



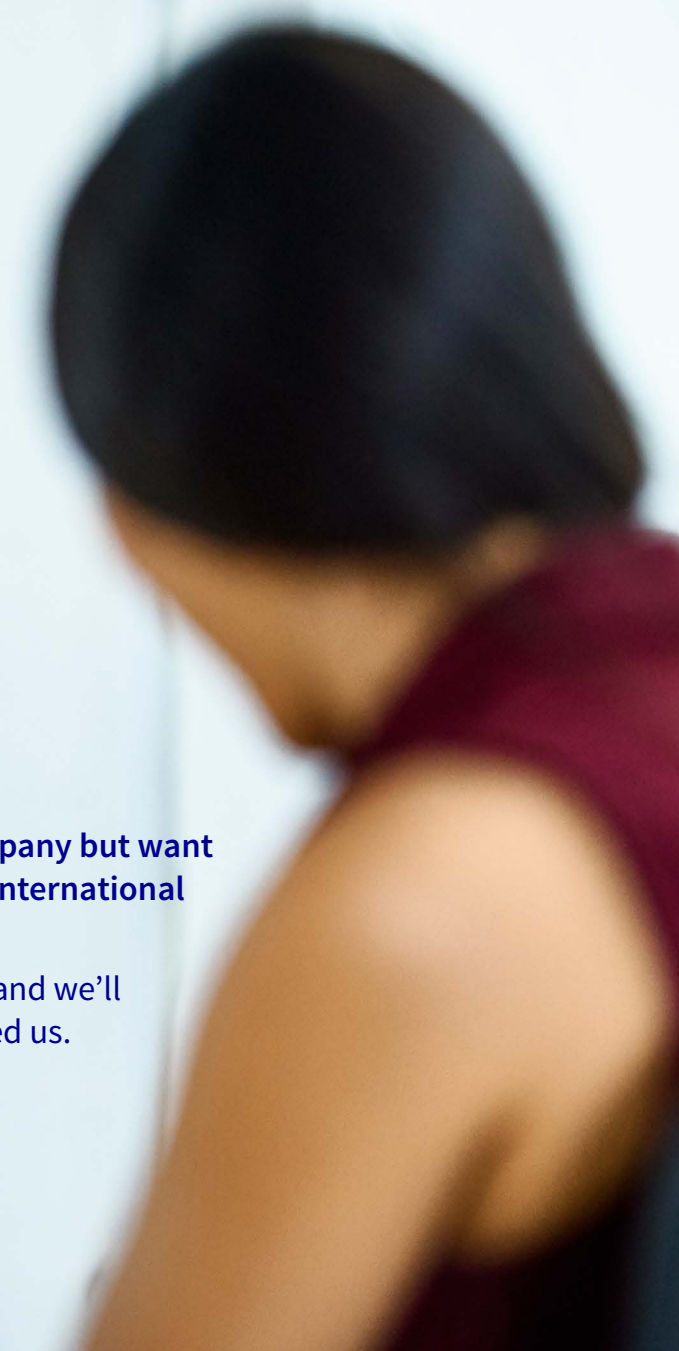
Global healthcare

Your cover, continued
Personal & family cover
Access to global care
Still by your side



Leaving your company but want
to continue your international
healthcare cover?

Set up your cover and we'll
be there if you need us.
Night and day.



Continuing your international healthcare cover

Once you leave your company, you'll no longer be covered on their international healthcare scheme. But don't worry, as the scheme was provided by AXA, it's easy for you and your family to continue your cover on one of our personal plans. And you can have it all set up before you leave.[†]

What we're offering you:

- A chance to keep your cover for previous and existing medical conditions. (Some of the benefit limits you had on your company plan may differ on a personal plan).
- Up to 120 days to take up the offer after leaving your company scheme. You can also benefit from this offer before you leave – it's your choice.

You may find it difficult to continue your cover for any existing or previous medical conditions at a later date.

It's also important to note that if you decide to move insurers, you and any family members covered on your policy, wouldn't be guaranteed the continuity of the cover you previously had.

By continuing your cover with AXA, you'll be able to:

Access any claims history or records you already have with AXA

- Any claims history you have can be transferred across from your company scheme – no need for paperwork or application forms.

Continue using your online account

- You'll still have access to your online account, where you can manage your account details and submit any claims, and stay in touch with us.

Choose where you want treatment

- With access to over 1.9 million healthcare facilities worldwide in 176 countries, you can choose where you want your treatment. Whether that's locally, back home, or with a specialist in a different country.¹



How to continue your cover

Call us today on our dedicated helpline: +44 (0) 1892 612 080.*

We can help explain your options, go through what is and isn't covered and set up your cover for you.

[†]Due to restrictions in some countries, we might not be able to provide you with cover. To find out more, just get in touch.

*Lines are open Monday to Friday, 8am-5pm (UK time). We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

How to get the right cover for you

To take out a new policy for you and your family, just give us a call.

1 Tell us who to cover

Whether it's just you, or your family too, you will all be looked after on one plan.

You'll need to give us the basic details of anyone covered on your policy, such as date of birth and country of residence.

2 Choose what to include in your cover

Depending on the level of cover you choose, you can opt for any of the following:

- ✓ **Outpatient treatment** – including consultations, vaccinations, diagnostic tests and more.
- ✓ **Dental care** – routine care such as check-ups, scale and polish.
- ✓ **Drugs and dressings**

3 Find the cover that's right for you

Choose a plan to meet your needs and budget.

Click below to find out more:

4 Tailor your cover

It's your choice.

- ✓ **Add an excess:** when you claim, you'll agree to pay up to a set amount per person, per policy year, and you'll pay less for your premiums.
- ✓ **Choose how often you'd like to pay:** monthly, quarterly or annually.
- ✓ **Include or exclude the USA:** it's that simple. This can alter the cost of your premiums. Even if you choose 'Worldwide excluding the USA', you'll still have cover with emergency treatment when visiting the USA, with all our cover levels except Foundation.

5 Let us do the rest

We'll help you continue your cover.

From that moment, we'll be there for you whenever you need us. Even if it's just a simple question about your health cover, all you need to do is call us.

You can start your policy from the day your company policy ends, so you won't have any gaps in your cover.

Here's an example

Emma works in Spain. She chooses Comprehensive cover for the outpatient cover, and includes dental care for routine check-ups.

She doesn't visit the USA, so has excluded it, knowing she can still have emergency cover if she finds herself there unexpectedly. She's also chosen to cut costs by adding an excess of £250.

How to get the right cover for you

AXA at your side

Focus on getting the most from life's adventures, knowing we've got your back if you need us. Here are just six of the reasons it pays to have AXA with you, available on all levels of cover.



You've had the diagnosis, but you just aren't sure...

You can turn to us

Our Second Medical Opinion service can help bring you peace of mind. Whether you want a better understanding of local healthcare practices, need details explained to you in a language of your choice*, or if you'd simply like to make sure you've explored every available option, we'll assign a doctor to review your case and support you throughout your treatment. Together, we'll make sure you get the reassurance you need so you can focus on getting better, wherever you are in the world.



It's an emergency, but you know you can't get the help you need close by...

We'll get you where you need to be

If you have a serious accident or illness and can't get the help you need locally, we'll arrange for you to be evacuated to the nearest medical facility – whether that's a short drive or an international flight away. And then when you're ready, we'll get you back home.



You're walking into a hospital or clinic, but you don't know if they'll recognise your cover...

You're covered by a leading insurance brand

Our global reach means that hospitals and clinics around the world will trust your cover. This means, in many cases, we can pay the costs directly for you.

AXA is one of the largest insurers in the world, with offices in 51 countries,² and local knowledge and support wherever you happen to be.



You can rely on us to be there when you need us most...

Extra cancer support

Our dedicated care team is available by phone from 9am to 5pm UK time (Monday to Friday) for members receiving cancer treatment. They can:

- give you ideas on the questions to ask at appointments
- help you decide on a treatment plan
- advise on how to cope with chemotherapy
- simply just be there to listen.



You need to see a doctor but you're struggling to find the time...

Have a doctor at your fingertips

With the Virtual Doctor service, you can book a medical consultation with a qualified doctor on the phone or by video chat – at a time that suits you, from anywhere in the world.³



You need mental health support...

Speak to a psychologist

The Mind Health service connects you with a fully qualified psychologist who will provide the support you need from wherever you are in the world. Whether that's one phone call or a course of up to six sessions per health concern. Together we can take on life's challenges.

The Virtual Doctor, Second Medical Opinion and Mind Health services are part of our Virtual Care from AXA offering.

Our award-winning service is rated consistently high by our members, with a rating of 4.74/5.⁴

*Telephone call-back appointments are available in over 10 languages, and video consultations are currently available in 4.

A closer look at the plans

This is just a summary to help you choose. For more detail, just ask us for a benefits table.

1 of 2

Foundation

Standard

Foundation plan

A summary of what's included in the Foundation plan:

- ✓ An overall policy limit of £100,000 / €125,000 / \$160,000.
- ✓ Hospital charges if you need to stay in hospital overnight or as a day patient.
- ✓ Surgery – whether you're staying overnight or not.
- ✓ A second medical opinion if you need some reassurance, including a medical case manager.
- ✓ We'll get you to the care you need and home again: emergency evacuation and repatriation – covered in all our plans.
- ✓ Emergency inpatient and day patient cover everywhere, excluding USA (unless you have chosen Worldwide cover).
- ✓ A wide range of cancer treatment, including radiotherapy, chemotherapy, bisphosphonates, biological therapies and experimental drugs.
- ✓ Ambulance transport, to and between hospitals.
- ✓ You can stay with your child if they need hospital treatment.
- ✓ Cover for accidental damage to teeth.
- ✓ Medical conditions that start during pregnancy.

Upgrade Foundation:

- + Outpatient treatment such as extra tests or physiotherapy.
- + You'll have two outpatient options to choose from (core outpatient option £1,000) and (enhanced outpatient option £2,500).

Standard plan

Everything in Foundation, plus:

- ✓ A higher overall policy limit of £1,000,000 / €1,275,000 / \$1,600,000.
- ✓ Cover for wigs or external prostheses.
- ✓ Emergency treatment in the USA no matter your chosen area of cover.
- ✓ Cash benefit for free inpatient treatment.
- ✓ Cover for non-routine dental treatment (e.g. replacing crowns).

Upgrade Standard:

- + Extra cover for routine treatment you have as an outpatient, such as specialist visits or extra tests.
- + You'll have two outpatient options to choose from (outpatient option £1,000) and (enhanced outpatient option £2,500).

Plans

A closer look at the plans continued

Comprehensive

Prestige

Prestige Plus

Comprehensive plan

Everything in Standard, plus:

- ✓ More cover for routine treatment you have as an outpatient, such as specialist visits or extra tests.
- ✓ Drugs and dressings when you're an outpatient.
- ✓ Cover for chronic conditions that arise after you join, such as asthma and diabetes.
- ✓ Cover if you ever need kidney dialysis.
- ✓ Cancer support: A nurse to give chemotherapy or antibiotics by drip in the comfort of your home.
- ✓ Cover for eye tests and prescription glasses.
- ✓ Chinese herbal medicine.

Upgrade Comprehensive:

- + Enhanced outpatient option with £200 health check.
- + Cover for your routine dental check-ups and care.

Prestige plan

Everything in Comprehensive, plus:

- ✓ Cover for your routine pregnancy check-ups and childbirth.*
- ✓ An allowance you can use to get annual health checks – helping to spot potential problems early.
- ✓ Palliative care if you're diagnosed with cancer, to relieve pain if other treatment is no longer working.
- ✓ Disability compensation to give you and your family some financial reassurance if you become disabled after you join.

Upgrade Prestige:

- + Cover for your routine dental check-ups and care.

Prestige Plus plan

Everything in Prestige, plus:

- ✓ Extra outpatient cover.
- ✓ Extra emergency cover in the USA (if you've chosen Worldwide excluding the USA).
- ✓ Higher limits to give you more flexibility and treatment choices.
- ✓ Cover for your routine dental check-ups and care.
- ✓ More cover for Chinese herbal medicine.

What's not included

As with most health insurance, there are some exclusions and limits on all of these plans.

The plans don't cover:

- ✗ Treatment outside your area of cover or against medical advice.
- ✗ Treatment for injuries as a result of sports that you receive money for taking part in.
- ✗ Your costs for arranging treatment, such as phone calls and travel.
- ✗ Treatment designed to prevent illness rather than treat it.
- ✗ Treatment charges that the hospital or medical practitioner would not usually and customarily charge in the country where you have the treatment.

Speak to your AXA representative if you have any questions and to find out what's not covered on each plan.

✓ Included ✗ Not included + Optional upgrade available | The policy limits shown in the table are annual limits per member unless it says differently.

*An 18-month waiting period (Moratorium) applies to the pregnancy benefit, which means you'll need to be covered by us continuously for this length of time before you can claim for it.

Plans

Common questions

If you're thinking about continuing your healthcare cover, let us help.



What is the continuation of cover offer?

If you begin your personal plan within the 120 day period after your corporate scheme ends, you can stay covered for your previous and existing medical conditions, subject to the benefits and terms of the new plan you've chosen.



How long do I have to use the offer?

You have 120 days from the date your corporate healthcare cover ends, to take up our offer. You'll have no gaps in your cover and you can choose from our range of personal plans.



Why is it important to take the offer now?

After the first 120 days, we can't guarantee that we'll be able to offer you continuous cover so if you still need healthcare insurance, it's best to speak to us straight away.

Plus if you decide to move insurers, they may not be able to offer you cover for medical conditions you or your family had while you were with us.



Do I have to wait until I've left my company before setting up my new plan?

No, you can talk to us anytime about your new plan and we can set it up to start the day you leave your company scheme.

You don't need to give us any documentation from your company and if you have any questions about your new cover, we can go through them over the phone.



Can I add my family members?

Yes, you can add family members to your new policy. If any of your dependents were also covered on your corporate scheme, they'll be able to continue their cover too, as long as you let us know within 120 days.



Will my benefits stay the same?

Your benefits will depend on the cover level you choose. However your company may have chosen to include specific benefits and limits for their employees which may not be available on our personal plans.



Still want AXA by your side?

To help find a plan that suits your needs and budget and to get a quote, please simply get in touch.



Give us a call on
+44 (0)1892 612 080.

Lines are open
Monday to Friday
8am to 5pm (UK time).



Email us at
internationalsales.health@axa.com

Visit our website
axaglobalhealthcare.com



Speak to your AXA
representative or
intermediary today.

 Next steps

¹The AXA Select medical provider network covers 176 countries and includes more than 1.9 million facilities where we can settle bills directly as of September 2024.

²Present in 51 countries, AXA's 147,000 employees and distributors are committed to serving our 94 million clients.

³This service is part of Virtual Care from AXA offering and is provided by Teladoc Health. Appointments are subject to availability. You do not need to pay or claim for a consultation but you will be charged for the cost of the initial phone call when using the call back service. You won't be charged if you request a call back using the app or online portal. Telephone appointments are available 24/7/365 and call-backs are typically within 24 hours. Video appointments in English, Spanish and Mandarin are available 08.00 to 00.00 UK time, Monday to Friday. Video appointments in German are available 08:00 to 20:00 CET, Monday to Friday. In Singapore, all appointments are conducted only via video and in English, between 08:00 and 00:00 UK time, Monday to Friday.

⁴Customers rated our service 4.74 out of 5 stars via the Customer Service Instant Customer Feedback tool between 1 January 2024 and 13 November 2024, based on 18,166 responses.

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