The Islands Health Plan

Your handbook

Small Corporate
October 2021

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 503 856** 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 503 856**
Fax + 44 (0) 1892 508 256

Available: day or night, 365 days a year.

Health at Hand **+44 (0) 1892 556 753**

Available: day or night, 365 days a year. Our health information service. See section 13.

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 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

Please see page 63 for an explanation of words that appear in **bold**

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. If you are unsure of which particular **plan** your **company** has chosen, please refer to your membership statement.

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 on page 63.

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 you see 'we', 'us' or 'our' we mean AXA Global Healthcare (UK) acting on behalf of AXA PPP healthcare Limited, who is the insurance company who underwrite this product.

Please note:

Most of the information given is relevant to all levels of cover. However, there are instances where information is not relevant to all levels of cover. Where this occurs, we have drawn your attention to which level of cover we are referring to as follows:

When a sentence or paragraph starts with a name and is in this colour, it means that the information given relates only to the level of cover stated.

To find out more information on the level of cover you have chosen, please see the **benefit tables**.

Stay covered with the same personal medical underwriting

If you are leaving employment you will find transferring to a 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 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.

Please see page 63 for an explanation of words that appear in **bold**

2 Your cover

Please remember that our policies 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 offers you cover for necessary **treatment** of new **medical conditions** that arise after you join. It does not cover you for **treatment** of **medical conditions** that existed, or you had symptoms of before joining. However, in some circumstances you may have joined on a different basis. Please refer to the 'Existing medical conditions' section for further information. There is also no cover for on-going, recurrent and long-term conditions (also known as **chronic conditions**).

Core 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 and should it be medically necessary, transportation from the islands to the **UK** mainland or another **island**

Classic members – your cover also includes:

- outside of **Europe** cover
- cash benefit
- **out-patient specialist** charges, consultations, **diagnostic tests**, **physiotherapy** and **complementary practitioner** charges
- external prostheses and wigs or other temporary head coverings during **active cancer treatment**
- External prostheses needed as part of a **surgical procedure**

Premier members – your cover also includes:

- **out-patient 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.

Ultimate members – your cover also includes:

- optical cover
- dental care.

Be aware:

The **plan** will not cover you for:	For more information:
Routine pregnancy and childbirth.	Page 32
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 43
Treatment in a hospital included in the Greater London extended hospital list unless you have this optional upgrade included, as part of your cover.	Page 43
Claims if you travelled outside of **Europe** to get **treatment**.	Page 48

The key limitations below also apply if you have the Core cover only. Please refer to your **benefits table** for details of how your benefits may be extended by choosing one of the additional levels of cover to cover some of these items.

The **plan** will not cover you for:	For more information:
Out-patient, **diagnostic tests** and **out-patient** consultations.	Page 28
Out-patient complementary practitioners' and **physiotherapists'** charges.	Page 46
If you do not have the optional dental care and optical cover: Any dental or optical **treatment**.	Page 54
Out-patient psychiatric **treatment**.	Page 37

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.

Please see page 63 for an explanation of words that appear in **bold**

3 The Islands Health Plan benefits tables

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:

If you have the Greater London extended hospital list optional upgrade: You will be covered for **in-patient**, **day-patient**, **out-patient treatment** and **diagnostic tests** at the **hospitals** listed in the **Islands Health Plan Directory of Hospitals**, including those shown in the Greater London extended hospital list section.

If you do not have the Greater London extended hospital list optional upgrade: 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/customer or by contacting our Personal Advisory team.

Please note:

Most of the information given is relevant to all levels of cover. However, there are instances where information is not relevant to all levels of cover. Where this occurs, we have drawn your attention to which level of cover we are referring to as follows:

When a sentence or paragraph starts with a name and is in this colour green, it means that the information given relates only to the level of cover stated.

Please make sure you call us on **+ 44 (0)1892 503 856** prior to **treatment** so we can confirm the extent of your cover and any limitations that may apply.

Core Cover – benefits for all plans	
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: • any **hospital** in the **Channel Islands**. • any **hospital** in **Europe** outside the **Channel Islands**, and the **UK** • any **hospital** or **day-patient unit** in the **UK** listed in the **Islands Health Plan Directory of Hospitals**, including those in the Greater London extended hospital list if it applies to the **plan**.
For more information on the above please see:	Page 43

Core Cover – benefits for all plans		
	Benefits	**Amount payable**
2.	Out of directory cash benefit 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 Hospital.** This benefit is also payable for treatment at a hospital in the Greater London extended hospital list, if you do not have it as an upgrade option, as part of your cover.	£100 each day for **day-patient treatment**. £100 each night for **in-patient treatment**.
	For more information on the above please see:	Page 43
3.	**Specialists'** fees (surgeons', anaesthetists' and physicians'). 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 46
4.	Parent **hospital** accommodation. 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**. The child must be covered by the **plan** and the benefit is paid from the child's benefits.	Paid in full.
5.	Hotel accommodation. 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**. 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** (see also benefit 4).
	Out-patient treatment	
6.	**Surgical procedures**. 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 32

Please see page 63 for an explanation of words that appear in **bold**

Core Cover – benefits for all plans		
	Benefits	**Amount payable**
7.	(i) Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET). (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.** £100 each visit.
	For more information on the above please see:	Page 43
	Cancer cover	
8.	**Active treatment of cancer**. Including charges for radiotherapy (the use of radiation to treat **cancers**) and chemotherapy (the use of drugs to treat **cancers**). If you have Classic, Premier or Ultimate: – 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 38
9.	**Day-patient** and **out-patient** radiotherapy and chemotherapy cash benefit. This benefit is paid for your **day-patient** stay in **hospital** where there is no charge for your accommodation and **treatment**, or **treatment** for or **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 38
	Other benefits	
10.	Hospital-at-home. This is for **treatment** provided at home or another clinically appropriate setting for the administration of intravenous chemotherapy for the **treatment** of **cancer** or intravenous antibiotics which otherwise would require you to be admitted for **in-patient** or **day-patient treatment**.	Paid in full whilst in the **Channel Islands** or the **UK** when **treatment**: • is provided by a qualified nurse under the control of a **specialist**; and • is provided through a healthcare services supplier which we have a contract with for such services; and • has been agreed by us before the **treatment** begins.

Core Cover – benefits for all plans	
Benefits	**Amount payable**
11. Virtual Doctor service Access to a Virtual Doctor service for unlimited video appointments and telephone consultations. To register and use the service please visit: axaglobalhealthcare.com/doctor Using this service will not impact any **out-patient** limit on the plan.	Unlimited video appointments. Unlimited doctor call backs.
12. Virtual Doctor prescription charges We will pay this benefit towards any prescription costs following consultation through the Virtual Doctor service.	£200 a **year**
13. Mind Health 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**
14. Ambulance transport. This is to pay for a road ambulance for emergency transport to or between **hospitals**, or when the **specialist** says it is medically essential. **Please note** For residents living on the island of Sark: This covers the cost for the Sark Road Ambulance.	Paid in full.
15. **Evacuation or repatriation service**.	Paid in full.
For more information on the above please see:	Page 48
16. Transportation to another **Channel Island** or the **UK**. We will pay under this benefit for the flight costs you incur when it is necessary for you to be transported to another **Channel Island** or the **UK**	Up to £1,500 a **year**.

Please see page 63 for an explanation of words that appear in **bold**

Core Cover – benefits for all plans	
Benefits	**Amount payable**
for **eligible treatment** not available in your **principal island of residence**. If you live in the **Channel Islands**: We will only pay this benefit if: (i) you have contacted your Social Security Authority who have confirmed that they would not cover the costs. If you live in the **Channel Islands** or the Isle of Man: We will only pay this benefit if: (ii) the costs are agreed by us prior to travel; (iii) you send us original accounts detailing the cost incurred; (iv) your **specialist** has advised that it is medically necessary to travel for **treatment**. 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.	
17. Health at Hand. Confidential medical information.	Immediate access 24 hours a day, 365 days a year.
For more information on the above please see:	Page 53

Additional benefits if you have chosen the Classic cover

Classic cover		
	Benefits	**Amount payable**
	In patient & day patient treatment	
1.	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 eight weeks **treatment** in any **year** up to a total of £25,000 a **year**.
	For more information on the above please see:	Page 48
2.	Cash benefit. 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: (i) you are admitted for **in-patient treatment** before midnight (ii) the **treatment** you receive free of charge would have been **eligible** for benefit privately under this **plan**. This benefit is not available if the cost of **treatment** was funded by another party, such as another insurer.	£50 per night up to £2,000 per **year**.
	Out- patient treatment	
3.	**Specialist** consultations.	Up to £1,000 per **year**. **Treatment** for physiotherapy and/or **complementary practitioner treatment** overall maximum of 10 sessions per **year**. Further sessions available under **specialist** referral.
4.	**Complementary practitioner** charges.	
5.	**Diagnostic tests** and physiotherapy received as **out-patient treatment**.	
	For more information on the above please see:	Page 46
	Other cover	
6.	External prostheses during **active treatment of cancer**. Spinal supports, knee braces or pneumatic walking boots if they are part of a **surgical procedure**.	A combined overall limit of £1,500 per **year**.
	For more information on the above please see:	Page 38
7.	Wigs or other temporary head coverings during **active treatment of cancer**	Up to £400 per **year**.

Please see page 63 for an explanation of words that appear in **bold**

Classic cover		
	Benefits	**Amount payable**
8.	**External prosthesis** This benefit is paid towards the cost of providing an **external prosthesis**.	Up to £5,000 for the lifetime of your membership.
	For more information on the above please see:	Page 29

Additional benefits if you have chosen the Premier cover

Premier		
	Benefits	**Amount payable**
	In patient & day patient treatment	
1.	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 eight weeks **treatment** in any **year** up to a total of £30,000 a **year**.
	For more information on the above please see:	Page 48
2.	Cash benefit. 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: (i) you are admitted for **in-patient treatment** before midnight (ii) the **treatment** you receive free of charge would have been **eligible** for benefit privately under this **plan**. This benefit is not available if the cost of **treatment** was funded by another party, such as another insurer.	£50 per night up to £2,000 per **year**.
	Out- patient treatment	
3.	**Specialist** consultations.	Up to £2,500 per **year**. **Treatment** for physiotherapy and/or **complementary practitioner treatment** overall maximum of 10 sessions per **year**. Further sessions available under **specialist** referral.
4.	**Complementary practitioner** charges.	
5.	**Diagnostic tests** and physiotherapy received as **out-patient treatment**.	
	For more information on the above please see:	Page 46
6.	Psychiatric illness. Consultations and **treatment** received as **out-patient treatment**.	Up to £1,000 per **year**.
	For more information on the above please see:	Page 36
	Cancer cover	
7.	Wigs or other temporary head coverings during **active treatment of cancer**.	Up to £400 per **year**.
	For more information on the above please see:	Page 38

Please see page 63 for an explanation of words that appear in **bold**

Premier		
	Benefits	**Amount payable**
8.	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 38
9.	Transportation to another **Channel Island** or the **UK** for **cancer treatment** only. This is an additional benefit for you to be transported to another **Channel Island** or the **UK** for **eligible cancer treatment** not available in your **principal island of residence**. If you live in the **Channel Islands:** We will only pay this benefit if: (i) you have contacted your Social Security Authority who have confirmed that they would not cover the costs. If you live in the **Channel Islands** or the Isle of Man: We will only pay this benefit if: (ii) the costs are agreed by us prior to travel; (iii) you send us original accounts detailing the cost incurred; (iv) your **specialist** has advised that it is medically necessary to travel for **treatment**. 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 £1,000 per **year**.
	For more information on the above please see:	Page 42
	Other benefits	
10.	External prostheses during **active treatment of cancer**. Spinal supports, knee braces or pneumatic walking boots if they are part of a **surgical procedure**.	A combined overall limit of £2,500 per **year**.
	For more information on the above please see:	Page 38

Premier	
Benefits	**Amount payable**
11. **External prosthesis** This benefit is paid towards the cost of providing an **external prosthesis.**	Up to £5,000 for the lifetime of your membership.
For more information on the above please see:	Page 29
12. General practitioner services. We will pay charges for primary care made by a general practitioner within your **principal island of residence**. By primary care we mean visits for advice evaluation or simple monitoring. It does not include other specialist services such as minor procedures or semi-specialist services, even if they are carried out in the GP practice.	Up to £500 per **year**.
13. Maternity cash benefit. 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 33
14. Health check.	Up to £100 contribution towards a health check every two **years**.
For more information on the above please see:	Page 53
15. Accidental damage to teeth.	Up to £1,000 per **year**.
For more information on the above please see:	Page 55

Please see page 63 for an explanation of words that appear in **bold**

Additional benefits if you have chosen the Ultimate cover

Ultimate		
	Benefits	**Amount payable**
	In patient & day patient treatment	
1.	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 eight weeks **treatment** in any **year** up to a total of £50,000 a **year**.
	For more information on the above please see:	Page 48
2.	Cash benefit. 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: (i) you are admitted for **in-patient treatment** before midnight (ii) the **treatment** you receive free of charge would have been **eligible** for benefit privately under this **plan**. 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	
3.	**Specialist** consultations.	No annual maximum. **Treatment** for physiotherapy and/or **complementary practitioner treatment** overall maximum of 10 sessions per **year**. Further sessions available under **specialist** referral.
4.	**Complementary practitioner** charges.	
5.	**Diagnostic tests** and physiotherapy received as **out-patient treatment**.	
	For more information on the above please see:	Page 46
6.	Psychiatric illness. Consultations and **treatment** received as **out-patient treatment**.	Up to £1,000 per **year**.
	For more information on the above please see:	Page 36
	Cancer cover	
7.	Wigs or other temporary head coverings during **active treatment of cancer**.	Up to £400 per **year**.
	For more information on the above please see:	Page 38

Ultimate		
	Benefits	**Amount payable**
8.	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 38
9.	Transportation to another **Channel Island** or the **UK** for **cancer treatment** only. This is an additional benefit for 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**. If you live in the **Channel Islands:** We will only pay this benefit if: (i) you have contacted your Social Security Authority who have confirmed that they would not cover the costs. If you live in the **Channel Islands** or the Isle of Man: We will only pay this benefit if: (ii) the costs are agreed by us prior to travel; (iii) you send us original accounts detailing the cost incurred; (iv) your **specialist** has advised that it is medically necessary to travel for **treatment**. 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 per **year**.
	For more information on the above please see:	Page 42

Please see page 63 for an explanation of words that appear in **bold**

Ultimate	
Benefits	**Amount payable**
Other benefits	
10. General practitioner services. We will pay charges for primary care made by a general practitioner within your **principal island of residence**. 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.
11. **External prosthesis** This benefit is paid towards the cost of providing an **external prosthesis**.	Up to £5,000 for the lifetime of your membership.
For more information on the above please see:	Page 29
12. External prostheses during **active treatment of cancer**. Spinal supports, knee braces or pneumatic walking boots if they are part of a **surgical procedure**.	A combined overall limit of £5,000 per year.
For more information on the above please see:	Page 38
13. Maternity cash benefit. 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 33
14. Health check.	Up to £200 contribution towards a health check every two **years**.
For more information on the above please see:	Page 54
15. Accidental damage to teeth.	Up to £1,000 per **year**.
For more information on the above please see:	Page 55
16. Dental care. 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 54

Ultimate	
Benefits	**Amount payable**
17. Optical cover. 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 prescribed spectacles and contact lenses needed to correct vision.
For more information on the above please see:	Page 54
18. Eyesight test.	Up to £25 each **year** for an eye test.
For more information on the above please see:	Page 54

Please see page 63 for an explanation of words that appear in **bold**

For Core, Classic or Premier:

If you have chosen to include the optional dental care and optical cover, this will be shown on your membership statement. The benefits are as shown below.

Optional dental care and optical cover	
Benefits	**Amount payable**
Dental care. 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 £150 per **year**.
For specific requirements on the above please see:	Page 54
Optical cover. We will pay 80% of the costs incurred. The maximum amount we will pay in a **year** is as shown.	Up to £100 each **year** for prescribed spectacles and contact lenses needed to correct vision.
For specific requirements on the above please see:	Page 54
Eyesight test.	Up to £25 each **year** for an eye test.
For specific requirements on the above please see:	Page 54

For all plans

Optional Greater London extended hospital list upgrade
If you have chosen to include the optional Greater London extended hospital list, this will be shown on your membership statement.

Optional excess information

If you have chosen to have an optional excess on the **plan**, the amount will be shown on your membership statement. The excess applies for each person covered by the **plan** each **year**.

Excesses do not apply to the following benefits:

For all levels of cover:

- out of directory cash benefit
- **evacuation or repatriation service**
- **day-patient** and **out-patient** radiotherapy and chemotherapy cash benefit

For Core, Classic or Premier:

- benefits paid under the Optical and Dental option

For Classic, Premier or Ultimate:

- cash benefit for each night you receive free **in-patient treatment**
- purchase of wigs or other temporary head coverings
- **external prosthesis**

For Premier or Ultimate:

- health checks
- maternity cash benefit
- hospice donation.

For Ultimate:

- benefits paid under Optical and Dental

If you make a claim that incurs an excess, and the total cost of the **treatment** falls entirely within your excess, you must still tell us so that we can apply the excess to the **plan** correctly.

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.

Please see page 63 for an explanation of words that appear in **bold**

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** particularly if the **plan** excludes cover for **treatment** of pre-existing conditions.

Sometimes we will need more information from your **medical practitioner** 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**, subject to any excess. 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, 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 your **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.

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.

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.

For Classic, Premier or Ultimate: If you need emergency **in-patient** or **day-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 in 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 up 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.

When you can have the bill settled directly with the hospital

Prior to, or at the time of admission, show your membership card and ask the **hospital** to arrange direct settlement with AXA. The **hospital** will then send any invoices to us for payment. Once we have received the accounts we will make payment direct to the **hospital** and we will send you a statement to confirm this has been done.

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.

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: AXA Global Healthcare, 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.

Please see page 63 for an explanation of words that appear in **bold**

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 policy, 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)). 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 your excess or if you paid for 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 policy covers those benefits then we will only pay our proper share of the benefits. We may use external legal, or other advisers to help us do this. 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 the **plan** may be cancelled in line with 16.3(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.

Please see page 63 for an explanation of words that appear in **bold**

5 Existing medical conditions

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

As medical insurance is designed primarily to provide cover for **treatment** of new **medical conditions** that arise after you join, there is generally no cover for **treatment** of **medical conditions** that existed prior to joining or for **medical conditions** arising from or associated with a **medical condition** that existed prior to joining.

Please note:

In some circumstances you may have joined on different terms to those described above and you will find those terms on your membership statement. For example, if you have joined from another insurer we may have transferred the medical underwriting terms from your previous policy for **medical conditions** that existed prior to you joining that policy.

5.1 We pay for **eligible**:

(a) **Treatment** of a **medical condition** that arises after you join and for **eligible treatment** of any other **medical condition** specifically detailed on your membership statement as included for benefit.

5.2 What we do not pay for:

(a) **Treatment** of any **medical condition** (or **treatment** of any **medical condition** arising from or associated with such a **medical condition**) which you already had when you joined and which you should have told us about when we asked but which you either:

- did not tell us about at all; or
- omitted to tell us about the full extent of it.

This includes:

- any current or previous **medical condition(s)** or symptoms, (whether or not being treated); and
- any previous **medical condition**(**s**) which recur(s) or which you should reasonably have known about (even if you had not consulted a doctor).

(b) **Treatment** of any other **medical condition** detailed on your membership statement as excluded for benefit.

How will I know what medical conditions I am not covered for?

If you have completed a medical history declaration, your membership statement will show the **medical conditions** we will not cover. Please contact us if you are in any doubt about the extent of your cover.

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 disposed 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 the **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** or **day-patient treatment**.

(b) If you have Classic, Premier or Ultimate: **Out-patient diagnostic tests**.

(c) If you have Premier or Ultimate: Health check as detailed in the **benefits table**.

(d) 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.

(e) If you have Premier or Ultimate: **Treatment** required immediately following accidental damage to natural teeth 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** (see also14.2(a)).

(f) Your first reconstructive surgery after an accident or following surgery for a **medical condition**, provided that:

- you have been continuously covered under a private medical insurance since before the accident or surgery happened
- we agree the cost of the **treatment** in writing before it is done (see also 6.2(r)).

Please see page 63 for an explanation of words that appear in **bold**

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

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

After the completion of your first reconstructive surgery, we will also cover:

- Two planned fat transfer surgeries. The fat must be taken from another part of your body and cannot be donated by anyone else. Fat transfer operations must take place within three years of your first reconstructive surgery.
- One planned **surgical procedure** to remove and exchange implants damaged by radiotherapy **treatment** for breast **cancer**. The removal and exchange must take place within five years of you completing your radiotherapy **treatment**.

We will only pay for each of these operations once (or two fat transfer **surgeries**), regardless of how long you remain a member of a plan underwritten by AXA PPP healthcare Limited.

(g) If you have Classic, Premier or Ultimate: Up to £5,000 for the lifetime of your membership towards the cost of an **external prosthesis** needed after an accident or following surgery for a **medical condition**, provided that:

- you have been continuously covered under a private medical insurance plan since before the accident or surgery happened that has led to the need for the prosthesis; and
- All claims are made within 12 months of the amputation or removal of the body part.

We will only pay this benefit once, regardless of how long you are covered by a product administered by AXA Global Healthcare (UK) Limited.

If you want to claim this benefit you should call us on + 44 (0)1892 503 856 we will explain what to do next. Please remember to ask the provider of the **external prosthesis** for a fully itemised receipt as we cannot pay claims without a receipt.

(h) **Treatment** of varicose veins:

- One **surgical procedure** per leg for the lifetime of your membership, for example foam injection (sclerotherapy), ablation or other surgery; and
- One follow up consultation with your **specialist**; and
- One simple injection to treat remaining or residual veins when it is carried out within 6 months of the main **surgical procedure**.

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

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

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) 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.

(d) If you do not have Ultimate or the optional dental care and optical cover: Any dental procedures, including referrals to dental **specialists** such as periodontists, endodontists, prosthodontists or orthodontists.

(e) If you do not have Ultimate or the optional dental care and optical cover: Any dental or optical **treatment**.

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

(g) **Treatment** of thread veins or superficial veins.

(h) 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.

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

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

(k) Vaccinations, routine preventive examinations or preventive screening (except the health check when they are part of your benefits).

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

(m) 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.

(n) **Out-patient** drugs or dressings unless they are prescribed by the Virtual Doctor service.

(o) If you do not have Classic, Premier or Ultimate: **Out-patient** consultations, **out-patient diagnostic tests**, or any other **out-patient treatment** except as detailed in the Core **benefits table**.

(p) If you do not have Classic, Premier or Ultimate: The costs of providing or fitting any external prosthesis or appliance except as shown in 6.1(g).

Please see page 63 for an explanation of words that appear in **bold**

(q) 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.

(r) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment**, including any cosmetic operation to a reconstructed breast (see also 6.1(f)).

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

(t) 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 but is not limited to the fitting of a gastric band or creation of a gastric sleeve.

(u) 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).

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

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

(x) **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**.

(y) 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**.**

(z) 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.

(aa) 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.

(bb) 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).

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

(dd) **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.

Will the plan cover me for new or experimental treatments?

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

Be aware:

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

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 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 policies 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** that is experienced during that pregnancy and/or childbirth. The **plan** is not intended to provide cover for

Please see page 63 for an explanation of words that appear in **bold**

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) If you have Premier or Ultimate: Maternity cash benefit 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 operations or any other surgical or medical **treatment** including psychotherapy or similar services which arise from, or are directly or indirectly associated with gender re-assignment.

(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 63 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. 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.

If you have Classic, Premier or Ultimate: 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 an AXA 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 see page 63 for an explanation of words that appear in **bold**

Please note:

If you have Core or Classic: We will not pay for routine checks that could be carried out by your GP, such as anticoagulation, lipid monitoring or blood pressure monitoring.

If you have Premier or Ultimate: Routine checks that can be carried out by your GP will be covered under the General Practitioner service benefit.

If you are diagnosed with a heart condition you can be referred to one of our specialist nurses for heart patients. They will be able to give you information on the **treatment** options open to you and support you through your **treatment**.

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) If you have Classic, Premier or Ultimate: 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 per event 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; and
- it is carried out in a recognised rehabilitation **hospital** or unit; and
- the costs have been agreed by us before the rehabilitation begins; and
- 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) If you have Classic, Premier or Ultimate: 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 6.1(c)).

(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.

What cover do I have for psychiatric treatment?

If you have Core cover or Classic: There is limited cover for **in-patient** or **day-patient treatment** of psychiatric illness on the **plan**.

If you have Premier or Ultimate: You have 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

Should you require **in-patient treatment** of a psychiatric illness in the **UK** or **Channel Islands**, the **hospital** will contact us prior to your admission to check whether the **plan** will cover that **treatment**. If we are able to confirm cover we will agree with the **hospital** to pay for an initial period of hospitalisation.

Should you need to stay in **hospital** longer than was initially agreed, then we will ask the **specialist** to provide further details to enable us to assess why further **treatment** is necessary. 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.

(b) If you have Premier or Ultimate: **Out-patient treatment** of psychiatric illness, subject to any **out-patient treatment** limits as shown in the **benefits table**.

Please see page 63 for an explanation of words that appear in **bold**

7.4 What we do not pay for:

(a) If you have Core cover or Classic: **Out-patient treatment** of psychiatric illness.

(b) **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(f)).

(c) **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(j)).

(d) Benefits for more than 100 days in your lifetime for **in-patient treatment** of psychiatric illness.

(e) Treatment at a health hydo, spa, nature clinic or other similar facility, even if it is registered as a **hospital**.

8 Your cover for cancer treatment

You are covered for **treatment** of a new **cancer** which arises after you join and for any recurrence of this **cancer**. If you have exclusions because of your past medical history which relate to a **cancer**, then you will not be covered for any recurrence of **cancer**.

Please refer to section 5 for further information on your cover for pre-existing **medical conditions**.

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

If you have Classic, Premier or Ultimate: **Out-patient specialist** consultations and **diagnostic tests** that are directly related to your **active treatment of cancer** are not subject to any overall **out-patient treatment** limits that may apply on the **plan**.

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

If you have Classic, Premier or Ultimate: Should you incur no charges in relation to your **treatment** or **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**.

If you are diagnosed with **cancer** you can be referred to a member of our Cancer Care team. They will be able to give you information on the **treatment** options open to you if you are receiving **treatment** in the **Channel Islands** or the **UK** and support you through your **treatment**.

If you have Classic, Premier or Ultimate: 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 policy 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 Islands Health Plan	
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**, including those in the Greater London extended hospital list if it applies to the **plan**.
✗	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**.

Please see page 63 for an explanation of words that appear in **bold**

Cancer cover for the Islands Health Plan	
✓ If you have Premier or Ultimate	There is a charitable donation payable for each night spent in a hospice or for each night you are receiving hospice at home.
✘ If you have Core cover or Classic	**Treatment** received in a hospice.
Diagnostic	
✓	**In-patient** and **day-patient**: • consultations with your **cancer** treating **specialist**, (such as an oncologist, surgeon, radiotherapist or haematologist); and • **diagnostic tests** ordered by a **medical practitioner**.
✓	**Surgical procedures** as shown below.
✓	CT, MRI and PET scans.
✓ If you have Classic, Premier or Ultimate	**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 a **specialist**.
✘ If you have Core cover	**Out-patient medical practitioner** charges, including consultations and **diagnostic tests**.
✓	Cover for genetic testing proven to help the selection of appropriate chemotherapy.
✘	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.

Cancer cover for the Islands Health Plan	
✓	If you would benefit from a new or experimental surgical procedure please contact us. We will discuss your proposed surgical procedure with you and agree the level of benefit we will pay in writing before your **treatment** starts. Please note that we will only pay up to the equivalent non-experimental **surgical procedure** as listed in the schedule of procedures and fees. **Be aware:** There is no cover for complications that arise as a result of authorised experimental and unproven surgical procedures.
Preventative	
✗	There is no cover for preventative **treatment**, for example: • Screening undertaken as a preventative measure where there are no symptoms of **cancer**. For example, if you receive a genetic screen to see if you have a genetic predisposition to breast **cancer**, you would not be covered for the screening or a preventative mastectomy to prevent the development of breast **cancer** in the future. • Vaccines to prevent the development of **cancer**, for example vaccinations for the prevention of cervical **cancer** up to the limits shown in the **benefits table**.
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). 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. **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.
✓	Experimental drug **treatments** for **cancer** will be covered when you are a participant in a randomised clinical trial which has been approved by the appropriate ethics committee, and the costs are agreed by us in writing before **treatment** commences.
✓	Cover for chemotherapy and/or biological drug **treatment** given to prevent a recurrence of **cancer** or for maintenance of remission.

Please see page 63 for an explanation of words that appear in **bold**

Cancer cover for the Islands Health Plan	
✓	Cover for bisphosphonates used to prevent bone damage in **cancer** will be covered when they are administered alongside **eligible** chemotherapy for **cancer**. In addition we will cover the cost of injectable hormone **treatments** used to manage your **cancer** whilst you are undergoing **eligible** chemotherapy for **cancer**. There are also some other drug **treatments** given to treat conditions secondary to **cancer**, such as erythropoietin (EPO), which will be covered whilst you are undergoing **eligible** chemotherapy for **cancer.**
✓	**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**. 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) for: • central nervous system (brain and spinal cord) **cancer** or malignant solid **cancers** in members aged 21 and under • chordomas or chondrosarcomas (types of spine **cancer**) in the base of the skull or cervical spine (neck bones) which have not spread (metastasised) • **cancer** of the iris, ciliary body or choroid parts of the eye (uveal melanoma) which has not spread (metastasised)
✗	Accelerated charged particle therapies, except as described above.
Palliative	
✓	**Active treatment of cancer** needed regardless of whether the intention of this **treatment** is to cure.
✓	Secondary **surgical procedures** needed to relieve the symptoms as a direct result of **cancer** such as insertion of a stent or draining of fluid.
End of life care	
✓ If you have Premier or Ultimate	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.
✗ If you have Core cover or Classic	End of life care, wherever carried out.

Cancer cover for the Islands Health Plan	
Monitoring	
✓	Follow up consultations and reviews of **cancer** will be covered as long as you have an AXA private medical insurance policy with an appropriate **cancer** benefit. Cover will be subject to the terms and conditions of that plan at the time. **Please note:** We will not pay for routine checks that could typically be carried out by your GP.
✗ If you have Core cover	Monitoring of **cancer** usually takes place during **out-patient** consultations, which are not covered by this **plan**. Therefore you do not have cover for the monitoring of **cancer**.
Limits	
There is a limit of 120 days per **in-patient** admission on this plan. The **plan** provides cover throughout your active **treatment** and for any follow up consultations and reviews while you are a member of AXA. 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	
✓	Stem cell **treatment** and bone marrow **treatment**, including the reasonable costs incurred for a live donor to donate bone marrow or stem cells as shown in the 'Your cover for certain types of treatment' section.
✗	There is no cover for related administration costs (such as, but not limited to, transport costs and the cost of a donor search).
✓ If you have Premier or Ultimate	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.**

Please see page 63 for an explanation of words that appear in **bold**

9 Where you are covered for treatment

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.

The **Islands Health Plan Directory of Hospitals** is available on our website: axaglobalhealthcare.com/customer or by contacting our Personal Advisory team.

Be aware:

If you have the Greater London extended hospital list optional upgrade: You will be covered for **in-patient, day-patient**, **out-patient treatment** and **diagnostic tests** at the **hospitals** listed in the **Islands Health Plan Directory of Hospitals**, including those shown in the Greater London extended hospital list section.

If you do not have the Greater London extended hospital list optional upgrade: 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/customer 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 or set the charges against any excess you may have, 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**.

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 a 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, if 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 503 856** 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 or cataract surgical treatment in the UK?

We will pay for those oral **surgical procedures** detailed in 6.1(d) 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**.

If you require an oral or 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 oral or 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.

Please see page 63 for an explanation of words that appear in **bold**

(b) Charges made by, or incurred in, a **hospital** in **Europe** as allowed for on page 44 and benefit 1 of the **benefits table**. We will pay the reasonable charges for the use of a 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 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 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 treatment** provided by **specialists** and **physiotherapists** and **complementary practitioners.**

If you have Classic, Premier or Ultimate: the **plan** can provide **eligible out-patient treatment** provided by medical **practitioners, 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 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 the General Practitioner Service benefit on your **policy.**

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.**

Please see page 63 for an explanation of words that appear in **bold**

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**, **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**.

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 10.1(b)).

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

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**.

If you have Classic, Premier or Ultimate: 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) If you have Classic, Premier or Ultimate: 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.

Please see page 63 for an explanation of words that appear in **bold**

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.

If you have Classic, Premier or Ultimate: 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.

Please note:

If you have Core cover: There is no cover for **treatment** outside of **Europe**.

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 12.1 and 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 underwritten by AXA PPP healthcare 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).

Please see page 63 for an explanation of words that appear in **bold**

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, Commonwealth & Development 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.

Please see page 63 for an explanation of words that appear in **bold**

13 Health at Hand

24 hour medical support for you and your family

Through our telephone health information service, Health at Hand, you have access to a qualified and experienced team of healthcare professionals, 24 hours a day, 365 days a year.

Whether you are calling because you have late night worries about a child's health or you have some questions that you forgot to ask your medical practitioner, it's likely that Health at Hand will be able to provide you with the help you need.

The team of nurses, pharmacists, counsellors and midwives is on hand to give you the benefit of their expertise. They can answer your questions and give you all the latest information on specific illnesses, treatments and medications as well as details of local and national organisations. They can also send you free fact sheets and leaflets on a wide range of medical issues, conditions and treatments, and will happily phone you back afterwards to discuss any further questions you may have from what you have read.

Health at Hand – +44 (0) 1892 556 753

Health at Hand is available to you anytime – day or night, 365 days a year.

Please remember to have your customer number to hand before you call.

Please note:

Health at Hand does not diagnose or prescribe and is not designed to take the place of your medical practitioner. However, it can provide you with valuable information to help put your mind at rest. As Health at Hand is a confidential service, any information you discuss is not shared with our team of Personal Advisers. If you wish to authorise treatment, enquire about a claim or have a membership query, our team of Personal Advisers will be happy to help you.

14 Additional benefits

Will the plan cover me for a health check?

If you have Ultimate or Premier: We will pay up to £200 (Ultimate)/£100 (Premier) 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 503 856** 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 (Ultimate)/£100 (Premier).

The results of your health check are confidential and will not be provided to AXA. 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.

Dental care and optical cover

Will the plan cover me for dental treatment?

If you do not have Ultimate or the dental and optical care option: There is no cover for dental **treatment**.

14.1 We pay for eligible:

(a) If you have Ultimate or the optional dental care and optical cover: Costs incurred for non-routine dental care up to the limits shown in the **benefits table**.

Will the plan cover me for accidental dental treatment?

If you do not have Premier or Ultimate: There is no cover for accidental dental **treatment**, except as shown in 6.1(d).

14.2 We pay for eligible:

(a) If you have Premier or Ultimate: **Treatment** made necessary by an accidental injury caused by an extra-oral impact, up to the limits shown in the **benefits table**.

- you have been continuously covered under a private medical insurance plan since before the accident or surgery happened; and
- we agree the cost of the dental treatment before it takes place.

The following conditions will apply:

Please see page 63 for an explanation of words that appear in **bold**

- 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.

14.3 What we do not pay for:

(a) 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.

(b) The cost of **treatment** made necessary by an accidental dental injury if:

- the injury was caused by eating or drinking anything, even if it contains 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.

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

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

Will the plan cover me for an eye test?

If you have Ultimate or the optional dental care and optical cover: we will reimburse you up to £25 towards the cost. You are entitled to this benefit each **year**. The eye test can be carried out by an ophthalmic optician or at any optician's shop or retail chain which provides that service. Just send us the receipt showing your name and confirming an eye test has been carried out and we will send you your benefit.

We will also pay for the costs you have paid to an optician for prescribed spectacles or contact lenses as detailed in the **benefits table**. This benefit does not cover contact lens check-ups or solutions, non-prescribed spectacles, spectacle repairs, new frames, replacements needed after accidental damage, or non-prescribed items you buy under an optical-care contract scheme. If you do buy items under an optical-care contract and you want to claim on the **plan**, you must ask your optician to provide a receipt showing the cost of all items you have bought under the optical-care contract.

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.

Please see page 63 for an explanation of words that appear in **bold**

15 Additional information

When can I add other members or change my cover?

If you want to join or add **family members** to the **plan** we will send you the forms to complete fully with the information sheet. Depending on the agreement with your employer, there may be restrictions on when you can add **family members**.to the **plan**.

Please ask your human resources 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.

I have an excess on the plan – how does this work?

If you have an excess on the **plan**, this is what it means and how it is applied:

- An excess is the amount of money you must contribute towards the cost of any **eligible treatment** each **plan year**.
- The excess applies to each person covered by the **plan** in each **plan year**.
- The excess is deducted from any **eligible treatment** costs you incur.
- When a claim is made that involves an excess, we will pay the claim after we have deducted the excess amount.
- The excess is a single deduction that is made regardless of the number of individual **medical conditions** claimed for in that **plan year**.
- Should **treatment** continue beyond the **plan's** renewal date then we will apply the excess:
  1. Once against the costs incurred before this date, and;
  2. Again against the costs incurred on or after the renewal date.
- We will do this irrespective of whether the costs relate to **treatment** for the same **medical condition**.
- We will not apply the excess against medical costs for **treatment** that the **plan** does not cover.

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 503 856**, or write to us at:

AXA Global Healthcare

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

Please see page 63 for an explanation of words that appear in **bold**

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'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)

We 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 information

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

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

We want to reassure you AXA never sells personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information

as we need. We will obtain your consent to process information such as your medical information when it's necessary to do so.

We collect information about you and **the family members** who are covered by the **plan** from you, those **family members,** your healthcare providers, your employer (*if you are on a company scheme*), your insurance broker if you have one and third party suppliers of information. We accept any individual under the age of 16 as a child, and would collect and record their data only upon the consent from the child's parent/guardian.

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 organizations. 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**
- Help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- Allow other AXA companies to contact you if you have agreed.

In order to be able to manage the **plan** we may access your information from countries anywhere in the world including India and the USA where some administration is undertaken and Switzerland where AXA has a European data centre. For these purposes, we may also perform international transfer of your data. Before doing so we will ensure that your data is protected and disclosed only to authorised individuals solely for servicing the **plan** or claim.

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

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

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

If you want to ask to exercise any of your rights just call us on + 44 (0) 1892 503 856 or write to us at Continuous Improvement Team, AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

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

Please see page 63 for an explanation of words that appear in **bold**

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 your membership to 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 any employee or **family member**.

(d) You should ensure that this **plan** will cover you in your **principal country of residence**, as some countries require residents to take out health cover through a local provider or to hold cover which meets certain compulsory requirements. The cover offered by AXA may not meet these country specific requirements and therefore additional cover may be necessary.

(e) 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.

16.3 AXA Global Healthcare's rights and responsibilities

(a) We will tell the **lead member** in writing the date the **plan** starts and any special terms which apply to it. We can refuse to give cover and will tell you if we do.

(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 **lead members** 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 the **plan**;
- impose different terms to any cover we are prepared to provide;
- end 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 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 policy. 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.

(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.

Please see page 63 for an explanation of words that appear in **bold**

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.

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

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.

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.

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

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 25th birthday.

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.

Islands Health Plan Directory of Hospitals – a document we publish on our website: axaglobalhealthcare.com/customer 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

Please see page 63 for an explanation of words that appear in **bold**

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**.

lead member – the first person named on the **plan** membership statement. If the first person named on the **plan** membership statement is under 18 then we will treat the person who pays the premium as the lead member, in this circumstance the lead member will not be entitled to cover under this **plan**.

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 physiotherapist 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 your **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.

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.

Please see page 63 for an explanation of words that appear in **bold**

Notes

Notes

Please see page 63 for an explanation of words that appear in **bold**

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