
| 4. Parent hospital accommodation.<br>This benefit is for the cost of one parent staying in **hospital** with a child under 18 years old while the child is receiving **eligible** private **treatment**.<br>The child must be covered by the **plan** and the benefit is paid from the child's benefits. | Paid in full. |
| 5. Hotel accommodation.<br>This benefit is for the cost of one parent staying in a hotel near the **hospital** where a child under 18 is receiving **eligible** private **treatment**.<br>The child must be covered by the **plan** and having **treatment** at a **hospital** outside their home town and the benefit is paid from the child's benefits. | Up to £100 a night up to £500 a **year.** |
| 6. Outside of **Europe** cover. This is to cover emergency **in-patient** or **day-patient treatment**, or **treatment** of a medical condition which arises suddenly whilst outside of **Europe**. | Paid in full for up to 28 days **treatment** in any **year** |
| For more information on the above please see: | Page 40 |
| 7. Cash benefit.<br>This benefit is paid for each night where your **hospital** accommodation and **in-patient treatment** are free within the **UK** or **Channel Islands** and only if:<br>(i) you are admitted for **in-patient treatment** before midnight<br>(ii) the **treatment** you receive free of charge would have been **eligible** for benefit privately under this **plan**.<br>This benefit is not available if the cost of **treatment** was funded by another party, such as another insurer. | £100 per night up to £2,000 per **year**. |
| **Out-patient treatment** | |
| 8. **Surgical procedures**.<br>We will pay the surgeons' and anaesthetists' charges and the appropriate **hospital** charges. | No annual maximum. |
| For more information on the above please see: | Page 24 |
| 9. (i) Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).<br>(ii) Out of directory scanning cash benefit. This benefit is payable for using a CT, MRI or PET facility in the **UK** that is not listed as a **scanning centre** in **The Islands Health Plan Directory of Hospitals** or if you use a facility listed in the Greater London extended hospital list and do not have it as an upgrade option as part of your cover. | Paid in full in the **Channel Islands** or **Europe** or in a **scanning centre** listed in **The Islands Health Plan Directory of Hospitals.**<br>£100 each visit. |
| For more information on the above please see: | Page 35 |

| The Islands Health Plan cover | |
|---|---|
| **Benefits** | **Amount payable** |
| 10. **Specialist** consultations. | No annual maximum. |
| 11. **Diagnostic tests**. | No annual maximum. |
| The following benefits (**complementary practitioner treatment** (benefit 12) and (physiotherapy received as **out-patient treatment** (benefit 13)) are limited to an overall maximum of 10 sessions per **year**. Further sessions available under **specialist** referral. | |
| 12. **Complementary practitioner** charges. | No annual maximum. |
| 13. Physiotherapy received as **out-patient treatment**. | No annual maximum. |
| For more information on the above please see: | Page 38 |
| 14. Psychiatric illness.<br>Consultations and **treatment** received as **out-patient treatment**. | Up to £1,000 per **year** |
| For more information on the above please see: | Page 28 |
| **Cancer cover** | |
| 15. **Active treatment of cancer**.<br>Including charges for radiotherapy (the use of radiation to treat **cancers**) and chemotherapy (the use of drugs to treat **cancers**).<br>This benefit also includes consultations with your **cancer** treating **specialist** (such as an oncologist, surgeon, radiotherapist or haematologist) and **diagnostic tests** that are directly related to your **active treatment of cancer**. | No annual maximum. |
| For more information on the above please see: | Page 30 |
| 16. **Day-patient** and **out-patient** radiotherapy and chemotherapy cash benefit.<br>This benefit is paid for your **day-patient** stay in **hospital** where there is no charge for your accommodation and **treatment**, or **treatment** for **out-patient** radiotherapy or chemotherapy you receive free for the **treatment** of **cancer** and only if the **treatment** you receive would have been **eligible** for benefit privately under this **plan**. | £50 a day up to £5,000 a **year**. |
| For more information on the above please see: | Page 30 |
| 17. Wigs or other temporary head coverings during **active treatment of cancer**. | Up to £150 per **year** |
| For more information on the above please see: | Page 30 |
| 18. Hospice donation. This charitable donation is paid for each night you receive end of life care related to **cancer** in a registered hospice or hospice at home. | £100 per night. |
| For more information on the above please see: | Page 30 |

| The Islands Health Plan cover | |
|---|---|
| **Benefits** | **Amount payable** |
| 19. Transportation to another **Channel Island** or the **UK** for **cancer treatment** only.<br>This is an additional benefit for the scheduled flight costs you incur when it is necessary to be transported to another **Channel Island** or the **UK** for **eligible cancer treatment** not available in your **principal island of residence**.<br>If you live in the **Channel Islands:**<br>We will only pay this benefit if:<br>(i) you have contacted your Social Security Authority who have confirmed that they would not cover the costs.<br>If you live in the **Channel Islands** or the Isle of Man:<br>We will only pay this benefit if:<br>(ii) the costs are agreed by us prior to travel;<br>(iii) you send us original accounts detailing the cost incurred;<br>(iv) your **specialist** has advised that it is medically necessary to travel for **treatment**.<br>We may at our discretion consider accommodation costs following evacuation under this benefit when those costs are incurred as an alternative to additional **eligible** scheduled flight costs. | Up to £1,500 per **year**. |
| For more information on the above please see: | Page 30 |
| **Other benefits** | |
| 20. External prostheses during **active treatment of cancer.**<br>Spinal supports, knee braces or pneumatic walking boots if they are part of a **surgical procedure** or integral to the **treatment** of a condition you are covered for. | A combined limit of<br>£5,000 per **year**. |
| For more information on the above please see: | Page 30 |

| The Islands Health Plan cover | |
|---|---|
| **Benefits** | **Amount payable** |
| 21. Nurse to give you chemotherapy antibiotics by intravenous drip at home. | Paid in full whilst in the **Channel Islands** or the **UK** when **treatment**:<br>• at home; or<br>• somewhere else that your **medical practitioner** or nurse agree is appropriate.<br>We will pay for a nurse to give you either of the following by intravenous drip:<br>• chemotherapy to treat **cancer**<br>• antibiotics.<br>This is so long as:<br>• you would otherwise need to be admitted for **in-patient** or **day-patient treatment**<br>• the nurse is working under the supervision of a **medical practitioner.** |
| 22. Virtual Doctor service<br>Access to a Virtual Doctor service for unlimited video appointments and telephone consultations.<br>To register and use the service please visit:<br>axaglobalhealthcare.com/doctor<br>Using this service will not impact any **out-patient** limit on the **plan**. | Unlimited video appointments<br>Unlimited doctor call backs. |
| 23. Virtual Doctor prescription charges.<br>We will pay this benefit towards any prescription costs following a consultation through the Virtual Doctor service.<br>Using this service will not impact any **out-patient** limit on the **plan**. | £200 a **year.** |
| 24. Mind Health<br>Mind Health is available for certain conditions through the Virtual Doctor service and provides telephone consultation sessions with a psychologist. | Up to 6 sessions, per condition each **year.** |
| 25. Ambulance transport.<br>This is to pay for a road ambulance for emergency transport to or between **hospitals**, or when the **specialist** says it is medically essential.<br>**Please note**<br>For residents living on the island of Sark:<br>This covers the cost for the Sark Road Ambulance. | Paid in full. |
| 26. **Evacuation or repatriation service**. | Paid in full. |
| For more information on the above please see: | Page 42 |

| The Islands Health Plan cover | |
|---|---|
| **Benefits** | **Amount payable** |
| 27. Transportation to another **Channel Island** or the **UK**.<br>We will pay under this benefit for the scheduled flight costs you incur when it is necessary for you to be transported to another **Channel Island** or the **UK** for **eligible treatment** not available in your **principal island of residence**.<br>If you live in the **Channel Islands**:<br>We will only pay this benefit if:<br>(i) you have contacted your Social Security Authority who have confirmed that they would not cover the costs.<br>If you live in the **Channel Islands** or the Isle of Man:<br>We will only pay this benefit if:<br>(ii) the costs are agreed by us prior to travel;<br>(iii) you send us original accounts detailing the cost incurred;<br>(iv) your **specialist** has advised that it is medically necessary to travel for **treatment**.<br>We may at our discretion consider accommodation costs following evacuation under this benefit when those costs are incurred as an alternative to additional **eligible** flight costs. | Up to £1,500 a **year**. |
| 28. Expert health information.<br>Confidential medical information. | Talk to a medical expert – not just when you need to claim. |
| For more information on the above please see: | Page 45 |
| 29. General practitioner services.<br>We will pay charges for primary care made by a general practitioner within your **principal island of residence**.<br>By primary care we mean visits for advice, evaluation or simple monitoring. It does not include other services such as minor procedures or semi-specialist services, even if they are carried out in the GP practice. | No annual maximum. |
| For more information on the above please see: | Page 21 |
| 30. Maternity cash benefit.<br>We will pay this cash benefit for each birth occurring after one of the parents named on the birth certificate has been covered by this **plan** for more than one **year**. | £150 per birth. |
| For more information on the above please see: | Page 25 |
| 31. Health check. | Up to £200 contribution towards a health check every two **years**. |
| For more information on the above please see: | Page 46 |

| The Islands Health Plan cover | |
|---|---|
| **Benefits** | **Amount payable** |
| 32. Accidental damage to teeth. | Up to £1,000 per **year**. |
| For more information on the above please see: | Page 19 |
| 33. Dental care.<br>We will pay 80% of the costs incurred (for non-routine dental **treatment**). The maximum amount we will pay in a **year** is as shown. | Up to £350 per **year**. |
| For more information on the above please see: | Page **Error! Bookmark not defined.** |
| 34. Optical cover.<br>We will pay 80% of the costs incurred. The maximum amount we will pay in a **year** is as shown. | Up to £200 each **year** for spectacles and contact lenses prescribed by an optician, when needed to correct vision. |
| For more information on the above please see: | Page 20 |
| 35. Eyesight test.<br>We will pay for an eye test when this is carried out by an ophthalmic optician or at any optician's shop or retail chain that provides that service. | Up to £25 each **year** for an eye test. |
| For more information on the above please see: | Page 20 |

## Please note:

All benefits for **treatment** will take into account contributions from your Social Security Authority. Where applicable the amounts we will pay will be the rates agreed with the Medical Specialist Group.

# 4 Arranging treatment and making a claim

## What do I need to do before I receive treatment?

Simply call us as soon as you have been referred for private **treatment**. We can then make the necessary checks that the **treatment** is **eligible** before you incur any costs. Where possible, we will assess the eligibility of your claim over the phone, however we may need to ask for more details about your **medical condition**.

Sometimes we will need more information from your **specialist** before we can authorise a claim.

## How are my medical bills settled in the UK?

We normally receive accounts for **treatment** directly from specialists or **hospitals**. We can settle **eligible** bills direct with the **hospital** or **specialist**. If you have paid the accounts then we will reimburse you.

If you receive any accounts from the **hospital** or practitioner requesting payment please forward them to us at AXA Global Healthcare (UK) Limited, Phillips House, Crescent Road, Tunbridge Wells, Kent,
TN1 2PL.

If you need further **treatment** that has not already been authorised, please call us to confirm your cover.

## How are my medical bills settled outside the UK?

The **network of hospitals** lists the **hospitals** where AXA has a direct settlement agreement.

This means that if you require **in-patient treatment** and it is received at one of the named **hospitals**, we can settle **eligible** bills directly with the **hospital** on your behalf, subject to the terms of the **plan** and providing that **treatment** has been pre-approved by us.

This in turn will save you from having to make a pre-payment on admission. The facilities listed may change from time to time so you should always check with us before arranging any **treatment**.

If you need on-going **treatment** please call us as we will need to confirm if your on-going **treatment** is **eligible** and advise you what happens next.

If the **hospital** to which you are to be admitted is not contained in the **network of hospitals**, we may still be able to settle your expenses directly.

In the case of **out-patient treatment**, most **hospitals** will ask you to pay when you attend and give you a receipted bill to send to us for a refund.

**Please note:**

For **in-patient treatment**, **day-patient treatment** or major **out-patient treatment** we recommend you contact us prior to receiving **treatment.** If you are unable to make contact before admission, we may not be able to guarantee a direct settlement.

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.

If you need emergency **in-patient treatment**, **day-patient treatment** or major **out-patient treatment** in the USA, please call +1 800 308 2611 and follow the instructions. An adviser will confirm your entitlement to benefit for the proposed **treatment.** If the **hospital** is on our **network of hospitals,** they can arrange direct billing with them. If you do not call us prior to **treatment** taking place, we may only pay to the usual rate for the **treatment** you receive.

Any bills you have already paid for **eligible treatment** in the USA should be uploaded to Customer Online at: axaglobalhealthcare.com/customer or sent to
AXA Global Healthcare (UK) Limited.

Please ensure that any receipted bills you send us are fully itemised and set out all costs for the **treatment** you have received and show how much you have paid for the **treatment.** Credit card slips or non-itemised bills will not be accepted.

## What happens if I require emergency treatment?

If the **treatment** is given as an emergency, you may not be able to telephone us beforehand. Do however, ask somebody to telephone us as soon as possible and make sure that, when you are admitted to **hospital**, the **hospital** is given your membership card so that they can contact us straight away.

## When you have paid the bill

In some circumstances you may have already paid the bill directly. To claim your expenses back, please follow the procedure below:

| | |
|---|---|
| Step one | Claims should be submitted as soon as possible and must be received by us within six months (unless this was not reasonably possible). Ensure all the necessary information is included, to avoid delays and enclose all relevant itemised bills. We recommend you keep a copy for your own records for a minimum of 12 months. |
| Step two | Send your completed medical information form with any itemised bills you receive to: International Customer Service, AXA Global Healthcare (UK) Limited, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL, UK. |
| Step three | Your claim will be assessed by one of our Personal Advisers and all **eligible** payments will be made. 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. |
| Step four | AXA will send you a claims benefit statement confirming the amount of benefit paid for each claim. |

Claims reimbursements can be paid through a local bank in a number of currencies using the exchange rate published in the Financial Times Guide to World Currencies current on the day of your **treatment** for **out-patient** and **day-patient treatment**, and the day of your admission for **in-patient treatment**.

For a full list of the currencies we can pay claims in, please go to the 'How bills are paid' page on axaglobalhealthcare.com

### Please note:

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

## Charges from your bank

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

## What must I provide when making a claim?

4.1 Before we can consider a claim you must ensure that:

- you obtain and complete any form required by us in order to provide us with the necessary information and necessary legal permissions to handle your medical information and to assess your claim. We will require this as soon as possible and no later than six months from the date the **treatment** starts (unless this was not reasonably possible); and
- we receive original invoices for **treatment** costs; and
- you promptly give us all the information we request.

## Do I need to provide any other information?

4.2 It may not always be possible to assess the eligibility of your claim from the claim form (or patient's declaration and consent form) alone. In such situations we may require additional information and it is your responsibility to provide any reasonable additional information to enable us to assess your claim.

**Be aware:**

In order to establish the eligibility of any claim, we may request access to your medical records including medical referral letters. If you unreasonably refuse to agree to such access we will refuse your claim and will recoup any previous monies that we have paid in respect of that **medical condition**.

4.3 There may be instances where we are uncertain about the eligibility of a claim. If this is the case, we may at our own cost ask a specialist, chosen by us, to advise us about the medical facts relating to a claim or to examine you in connection with the claim. In choosing a relevant specialist we will take into account your personal circumstances. You must co-operate with any specialist chosen by us or we will not pay your claim.

## What should I do if another party is responsible for some of my claims costs?

4.4 You must contact us if you are able to recover any part of your claims costs from any other party, for example if you have another insurance plan, cover through a state healthcare system or are legally entitled to recover costs from another third party. We will only pay our proper share (see also 16.3(d)51). We do this so that we can keep the cost of premiums down. It also means that you can be repaid for any costs you paid yourself, such as private treatment that was not covered by the **plan**.

## What should I do if the benefits I am claiming for relate to an injury or medical condition caused by another person?

4.5 You must tell us on the claim form (if applicable) or patient's declaration and consent form if you can claim any of the cost from anyone else. If benefits are claimed for **treatment** to you when the injury or **medical condition** was caused by some other person (the 'third party'), we will pay those benefits you can claim under the **plan**. If another insurance plan covers those benefits then we will only pay our proper share of the benefits. However, in paying those benefits, we obtain both through the terms of the **plan** and by law, a right to recover the amount of those benefits from the third party. In this case, the following shall apply:

- you must tell us as quickly as possible if you believe a third party caused the injury or medical condition, or if you believe they were at fault. We may then write to you or the third party if we require further information; and

- you must include all monies paid by us in respect of the injuries (and interest on those monies) in your claim against the third party ('our outlay'); and
- you (or your solicitors) must keep us fully informed about the progress of your claim and any action against the third party or any pre-action matters; and
- you (or your solicitors) must keep us informed of the progress and outcome of any action or settlement discussions (providing us with access to the details of any such settlement);
- should you successfully recover any monies from the third party they should be repaid directly to us within 21 days of receipt on the following basis:
    - if the claim against the third party settles in full, you must repay our outlay in full; or
    - if the third party only pays a percentage of your claim for damages you must repay the same percentage of our outlay to us; or
    - if your claim is paid as a global settlement (where our outlay is not individually identified), you must repay our outlay in the same proportion as the global settlement bears to your total claim for damages against the third party.

If you do not repay to us such monies (and any interest recovered from the third party), we shall be entitled to recover the same from you and your membership of the **plan** may be cancelled in line with16.3(e) in the 'Complaint and regulatory information' section.
The rights and remedies in this clause are in addition to and not instead of rights or remedies provided by law.

# 5 Existing medical conditions

## Am I covered for medical conditions that I had prior to joining?

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

### Definition of MHD

Medical history disregarded (MHD) means your membership will cover **treatment** of conditions that you were already aware of when you joined.

# 6 Your cover for certain types of treatment

## Will the plan cover me for preventive treatment?

No, this **plan** has been designed to provide cover for necessary and active **treatment** of disease, illness or injury. Therefore, we do not pay for preventive **treatment,** genetic tests or for tests to establish whether a **medical condition** is present when there are no apparent symptoms.

**Please note:**

We do not pay for genetic tests, when those tests are undertaken to establish whether or not you may be genetically predisposed to the development of a **medical condition**. We will pay for genetic testing when it is proven to help choose the best course of **treatment** for your **medical condition.** This means that it must be recommended in the drug licence for a specific targeted therapy, such as HER2 testing for the use of Herceptin for breast **cancer.**

Please call us before you have any genetic tests to confirm that we will cover them. Your **specialist** 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.**

## What other treatments are not covered?

There are also a number of other **treatments** (listed below) that the **plan** does not cover. These include **treatments** that may be considered a matter of personal choice (such as cosmetic **treatment**) and other **treatments** that are excluded from cover to keep premiums at an affordable level (such as **out-patient** drugs and dressings).

### 6.1 We pay for **eligible**:

(a) **Diagnostic tests** when performed as **in-patient**, **day-patient** or **out-patient treatment**.

(b) Health check as detailed in the **benefits table**.

(c) Oral **surgical procedures** listed below following referral by a dentist:

- reinsertion of your own teeth following a trauma
- surgical removal of impacted teeth, buried teeth and complicated buried roots
- enucleation (removal) of cysts of the jaw.

(d) **Treatment** of varicose veins, but only in certain circumstances:

- one **surgical procedure** per leg, this maybe a foam injection (sclerotherapy), ablation or other surgery.
- one follow up consultation with your **medical practitioner**; and
- one simple injection to treat remaining or residual veins when it is carried out in the 6 months after you've had the main **surgical procedure.**

(e) 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.

(f) **Treatment** required immediately following accidental damage to natural teeth, which is caused by an extra-oral impact, when the **treatment** is given by a **specialist** and received as **out-patient treatment** or in an emergency room in a **hospital** as detailed in the **benefits table** and when we agree the cost of the dental **treatment** before it takes place.

The following conditions will apply (see also 6.2(g)):

- if the **treatment** involves replacing a crown, bridge facing, veneer or denture we will pay only the reasonable cost of a replacement of similar type or quality;
- if implants are clinically needed, we will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead;
- damage to dentures providing they were being worn at the time of the injury.

(g) Costs incurred for non-routine dental care up to the limits shown in the **benefits table**.

(h) Eye test as detailed in the **benefits table**.

(i) Prescribed glasses and contact lenses up to the limits shown in the **benefits table** (see also 6.2(k).

**Please note**

To claim for prescribed glasses and contact lenses bought under an optical-care contract please send us a receipt from your optician showing the cost of all the items bought under the optical-care contract.

(j) Genetic testing when it is proven to help choose the best **treatment** for your **medical condition**.

(k) **Treatment** of astigmatism where the astigmatism arises from the surgical replacement of the lens of the eye (see also 6.2(w)).

(l) Costs of any prescriptions following a consultation through the Virtual Doctor service subject to the annual policy maximum of up to £200 each **year** as shown in your benefits table.

## 6.2 What we do not pay for:

(a) **Treatment** which is not medically necessary or which may be considered a matter of personal choice.

(b) **In-patient treatment** for more than 120 days per admission

(c) **Treatment** of symptoms generally associated with the natural process of ageing, including **treatment** for the symptoms of puberty and menopause.

(d) Artificial life maintenance for more than 60 continuous days if you are in a persistent vegetative state and only being kept alive by medical intervention such as mechanical ventilation.

(e) Any costs incurred as a consequence of **treatment**, medical or surgical intervention or body modification that is not **eligible** under the **plan**, including increased **treatment** costs.

(f) The following dental **treatments**:

- routine check-ups
- scale and polish
- cosmetic **treatment**
- dental **treatment** made necessary as a result of neglect (neglect means failure to visit the dentist at least once in every **year**), such as **treatment** of gingivitis or periodontitis.
- costs for **treatment** that has not yet taken place, even if it is being provided as part of a **treatment** package.

(g) The cost of **treatment** made necessary by an accidental dental injury if (see also 6.1(f)):

- the injury was caused by eating or drinking anything, even if it contained a foreign body
- the damage was caused by normal wear and tear

- the injury was caused when boxing or playing rugby (except school rugby) unless appropriate mouth protection was worn
- the injury was caused by any means other than extra-oral impact
- the damage was caused by toothbrushing or any other oral hygiene procedure
- the damage is not apparent within seven days of the impact which caused the injury
- the costs are incurred more than 18 months after the date of the injury which made the **treatment** necessary.

(h) Any telephone or travelling expenses incurred in seeking dental advice or treatment.

(i) Damage to dentures unless being worn at the time of the accident.

(j) Any dental procedures, including referrals to dental specialists such as periodontists, endodontists, prosthodontists or orthodontists.

(k) The following optical items (see also 6.2(k)):

- contact lens check-ups or solutions
- non-prescribed spectacles
- spectacle repairs
- new frames
- replacements needed after accidental damage
- any other non-prescribed items bought under an optical-care contract scheme.

(l) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.

(m) **Treatment** of, or **treatment** which arises from or is in any way connected with, alcohol abuse, drug abuse or substance abuse.

(n) Vaccinations, routine preventive examinations or preventive screening (except the eye test and health check which are included in your benefits).

(o) Preventive **treatment,** screening tests or examinations and check-ups.

(p) Genetic screening 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.** This might be because the course of **treatment** for your symptoms will be the same regardless of what **medical condition** has caused them; or
- when the tests themselves are experimental or where they are used to direct **treatment** that has not been established as being effective or is experimental.

(q) **Out-patient** drugs or dressings. We do not cover the cost of drugs, dressings or prescriptions that:

- you are given to take home after you've had **in-patient**, **day-patient** or **out-patient treatment**; or
- are prescribed by a **medical practitioner** or bought without prescription; or
- are taken or administered when you attend a **hospital** or **facility** for **out-patient treatment**.

We do cover the cost of any prescriptions following consultations through the Virtual Doctor service subject to the annual **plan** maximum of £200 per **year**.

(r) Charges for general chiropody or foot care (including but not limited to gait analysis and the provision of orthotics), even if this is carried out by a surgical podiatrist.

(s) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous reconstructive **surgery** or any cosmetic operation to a reconstructed breast (see also 6.1(j)) (see also 6.2(v)).

(t) Any **treatment** that is connected with the use of cosmetic (beauty) products or is needed as a result of using a cosmetic (beauty) product.

(u) Costs incurred for, or related to, any kind of bariatric (weight loss) surgery or weight loss **treatment**, regardless of the reason the surgery or **treatment** is needed. This includes fitting a gastric band, creating a gastric sleeve or other **treatment**.

(v) The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons (including but not limited to breast reduction) (see also 6.2(s)).

(w) Any other **treatment** of astigmatism or any other refractive errors (see also 6.1(k)).

(x) Any **treatment** to correct long or short-sightedness.

(y) **Treatment** relating to learning disorders, speech delay, educational problems, behavioural problems, physical development or psychological development, including assessment or grading of such problems. This includes, but is not limited to, problems such as dyslexia, dyspraxia, autistic spectrum disorder, attention deficit hyperactivity disorder (ADHD) and speech and language problems, including speech therapy needed because of another **medical condition**.

(z) Any charges which you incur for social or domestic reasons (including, but not limited to travel or home help costs) or for reasons which are not directly connected with **treatment**, where an **in-patient** stay is extended to provide **treatment** that could be carried out on an **out-patient** basis**.**

(aa) Any home visit, unless it is necessary following the sudden onset of an **acute condition**, which renders you incapable of attending a consultation or receiving **treatment** at a medical clinic or consulting room.

(bb) Any **treatment** needed as a result of nuclear contamination, biological contamination 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.

Please note, for clarity: There is cover for **treatment** required as a result of a **terrorist act** providing that **terrorist act** does not result in nuclear, biological or chemical contamination.

(cc) Any **treatment** costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).

(dd) Any **treatment** costs incurred as a result of your active involvement in criminal activity.

(ee) **Treatment** of injuries sustained from 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 greater than 30 metres if you hold an appropriate diving qualification or you are under the instruction of an appropriately qualified diving instructor (for example 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 a ski instructor with the appropriate qualifications.

(ff) More than one **surgical procedure** per leg for varicose veins, regardless of how long you stay a member on a plan arranged by the **AXA Global Healthcare Group,** and:

- the **treatment** of recurrent varicose veins under your **plan**
- the **treatment** of thread veins or superficial veins.

## Will the plan cover me for new or experimental treatments?

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 trial 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 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 503 108** before you start treatment.

## 6.3 We pay for **eligible**:

(a) **Surgical procedures** listed in a technical document, called the schedule of procedures and fees which we make available to **specialists** and which lists the **surgical procedures** we pay benefits for. We will pay for **treatment** not listed if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body and we have agreed with the **specialist** and the **hospital** what the fees will be. If you would like a copy of the schedule of procedures and fees please refer to the AXA Global Healthcare (UK) Limited website: axaglobalhealthcare.com

(b) Reasonable costs incurred for a live donor to donate an organ or tissue provided that:

- the operations to both the donor and the recipient are carried out simultaneously; and either
- both the donor and the recipient are immediate relatives (ie parent, child or sibling) and either the donor or the recipient is covered on this **plan**; or
- both the donor and the recipient are members of AXA at the time the operations are carried out and both have been members since before the recipient developed the **medical condition** requiring the transplant (see also 6.4(c)).

## 6.4 What we do not pay for:

(a) The use of a drug which has not been established as being effective or which is experimental. This means they must be licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and be used within the terms of that licence.

(b) **Treatment** which has not been established as being effective or which is experimental. For established **treatment**, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced in published medical journals and/or approved by The National Institute for Health and Care Excellence for specific purposes to be considered proven safe and effective therapies.

(c) The cost of collecting donor organs or tissue or for any related administration costs (such as, but not limited to, the cost of a donor search).

## Childbirth, pregnancy and sexual health

Our plans are designed to provide cover for necessary and active **treatment** of a **medical condition** (which we define as a disease, illness or injury). This means for pregnancy and childbirth that we will only pay for eligible additional **treatment** you need made necessary by a **medical condition** related to pregnancy and childbirth that is experienced during that pregnancy and/or childbirth. The **plan** is not intended to provide cover for preventive treatment, monitoring or screening. We do not pay for the normal interventions required during pregnancy or childbirth as they are not **treatments** of a **medical condition**.

**Be aware:**

As the extent of cover is limited in pregnancy and childbirth we strongly advise you to call our team of Personal Advisers so we can confirm the extent of the cover we will provide before you undertake any **treatment**.

### 6.5 We will pay for **eligible**:

(a) Maternity cash b3enefit up to the limits shown in the **benefits table**. We will pay this cash benefit for each birth occurring after one of the parents named on the birth certificate has been covered by this **plan** for more than one **year**.

(b) Additional costs incurred for the **treatment** you need of **medical conditions** when they occur during that pregnancy or childbirth. As an illustration we would consider **treatment** of the following:

- ectopic pregnancy (where the foetus is growing 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**.

### 6.6 What we do not pay for:

(a) Any costs related to pregnancy or childbirth except the additional costs incurred for **eligible treatment** you need of a **medical condition**.

(b) Investigations into and **treatment** of infertility, **treatment** designed to increase fertility (including **treatment** to prevent future miscarriage), investigations into miscarriage and assisted reproduction, or any consequence of any of the above or any **treatment** for them.

(c) Contraception or sterilisation (or its reversal) or any consequence of any of them or any **treatment** for them.

(d) **Treatment** of or related to sexual dysfunction or any consequence of it.

(e) **Treatment** of sexually transmitted diseases.

(f) Gender re-assignment or gender confirmation **treatment**. 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 service; or
- any other **treatment**.

(g) Any **treatment** for a baby born as part of a **multiple birth** after either parent has taken any prescription or non-prescription drug or other **treatment** to increase fertility, or as a result of any method of assisted conception such as IVF, while the baby requires **treatment** in a Special Care Baby Unit or requires paediatric intensive care.

# 7 Recurrent, continuing and long-term treatment

## Will the plan cover me for recurrent, continuing or long-term treatment?

The **plan** covers **treatment** of **medical conditions** that respond quickly to **treatment** – defined in our glossary as **acute conditions**. This **plan** is not intended to cover you against the costs of recurrent, continuing or long-term treatment of **chronic conditions**.

We define a **chronic condition** in the glossary on page 53 as:

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.

**Please note:**

The **plan** will cover you for the following phases of **eligible treatment** for a **chronic condition**:

- the initial investigations to establish a diagnosis
- **treatment** for a period of a few months following diagnosis to allow the **specialist** to start **treatment**
- the **in-patient treatment** of acute exacerbations or complications (flare-ups) in order to quickly return the **chronic condition** to its controlled state.

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

## What happens if I require recurrent or long-term treatment?

In the unfortunate event that the **treatment** you are receiving becomes recurrent, continuing or long-term, the costs for **treatment** of that **chronic condition** (including long-term monitoring, consultations, check-ups and examinations) will not be covered under the **plan**. We will write to let you know if this is the case.

However, if you undergo one of the following **surgical procedures** on your heart we will continue to pay for your long-term monitoring, consultations, check-ups, scans and examinations for the **surgical procedure**. We will continue to pay for these as long as you have a product underwritten by AXA PPP healthcare private medical insurance plan with an appropriate benefit, subject to the terms and conditions of that plan at the time:

- coronary artery bypass
- cardiac valve surgery
- the implantation of a cardiac device, such a defibrillator or pacemaker
- coronary angioplasty.

**Please note:**

Routine checks that can be carried out by your GP will be covered under the General Practitioner services benefit.

There are certain conditions that are likely to require ongoing **treatment** – such as Crohn's disease (inflammatory bowel disease) and long-term depressive illness – which require management of recurrent episodes where the condition's symptoms deteriorate. Because of the ongoing nature of these conditions we will write to tell you when the benefit for that condition will stop.

## Where can I find out more about cover for chronic conditions?

We publish a leaflet which explains how we deal with payment for **treatment** of **chronic conditions**, which is available from us.

We treat **cancer treatment** in a different way to other long-term **medical conditions**. You will find a full explanation of how we deal with payment for **cancer treatments** in the 'Your cover for cancer treatment' section.

## 7.1 We pay for **eligible**:

(a) **Treatment** of an **acute condition** and the short-term **in-patient treatment** intended to stabilise and bring under control a **chronic condition**.

(b) Kidney dialysis for up to six weeks during preparation for kidney transplant.

(c) Long-term monitoring, consultations, check-ups, scans and examinations for the following **surgical procedures** for heart conditions:

- coronary artery bypass
- cardiac valve surgery
- the implantation of a cardiac device, such as a defibrillator or pacemaker
- coronary angioplasty.

(d) **In-patient** rehabilitation of up to 28 days when you are receiving **treatment**; and

- It follows an acute brain injury, such as a stroke; and
- it is carried out by a **specialist** specialising in rehabilitation;
- it is carried out in a recognised rehabilitation **hospital** or unit; and
- the costs have been agreed by us before the rehabilitation begins
- the **treatment** could not be carried out on an **out-patient** basis.

We will extend **in-patient** rehabilitation to a maximum of 180 days in cases of severe central nervous system damage caused by an external trauma.

(e) Hormone replacement therapy (HRT) only when it is medically indicated as a result of medical intervention, when we will pay for the **specialist** consultations and for the cost of the implants (but not patches or tablets). We will only pay benefits for a maximum of 18 months from the date of the medical intervention.

## 7.2 What we do not pay for:

(a) Ongoing, recurrent or long-term **treatment** of any **chronic condition**.

(b) The monitoring of a **medical condition** (except as allowed in 7.1(c) and the health check as detailed in the **benefits table**).

(c) Any **treatment** which only offers temporary relief of symptoms rather than dealing with the underlying **medical condition**.

(d) Routine follow-up consultations, (except as allowed in 7.1(c)).

(e) Regular or long-term kidney dialysis in the case of chronic kidney failure.

(f) **Day-patient** rehabilitation.

### What cover do I have for psychiatric treatment?

We will cover for the **treatment** of psychiatric illness, subject to all other benefit limitations and exclusions on the **plan**.

### If treatment is received in the UK or Channel Islands

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

In the **UK** or **Channel Islands**, the **hospital** will contact us to check your cover before you go in.

If you need to stay in **hospital** for longer than was 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.

Any cover for **treatment** of psychiatric illness will be subject to our rules on **chronic conditions**.

### If treatment is received outside the UK or Channel Islands

If **in-patient treatment** of a psychiatric illness is needed outside of the **UK** or **Channel Islands**, it will be necessary for the **lead member** or a **family member** to contact us. We can then contact the **hospital** to discuss your **treatment** and advise them on the benefits that are available. We can also request that the **hospital** send their bills directly to us.

## 7.3 We pay for **eligible**:

(a) **In-patient** or **day-patient treatment** of psychiatric illness. We have an agreement with psychiatric **hospitals** in the **UK** regarding **in-patient treatment** of psychiatric illness under which the **hospital** will contact us directly to confirm whether cover is available. **In-patient treatment** of psychiatric illness is limited to 100 days in your lifetime at a **hospital** providing evidence based **treatment** of 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 **AXA Global Healthcare Group.** All the other conditions of your plan still apply to this cover.

(b) **Out-patient treatment** of psychiatric illness, subject to any **out-patient treatment** limits as shown in the **benefits table**.

## 7.4 What we do not pay for:

(a) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide (see also 6.2(l)).

(b) **Treatment** of, or **treatment** which arises from or is in any way connected with, alcohol abuse, drug abuse or substance abuse (see also 6.2(m)).

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

(d) Benefits for more than 100 days in your lifetime for **in-patient treatment** of psychiatric illness. All the other conditions of your plan still apply to this cover.

# 8 Your cover for cancer treatment

You are covered for **treatment** of **cancer.**

The **plan** covers the investigation and **active treatment of cancer**. This includes surgery, radiotherapy or chemotherapy, alone or in combination.

**Out-patient specialist** consultations and **diagnostic tests** that are after your diagnosis and are directly related to your **active treatment of cancer** are covered as part of your overall **day-patient** and **in-patien**t limit.

## What if I receive my treatment and accommodation in hospital for free?

Should you incur no charges in relation to your **treatment** and the **hospital** accommodation (should you be admitted to **hospital** as a **day-patient** or **in-patient**) you will be able to **claim** the cash benefits shown in the **benefits table**, when you receive **eligible day-patient** or **out-patient** radiotherapy or chemotherapy or **eligible in-patient treatment**.

The **plan** also provides benefit for the purchase of wigs or other temporary head coverings and the provision of external prostheses while you are undergoing **active treatment of cancer** subject to any limits as shown in the **benefits table**.

The following table is a summary of the cover provided for **cancer** under this **plan** and should be read alongside the rest of the handbook, including the **benefits table**. We are members of the Association of British Insurers (ABI). All ABI members who provide **cancer** cover as part of a private medical insurance plan are required to provide details of the cover in the following format to help you understand your cover for **cancer** more clearly.

| Cancer cover for the employees of The Sovereign Group Guernsey | |
|---|---|
| **Place of treatment** | |
| ✓ | **Active treatment of cancer** at a **hospital** in the **Channel Islands**, any **hospital** in **Europe** outside the **Channel Islands** and the **UK** and in any **UK hospital**, **day-patient unit** or **scanning centre** listed in **The Islands Health Plan Directory of Hospitals**. |
| ✗ | Charges made for the **treatment** of **cancer** in the **UK** at a **hospital**, **day-patient unit** or **scanning centre** not listed in **The Islands Health Plan Directory of Hospitals**. |
| ✓ | Intravenous chemotherapy received at home in the circumstances shown in the **benefits table**. |
| ✓ | There is a charitable donation payable for each night spent in a hospice or for each night you are receiving hospice at home. |

| Cancer cover for the employees of The Sovereign Group Guernsey | |
|---|---|
| **Diagnostic** | |
| ✓ | **In-patient** and **day-patient**:<br>• consultations with your **cancer** treating **specialist**, (such as an oncologist, surgeon, radiotherapist or haematologist); and<br>• **diagnostic tests** ordered by a **specialist**. |
| ✓ | **Surgical procedures** as shown below. |
| ✓ | CT, MRI and PET scans. |
| ✓ | **Out-patient consultations** with your **cancer** treating **specialist** (such as an oncologist, surgeon, radiotherapist or haematologist) and **out-patient diagnostic tests** or procedures ordered by that **specialist**, when these take place after your diagnosis of **cancer** and are directly related to your **active treatment of cancer.** |
| ✗ | Genetic screening required to establish a genetic predisposition to certain forms of **cancer** will not be covered as this would be considered preventative. |
| **Surgery** | |
| ✓ | **Surgical procedures** for the **treatment** or diagnosis of **cancer**, as shown in the 'Your cover for certain types of treatment' section when that **treatment** has been established as being effective. |
| ✗ | Experimental or unproven surgery. Please refer to 'Your cover for certain types of treatment' section for further information. |
| **Reconstructive surgery following breast cancer** | |
| ✓ | The first reconstructive **surgery** following **surgery** for breast **cancer**. We will cover:<br>• one planned **surgery** to reconstruct the diseased breast<br>• nipple tattooing, up to 2 sessions<br>• one planned **surgery** to reconstruct the nipple.<br>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:<br>• one further planned **surgery** to the other breast, when it has not been operated on, to improve symmetry.<br>• two planned fat transfer **surgeries**. The fat must be taken from another part of your body and cannot be donated by anyone else.<br>• one **surgery** to remove and exchange implants damaged by radiotherapy **treatment** for breast **cancer**.<br>Symmetry and fat transfer operations must take place within three years of your first reconstructive **surgery**.<br>The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy **treatment**.<br>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 **AXA Global Healthcare Group**. |

| Cancer cover for the employees of The Sovereign Group Guernsey | |
|---|---|
| ✓ | 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.<br>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. |
| **Preventative** | |
| ✗ | There is no cover for preventative **treatment**, for example:<br>• screening undertaken as a preventative measure where there are no symptoms of **cancer**. For example, if you receive genetic screen to see if you have a genetic predisposition to breast **cancer**, you would not be covered for the screening or a prophylactic mastectomy to prevent the development of breast **cancer** in the future.<br>• vaccines to prevent the development of **cancer**, for example vaccinations for the prevention of cervical **cancer**. |

| Cancer cover for the employees of The Sovereign Group Guernsey | |
|---|---|
| **Drug therapy** | |
| ✓ | Drug **treatment** of **cancer** (such as chemotherapy drugs, hormone therapies and biological therapies) where the drug has been licensed for use by the European Medicines Agency if you are receiving **treatment** in Europe or the Food and Drug Administration if you are receiving **treatment** anywhere else in the world and is used within the terms of that licence. |
| ✓ | There are some drug **treatments** for **cancer** that are typically given for prolonged periods of time. Such prolonged **treatment** normally falls outside benefit. However, in the case of **treatment** of **cancer** we make an exception (subject to the limits detailed below) for chemotherapy drugs and biological therapies such as trastuzumab (Herceptin) and bevacizumab (Avastin).<br>These drug **treatments** will be covered when they are used within the terms of their licence and up to the period of the drug licence.<br>**Please note:** changes in drug licensing mean that **cancer** drug **treatments** covered under this **plan** will change from time to time. For further information on licensed **cancer treatment** please contact our team of Personal Advisers. |
| ✗ | Except for the cover provided for chemotherapy drugs and biological therapies previously described there is no cover for drug **treatment** given to prevent a recurrence of **cancer**, for the maintenance of remission or where its use is continuing without a clear end date. Such ongoing **treatments** are not **eligible** although, if they are given by injection, for example goserelin (Zoladex), we would pay for up to three months to allow the **treatment** to be established. |
| ✓ | **Out-patient** chemotherapy authorised by our clinical team for example intravenous chemotherapy received at home in the circumstances shown in the **benefits table**. |
| ✗ | **Out-patient** drugs and/or drugs prescribed by your **specialist** are not covered by the **plan**.<br>For example, hormone therapy tablets (such as Tamoxifen) and bisphosphonates that are not administered alongside **eligible** chemotherapy for **cancer** would not be covered by this **plan**. |
| **Radiotherapy** | |
| ✓ | Radiotherapy, including when used to relieve pain. |
| ✓ | Proton beam therapy (PBT).<br>We will pay for:<br>• central nervous system (brain and spinal cord) **cancer** or malignant solid **cancers** in members aged 21 and under<br>• chordomas or chondrosarcomas (types of spine **cancer**) in the base of the skull or cervical spine (neck bones) which have not spread (metastasised)<br>• **cancer** or the iris, ciliary body or choroid parts of the eye (uveal melanoma) which has not spread (metastasised) |
| ✗ | Accelerated charged particle therapies, except as described above. |

| Cancer cover for the employees of The Sovereign Group Guernsey | |
|---|---|
| **Palliative** | |
| ✓ | **Active treatment of cancer** needed regardless of whether the intention of this treatment is to cure. |
| ✗ | Except for the radiotherapy for the relief of pain previously described, there is no cover for care needed to relieve symptoms. |
| **End of life care** | |
| ✓ | We will make a charitable donation if you are being cared for in the end stages of life at a hospice or if you are receiving hospice at home. |
| **Monitoring** | |
| ✓ | Follow up consultations and reviews of **cancer** will be covered as long as you have an AXA private medical insurance **plan** with an appropriate **cancer** benefit. Cover will be subject to the terms and conditions of that plan at the time.<br>**Please note:**<br>We will not pay for routine checks that could typically be carried out by your GP. |
| **Limits** | |
| The **plan** provides cover throughout your active **treatment** and for any follow up consultations and reviews while you are a member of a product underwritten by AXA PPP healthcare. Cover will be subject to the benefits and limits of the plan at the time. | |
| There are no monetary limits that apply specifically to your **eligible treatment** of **cancer.** | |
| **Other benefits** | |
| ✓ | Additional transport for the flight costs you incur when it is necessary for you to be transported to another **Channel Island** or the **UK** for **eligible cancer treatment** not available in your **principal island of residence** subject to any limits as shown in the **benefits table.** |

# 9 Where you are covered for treatment

There is cover for **in-patient** and **day-patient treatment** under this **plan**. There is also cover for **out-patient surgical procedures**.

## Which hospitals, scanning centres and day-patient units do I have cover for?

**The Islands Health Plan Directory of Hospitals** lists the **hospitals**, **scanning centres** and **day-patient units** in the **UK** and **Channel Islands** for which we provide cover. We have chosen these **hospitals** based on the quality, value and range of services that they provide and we have an **Agreement** with them under which they will provide services to our customers.

### Be aware:

You will have a limited choice of **hospitals** where you can receive **treatment** in London.

The full list of these **hospitals** can be found in **The Islands Health Plan Directory of Hospitals**, this is available on our website: axaglobalhealthcare.com or by contacting our Personal Advisory team.

### Please note:

If we are unable, after reasonable negotiation, to conclude the **Agreement** in whole or part, it may be necessary from time to time for us to suspend the use of a **hospital**, **day-patient unit** or **scanning centre** listed in **The Islands Health Plan Directory of Hospitals** to protect the interests of all our customers. In such an event we will indicate the suspension on our website: axaglobalhealthcare.com

If it is medically necessary for you to use a **hospital**, **day-patient unit** or **scanning centre** in the **UK** or **Channel Islands** not listed in **The Islands Health Plan Directory of Hospitals** and we have specifically agreed to this in writing before the **treatment** begins, then we will pay those **hospital** charges.

We also have specific arrangements in regard to **eligible** cataract and oral **surgical procedures** in the **UK** as detailed on the next page.

## Which scanning centres and out-patient facility charges in the UK and Channel Islands are covered?

The **plan** includes cover for computerised tomography (CT), magnetic resonance imaging (MRI) scans and positron emission tomography (PET). If you require CT, MRI or PET we will make full payment if you use a **scanning centre** listed in **The Islands Health Plan Directory of Hospitals**. If you use a **scanning centre** in the **UK** or **Channel Islands** that is not listed in **The Islands Health Plan Directory of Hospitals**, then we will only pay the cash benefit shown in the **benefits table**. You will be entirely responsible for paying the hospital bills

We will pay for **eligible** charges in the **Channel Islands** or in the **UK** made by a provider we have an agreement with for the use of their facilities on an **out-patient treatment** basis (which may include charges for the use of drugs).

## What happens if I choose to have treatment at a hospital or scanning centre in the UK or Channel Islands which is not in **The Islands Health Plan Directory of Hospitals**?

If you have **in-patient** or **day-patient treatment** in any **hospital** or **day-patient unit** not in **The Islands Health Plan Directory of Hospitals**, or a MRI, CT or PET scan in any **scanning centre** which we do not list in **The Islands Health Plan Directory of Hospitals**, then we will only pay you the small cash benefit shown in the **benefits table**. You will be entirely responsible for paying the **hospital** bills. This also applies if you receive **treatment** at a **hospital**, **day-patient unit** or **scanning centre** listed in the Greater London extended hospital list as you do not have the Greater London extended hospital list optional upgrade.

## Which hospitals in Europe can I use?

You can use any **hospital** in **Europe** and we will pay the reasonable charges for a standard single en-suite room up to the levels detailed in the **benefits table**. We cannot however settle bills for **in-patient treatment** directly with all **hospitals**; please call our Personal Advisers on **+ 44 (0) 1892 503 108**. Or you can contact us through a secure server at: axaglobalhealthcare.com/customer

**Please note:**

We will not pay for any room upgrades, menu items not included as standard, luxury menu items or visitors meals.

## Where can I receive eligible oral surgical treatment in the UK?

We will pay for those oral **surgical procedures** detailed in 6.1(c) in the **UK** when your dentist refers you directly to a **facility** with which we have an agreement to provide a range of oral **surgical procedures**.

## Where can I receive eligible cataract surgical treatment in the UK?

If you require a cataract **surgical procedure** in the **UK** we will pay for **eligible treatment** when your GP refers you directly to a **facility** with which we have an agreement to provide cataract **surgical procedures**.

**Please note:**

We recommend that you call us prior to receiving any **treatment** to ensure that the **treatment** you need will be covered.

## 9.1 We pay for **eligible**:

(a) Charges made by, or incurred in, a **UK** or **Channel Islands hospital**, **day-patient unit** or **scanning centre** listed in **The Islands Health Plan Directory of Hospitals**. If you receive **treatment** in any other **UK** or **Channel Islands hospital**, **day-patient unit** or **scanning centre** we will pay only the cash benefit shown in the **benefits table**, unless:

- it is medically necessary to use another **facility** and we have specifically agreed to this in writing before the **treatment** begins; or
- the admission was an emergency and it was medically necessary for you to be admitted to another **hospital**. In this case we will pay the **hospital's** customary charges as long as we are notified of the admission as soon as is reasonably practicable.

(b) Charges made by, or incurred in, a **hospital** in **Europe** as allowed for on page 35 and benefit 1 of the **benefits table**. We will pay the reasonable charges for the use of a standard single en-suite room. If you receive emergency **treatment** or **treatment** of a **medical condition** which arises suddenly, in any other **hospital** outside of **Europe** we will pay only the outside of **Europe** cover benefit shown in the **benefits table**.

(c) Charges made by a provider we have an **Agreement** with in the **Channel Islands** or **UK** for the use of their facilities on an **out-patient treatment** basis (which may include charges for the use of drugs).

## 9.2 What we do not pay for:

(a) Any charges from health hydros, spas, nature cure clinics or any similar place, even if it is registered as a **hospital**.

(b) Special nursing in **hospital** unless we have agreed beforehand that it is necessary and appropriate.

(c) **In-patient treatment** charges for any **hospital** outside the **UK** which are unreasonable or excessive.

(d) Any additional **hospital** charges incurred in a **hospital** in **Europe** for a non-standard single en-suite room or room upgrade, luxury menu items, menu items not included as standard, visitors meals, or other additional costs that would not be charged to a person staying in a standard single en-suite room.

**Please note:** you may choose to upgrade your room or menu items, however we will only pay for the reasonable charges for a standard single en-suite room and you will be responsible for paying any additional charges.

# 10 Who we pay for treatment

The **plan** can provide benefit for **eligible in-patient** and **day-patient treatment** provided by **specialists**, **physiotherapists** and **complementary practitioners**.

The **plan** can also provide **eligible out-patient treatment** provided by **specialists, physiotherapists** and **complementary practitioners**.

## For treatment in the UK, how do I find out whether the person I want to see for treatment is recognised?

You need to call us before receiving any **treatment**. This will allow us to check our database and confirm whether the person you have been referred to is **eligible** for benefit.

In addition, you could check the AXA Global Healthcare (UK) Limited website: axaglobalhealthcare.com which provides relevant information about the **specialists** we recognise in the **UK**.

## What services provided by specialists, physiotherapists and complementary practitioners are eligible for benefit?

**Medical practitioners'** fees for **treatment** in **hospital** and **surgical procedures** are **eligible** for benefit, subject to any limits of this **plan**. We do not pay charges for administration costs of written reports, referral letters or writing prescriptions, even if you have General Practitioner services on your **plan**.

**Medical practitioners'** fees for consultations **out-patient diagnostic tests**, **complementary practitioners'** and **physiotherapists'** charges for **treatment** are covered, subject to any limits of this **plan**.

## Will treatment charges be met in full?

If you receive **treatment** in the **UK**:

We publish a document called the 'schedule of procedures and fees' which sets out what we will pay **specialists**, **complementary practitioners** and **physiotherapists** in the **UK**, for the services they provide to our customers. We will pay **eligible** fees in full when a **specialist**, **complementary practitioner** or **physiotherapist** charges up to the level shown within the schedule of procedures and fees. This is available on our website: axaglobalhealthcare.com or by contacting our Personal Advisory team.

If you receive **treatment** outside of the **UK**:

We will pay up to the usual amount charged by **specialists**, **complementary practitioners** and **physiotherapists** for that **treatment**. We will not pay charges for **treatment** that are higher than a **medical practitioner**, **complementary practitioner** or **physiotherapist** would normally charge in the country where you are having **treatment.**

We may check what would normally be charged with a government health department or independent third party.

We strongly advise that you call us before you receive **treatment**, to confirm whether we will pay the **treatment** charges in full for the person you are planning to see. If we will not pay the fee in full we will tell you how much we will pay towards the cost of your **treatment**.

## What if an anaesthetist becomes involved in my treatment?

Before receiving surgical **treatment** in the **UK** it is advisable to establish which anaesthetist your **specialist** intends to use. This will mean we can tell you if that anaesthetist is one who we pay in full or, if this is not the case, what fee we will pay (as set out in the schedule of procedures and fees). However, if you don't know when you call us which anaesthetist your **specialist** intends to use we will make every effort to notify you whether they commonly work with an anaesthetist who we do not pay in full.

### 10.1 We pay for **eligible**:

(a) **Treatment** charges in the **UK** made at the level set out in our schedule of procedures and fees, or at the amount charged if lower than that level.

(b) **Treatment** charges outside the **UK** up to the usual amount charged by **specialists** and **complementary practitioners** and **physiotherapists** for that **treatment**.

**Please note:**

We will only pay fees for one surgeon and one anaesthetist unless agreed by us in writing before the operation is carried out.

### 10.2 What we do not pay for:

(a) Any charges for drugs or **treatment** when you have been referred by a member of your family, or if the person who refers or treats you is a member of your family.

(b) **Treatment** charges in the **UK** made when they are above the level set out in our schedule of procedures and fees.

(c) **Treatment** charges in the **UK** made by a **specialist**, **complementary practitioner** or **physiotherapist** who we have identified to you as someone whose fees we will pay in full if, without our prior agreement, they charge significantly more than their usual amount for **treatment**.

(d) Treatment charges outside of the **UK** in excess of the usual amount charged by **specialists**, **complementary practitioners** or **physiotherapists** for that **treatment,** or fees for assistant surgeons and anaesthetists (except as allowed in 9.1(b)).

(e) Any charges made for written reports or any other administrative costs such as referral letter or writing prescriptions, even if you have the General Practitioner services benefit on your **plan**.

# 11 Emergency treatment outside your area of cover

## What overseas cover do I have on the plan?

This **plan** has been designed primarily to provide cover for medical **treatment** received within the **Channel Islands**, **UK** and **Europe**.

Should you be taken ill outside of **Europe** and require immediate emergency **in-patient treatment** there is some medical cover available, up to the limits detailed in the **benefits table**.

However, this **plan** does not provide comprehensive travel cover and we advise you to take out full travel insurance when travelling abroad.

### 11.1 We pay for **eligible**:

(a) Emergency **in-patient** or **day-patient treatment** or **treatment** of a **medical condition** which arises suddenly whilst outside of Europe up to the limits shown in the **benefits table**.

### 11.2 What we do not pay for:

(a) Claims on this **plan** if you live outside of the **Channel Islands** or Isle of Man.

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

(c) **Treatment** charges for any **hospital** outside of the **UK** which are unreasonable or excessive.

## Can I stay on the plan if I go to live outside my principal island of residence?

No, this **plan** is only available to people living in the **Channel Islands** or Isle of Man. You will need to change your cover to an international or **UK** plan if you go to live outside of your **principal island of residence** or if you stay or intend to stay outside of your **principal island of residence** for a total of more than six months in a **year**.

Please call us as soon as you know you are going to live elsewhere. We have a range of international and **UK** policies that have more appropriate benefits for anyone living outside of the **Channel Islands** or Isle of Man.

## What should I do if I require treatment abroad?

Simply call the emergency assistance centre on **+44 (0) 1892 513 999** to alert the international assistance company who will help you on our behalf. The emergency assistance centre is manned around the clock to provide help and assistance in any part of the world. They will normally give immediate advice and can arrange to put you in touch with an English-speaking doctor. That doctor will help to arrange **treatment** locally or, if you have already commenced **treatment**, will ensure that existing arrangements are satisfactory.

Please note, however, that any costs incurred for **treatment** outside of **Europe** would not be **eligible** for benefit unless you require emergency **in-patient treatment** for **treatment** of a **medical condition** that arises suddenly.

# 12 Evacuation or repatriation service

## Can I be repatriated to the Channel Islands or Isle of Man?

There may be reasons why you would prefer to return to your **principal island of residence** for **treatment** which does not involve an emergency admission. In this case you will be covered by the benefits of this **plan** on return to the **Channel Islands** or the Isle of Man and can claim in the usual way. The cost of returning to your **principal island of residence** in these circumstances will be your responsibility.

However, should you be injured or become ill suddenly and need immediate emergency **in-patient treatment** then the **evacuation or repatriation service** will become available to you.

The **evacuation or repatriation service** is defined in the glossary as:

moving you to another **hospital** which has the necessary medical facilities either in the country where you are taken ill or in another nearby country (evacuation) or bringing you back to your **principal island of residence** or your **home country** (repatriation). The service includes any necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you.

The exclusions in other parts of this document do not apply to the **evacuation or repatriation service** but will apply to **treatment** in the **Channel Islands** or Isle of Man or any country to which you have been evacuated. If you need the **evacuation or repatriation service** you must contact the emergency assistance centre so that immediate help or advice can be given over the phone.

Arrangements may then be made for an **appointed doctor** to see you and to move you or bring you back to the **Channel Islands** or the Isle of Man if necessary. If an **appointed doctor** thinks it is necessary, then the **evacuation or repatriation service** will be carried out under medical supervision.

The full rules relating to the **evacuation or repatriation service** can be found under 12.1and 12.2

## Specific terms relating to the overseas evacuation or repatriation service

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

(a) Transferring you by air ambulance, regular airline or any other method of transport we consider appropriate. We will decide the method of transport and the date and time.

(b) Cover for the reasonable and necessary transport and additional accommodation costs for another person, who must be 18 or over, to accompany you if you are under 18 (or in other cases where we believe that your **medical condition** makes it appropriate) while you are being moved.

(c) Cover for the reasonable additional travelling and accommodation costs incurred in returning to the **Channel Islands** or Isle of Man any **family members** covered by a product arranged by the **AXA Global Healthcare Group** and underwritten by AXA PPP healthcare Limited who are accompanying you on the overseas journey.

(d) Bringing your body back to a port or airport in the **Channel Islands** or Isle of Man if you die abroad, except if you die in the circumstances shown in 12.2(b)

## 12.2 The overseas **evacuation or repatriation service** will not be available for the following:

(a) Any **medical condition** which does not prevent you from continuing to travel or work and which does not need immediate emergency **in-patient treatment**.

(b) Any costs incurred which arise from or are directly or indirectly caused by a deliberately self-inflicted injury, suicide or an attempt at suicide.

(c) Any costs incurred which arise from or are in any way connected with, alcohol abuse, drug abuse or substance abuse.

(d) Any costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).

(e) **Treatment** of injuries sustained from, base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

(f) Moving you from a ship, oil-rig platform or similar off-shore location.

(g) Any costs that we do not approve beforehand or costs incurred where we have not been told about the accident or illness for which you need the overseas **evacuation or repatriation service** within 30 days of it happening (unless this was not reasonably possible).

(h) **Treatment** costs other than for the necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you.

(i) Any unused portion of your travel ticket and that of any accompanying person, will immediately become our property and you must give it to us.

(j) Any costs incurred as a result of nuclear contamination, biological contamination 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.

(k) Any costs incurred when you are on a leisure trip and you are travelling to a country or area that the UK Foreign and Commonwealth Office lists as a place which they either advise against:

- all travel to; or
- all travel on holiday or non-essential business.

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

(a) Any failure to provide the overseas **evacuation or repatriation service** or for any delays in providing it unless the failure or delay is caused by our negligence (including that of the international assistance company we have appointed to act for us) or of agents appointed by either party.

(b) Failure or delay in providing the overseas **evacuation or repatriation service** if:

- by law the overseas **evacuation or repatriation service** cannot be provided in the country in which it is needed; or
- the failure or delay is caused by any reason beyond our control including, but not limited to, strikes and flight conditions.

(c) Injury or death caused while you are being moved unless it is caused by our negligence or the negligence of anyone acting on our behalf.

# 13 Expert health information

## Expert health information you can trust

0800 003 004

If calling from outside the UK and Channel Islands please dial +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.

# 14 Additional benefits

## Will the plan cover me for a health check?

We will pay up to £200 as a contribution towards the cost of a private health check every two **years**. This will first become available following your second consecutive renewal and once every other **year** after that. This benefit is only available if you are 18 years old or over at the date of the health check. We do not pay for travelling costs, even if you choose to have your health check on the **UK** mainland.

To arrange your health check simply contact our team of Personal Advisers on **+ 44 (0) 1892 503 108** who will advise you on your eligibility and also give you information about the centres where this service is available.

Contact your chosen centre to arrange your health check and then send us the receipt showing your name and confirming a health check has been carried out and we will reimburse you the costs up to £200.

The results of your health check are confidential and will not be provided to AXA Global Healthcare (UK) Limited. You will be advised of the initial results of your check and full results will follow by post. If any action is required this will be advised by your regular general practitioner.

## Personal Case Management

In the unfortunate event that you are diagnosed with a serious illness, we may offer you access to a personal case management service. Our clinical service is there to support you throughout the duration of your **treatment**, to ensure the best possible outcome.

Following a serious diagnosis, you may feel overwhelmed by the information and choices you are faced with – our worldwide team of doctors and medical professionals will create a care plan for the individual and provide support 24 hours a day.

We offer this personal support throughout the course of **treatment** and after it, to ensure that the outcome is the best that it can be for that person.

Working with an independent partner, we provide objective medical case management to advise customers on the latest and best **treatment** to suit their clinical needs.

A personal case manager will liaise and negotiate with medical practitioners on the customer's behalf, to ensure that the care is as joined-up and stress-free as possible for the individual undergoing **treatment**.

**Please note:**

If you choose to make use of this service, any **treatment** you receive will remain subject to the terms and limits of this **plan**, even if it is on the recommendation of the medical practitioner reviewing your case.

# 15 Additional information

## When can I add other members or change my cover?

If you want to add **family members** to the **plan** please contact your HR department. Depending on the agreement with your employer, there may be restrictions on when you can add **family members** to the **plan** and whether you need to complete a form.

Please ask your HR department for details.

## Can I add my new baby to the plan?

You can apply to add newborn babies (who are born to the **lead member** or the **lead member's** partner) to the **plan** from their date of birth. This can normally be done without filling out details of their medical history, provided you add them within three months of their date of birth. However, if you have a **multiple birth** we will require details of the babies' medical history if the babies have been adopted or were born after either parent has taken any prescription or non-prescription drug or other **treatment** to increase fertility, or as the result of any method of assisted conception such as IVF. In such circumstances we reserve the right to apply particular restrictions to the cover we will offer and we will notify you of those terms as soon as reasonably possible. This may limit your babies' cover for existing **medical conditions**. This would mean that your babies will not be covered for **treatment** carried out for **medical conditions** which existed prior to joining, such as **treatment** in a Special Care Baby Unit and you will be liable for these costs.

## Can I cancel the plan?

No, this group scheme has been purchased by your employer, therefore you cannot cancel the group scheme.

# 16 Complaint and regulatory information

## Not happy with our service?

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

The most important thing for us is to help resolve your concerns as quickly and easily as possible. We'll do all we can to resolve your complaint by the end of the next business day. However, if we can't do this, we'll contact you within five working days to acknowledge your complaint and explain the next steps. Letting us know when you're unhappy with our service gives us the opportunity to put things right for you and improve our service for everybody.

No matter how you decide to communicate your concerns, we'll listen. You can call us on **+ 44 (0) 1892 503 108**, or write to us at:

**AXA Global Healthcare (UK) Limited,**

**Phillips House,**

**Crescent Road,**

**Tunbridge Wells,**

**Kent, TN1 2PL, UK.**

To help us resolve your complaint, we'll need the following:

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

## Financial Ombudsman Service

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

## How to contact the Financial Ombudsman Service

The Financial Ombudsman Service,

Exchange Tower,

Harbour Exchange Square,

London,

E14 9SR UK.

By telephone: 0800 023 4567 or 0300 123 9 123

By telephone +44 (0) 20 7964 0500 outside the UK and Channel Islands

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

Website: financial-ombudsman.org.uk

None of these procedures affect your legal rights

## What regulatory protection do I have?

Our plans are 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.

Registered in England Number 3148119.

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 for 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

## The Financial Services Compensation Scheme (FSCS)

AXA Global Healthcare (UK) Limited and AXA PPP healthcare Limited are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (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 its liabilities to customers. The scheme may assist by providing financial assistance to the insurer or insurance intermediary concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders.

Further information about the operation of the scheme is available on the FSCS website:

fscs.org.uk

## Your personal data

Your **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 the **plan** reads this summary and the full data privacy policies on our website  If you would like a copy of the full policy please call us on +44 (0) 1892 503 108 and we'll send you one.

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

We collect information about you and your **family members** who are covered by the **plan** from you, those **family members**, your healthcare providers, your employer, your insurance broker 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 your **plan;** and
- help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- allow other AXA companies in the **UK** to contact you if you have agreed.

In order to be able to manage your **plan** we may access your information from countries anywhere in the world including India and the USA where some administration is undertaken and Switzerland where AXA has a European data centre. Before doing so we will ensure that your data is protected and disclosed only to authorised individuals solely for servicing your **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 your claims or manage your membership to the **plan** properly.

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

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

If you want to ask to exercise any of your rights just call us on +44 (0)1892 503 108 or write to us at AXA Global Healthcare (UK) Limited, Phillips House, Crescent Road, Tunbridge Wells, TN1 2PL.

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

## Legal rights and responsibilities

### 16.1 Your rights and responsibilities

(a) You must make sure that whenever you are required to give us any information, all the information you give us is sufficiently true, accurate and complete so as to give us a fair presentation of the risk we are taking on. If we discover later it is not, then we can cancel the **plan** or apply different terms of cover in line with the terms we would have applied had the information been presented to us fairly in the first place.

(b) You must write and tell us if you change your address.

(c) Only the **company** and we have legal rights under this **plan** and it is not intended that any clause or term of this **plan** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including the **company** or any employee or **family member**.

(d) The **company** and we are free to choose the law that applies to this **plan**. In the absence of an agreement to the contrary, the law of England and Wales will apply.

## 16.2 Your company's rights and responsibilities

(a) The **plan** is for one **year**. At the end of that time, provided the **plan** you are on is still available, the **company** can renew it on the terms and conditions applicable at that time which we shall notify to you. You will be bound by those terms.

(b) Only those people described in the **company agreement** can be members of this **plan**.

(c) All cover ends when the **lead member** stops working for the **company** or if the **company** decides to end the cover.

(d) Upon request we may provide your **company** or its agent with group claims data in order to monitor the performance of the group scheme as a whole, however in these circumstances we will not provide your **company** with personally identifiable medical information about your claims.

(e) If your cover under the **company agreement** comes to an end you can apply to transfer to another plan.

## 16.3 Our rights and responsibilities

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

(b) We can refuse to add a **family member** to the **plan,** and we will tell the **lead member** if we do.

(c) We will pay for **eligible** costs incurred during a period for which the premium has been paid.

(d) 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 which they are entitled, for example from someone who caused your injury or illness, another insurer or a state healthcare system and which we have already covered under this **plan**. 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 provide any reasonable assistance we may need to enable us to exercise these subrogated rights and must not do anything to prejudice such rights at any time. We reserve the right to deduct from any claims payment otherwise due to you or an amount equivalent to the amount you could recover from a third party or state healthcare system.

(e) If you break any of the terms of the **plan** which we reasonably consider to be fundamental, we may (subject to 16.3(f)) do one or more of the following:

- refuse to make any benefit payment or if we have already paid benefits, we can recover from you any loss to us caused by the break;
- refuse to renew your membership to the **plan**;
- impose different terms to any cover on the **plan**;
- end your membership to the **plan** and all cover under it immediately.

(f) If you (or anyone acting on your behalf) make a claim under the **plan** knowing it to be false or fraudulent, we can refuse to make benefit payments for that claim and may declare your membership to the **plan** void, as if it never existed. If we have already paid benefit, we can recover those sums from you. Where we have paid a claim later found to be fraudulent, (whether in whole, or in part), we will be able to recover those sums from you.

(g) We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, **United Kingdom**, United States of America or under a United Nations resolution. If you or a **family member** are directly or indirectly subject to economic sanctions, including sanctions against your country of residence, we reserve the right to immediately end cover and/or stop paying claims on the **plan**, even if you have permission from a relevant authority to continue cover or premium 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.

(h) 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** terms.

(i) This **plan** is written in English and all other information and communications to you relating to this **plan** will also be in English unless we have agreed otherwise in writing.

# 17 Glossary

Throughout this handbook certain words and phrases appear in **bold**. Where these words appear, they have a special medical or legal meaning. These meanings are set out below.

To aid customer understanding certain words and phrases in this glossary have been approved by the Association of British Insurers and the Plain English Campaign. These particular terms will be commonly used by most medical insurers and are highlighted below by a ◆ symbol.

**active treatment of cancer – treatment** intended to affect the growth of the **cancer** by shrinking the **cancer**, stabilising it or slowing the spread of disease and not given solely to relieve 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.

**Agreement** – an agreement we have with each of the **hospitals**, **day-patient units** and **scanning centres** listed in **The Islands Health Plan Directory of Hospitals**. Each Agreement sets out the standards of clinical care, the range of services provided and the associated costs.

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

**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.

**benefits table** – the table applicable to the **plan** showing the maximum benefits we will pay you.

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

**Channel Islands** – the State of Jersey and the Bailiwick of Guernsey.

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

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

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

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

**complementary practitioner** – where **treatment** is given outside the **UK**, a qualified practitioner who is registered to practice as a homeopath, acupuncturist, osteopath or chiropractor where the **treatment** is given.

For **treatment** in the **UK** only:

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

A full explanation of the criteria we use to decide these matters is available on request.

**country where you normally live** – 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 centre in which **day-patient treatment** is carried out. The units we recognise for benefit purposes for **treatment** in the **UK** or **Channel Islands** are listed in **The Islands Health Plan Directory of Hospitals**.

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

**eligible** – those **treatments** and charges which are covered by the **plan**. In order to determine whether a **treatment** or charge is covered all sections of the **plan** should be read together and are subject to all the terms, benefits and exclusions set out in this **plan**.

**Europe** - Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Channel Islands, Croatia, Republic of Cyprus (including Akrotiri and Dhekelia SBAs), Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, FYR Macedonia, Malta, Moldova, Monaco, Netherlands, Norway, Poland, Portugal (including Madeira), Romania, Russian Federation, San Marino, Serbia and Montenegro, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkey, Turkish Republic of Northern Cyprus, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan, Vatican City State.

**evacuation or repatriation service** – moving you to another **hospital** which has the necessary medical facilities either in the country where you are taken ill or in another nearby country (evacuation) or bringing you back to the **UK** or **Channel Islands** (repatriation). The service includes any necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you.

**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 Islands Health Plan Directory of Hospitals**.

In some circumstances **treatment** may be carried out at an establishment which provides **treatment** under an arrangement with a facility listed in **The Islands Health Plan Directory of Hospitals**.

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

**family member** – (1) the **lead member's** current spouse or civil partner or any person (whether or not of the same sex) living permanently in a similar relationship with the **lead member** and (2) any of their or the **lead member's** children. Children cannot stay on the **plan** after the renewal date following their 21st birthday (or the renewal date following their 25th birthday if in full time education).

**hospital** – any establishment which is licensed as a medical or surgical hospital in the country where it operates, except the **UK** and **Channel Islands** when it is an establishment listed as a hospital in **The Islands Health Plan 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 membership statement.

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

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

**network of hospitals** – the **hospitals** where we have a direct settlement agreement, including **The Islands Health Plan Directory of Hospitals**. The network of **hospitals** can be viewed on our website: axaglobalhealthcare.com The facilities listed may change from time to time so you should always check with us before arranging any **treatment**.

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

**physiotherapist** – a person who is qualified and licensed to practice as a physiotherapist where the **treatment** is given.

For **treatment** in the **UK** only:

a **specialist** with full registration under the Medical Acts, who specialises in physiotherapy who is registered under the relevant Act; and who, in all cases, meets our criteria for physiotherapy recognition for benefit purposes in their field of practice and who we have told in writing that we currently recognise them as a physiotherapist for benefit purposes in that field for the provision of **out-patient treatment** only.

A full explanation of the criteria we use to decide these matters is available on request.

**plan** – the insurance contract between the **company** and us. Its full terms are set out in the current versions of the following documents as sent to you from time to time:

- the **company agreement**
- any application form we ask you to fill in
- these terms and the **benefits table** setting out your cover
- your membership statement and our letter of acceptance
- any Statements of Fact we have sent you.

**Principal island of residence** – the Bailiwick of Guernsey, the State of Jersey or the Isle of Man.

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

The centres we recognise for benefit purposes are listed in **The Islands Health Plan Directory of Hospitals**.

**specialist** – (a) in the Bailiwick of Guernsey: a person who is a registered medical practitioner and who is recognised as a consultant by the Medical Specialist Group of Guernsey or the Guernsey and Alderney Board of Health;

(b) where **treatment** is given outside the **Channel Islands** and the **UK**, a person who has the primary degrees in the practice of medicine and surgery following attendance at a recognised medical school and who is licensed to practice medicine by the relevant licensing authority where the **treatment** is given. By 'recognised medical school' we mean 'a medical school which is listed in the current World Directory of Medical Schools published by the World Health Organisation';

(c) where **treatment** is given in the **UK**, a medical or dental practitioner with full registration under the Medical Acts, who meets our criteria for specialist recognition for benefit purposes and who we have told in writing that we currently recognise him/her as a specialist for benefit purposes in his/her field of practice. There is no cover in the **UK** for general practitioner services.

For **out-patient treatment** in the **UK** only:

a medical practitioner with full registration under the Medical Acts, who specialises in psycho-sexual medicine, musculoskeletal or sports medicine, or a practitioner in podiatric surgery who is registered under the relevant Act; and who, in all cases, meets our criteria for limited specialist recognition for benefit purposes in his/her field of practice and who we have told in writing that we currently recognise him/her as a specialist for benefit purposes in that field for the provision of **out-patient treatment** only.

A full explanation of the criteria we use to decide these matters is available on request.

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

**The Islands Health Plan Directory of Hospitals** – a document we publish on our website: axaglobalhealthcare.com which lists the private **hospitals**, **day-patient units** and **scanning centres** in the **UK** covered by the **plan**. This includes the Greater London extended hospital list which lists the additional private **hospitals**, **day-patient units** and **scanning centres** covered by the Greater London extended hospital list optional upgrade. The facilities listed may change from time to time so you should always check with us before arranging any **treatment**.

The Islands Health Plan Directory of Hospitals lists the hospitals and **day-patient units** in the **United Kingdom** for which we provide cover. We have an agreement with them under which they will provide services to our members. If we are unable, after reasonable negotiation, to conclude the agreement in whole or part, it may be necessary from time to time for us to suspend the use of a hospital, **day-patient unit** or **scanning centre** listed in The Islands Health Plan Directory of Hospitals to protect the interests of all our members. In such an event we will indicate the suspension on our website.

We also have specific arrangements in regard to **eligible treatment** of cataracts and oral **surgical procedures**.

**terrorist act** – any clandestine use 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.

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

**year** – 12 calendar months from when the **plan** began or was last renewed.



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