Global Health Plan
Prestige Plus

# Your handbook

**Individual**
April 2024

# Welcome to your policy

| | |
|---|---|
| Claims and questions | +44 (0)1892 503 856 |
| Fax +44 (0)1892 508 256 | |
| 24 hours a day | |
| Emergency Assistance | +44 (0)1892 513 999 |
| 24 hours a day | |
| 24 hour medical help and information | +44 (0)1892 556 753 |
| Talk to a medical professional at any time, day or night | |
| We may record and/or monitor calls for quality assurance, training and as a record of our conversation. | |

Your **policy** documents are available in other formats.

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

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

# Contents

# Expert health information

Expert health information you can trust

+44 (0)1892 556 753

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

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

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

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

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

# Manage your policy online

The easy way to manage your **policy**, make claims and stay in touch. Sign up so you're ready to go whenever you need us **axaglobalhealthcare.com/customer**

You'll need your policy number from your healthcare insurance statement to register. The main **policyholder** must register first.

- ✓ Manage your policy and update your details
- ✓ View your policy details
- ✓ Check your treatment is covered
- ✓ Send us a query
- ✓ Make a claim
- ✓ Check your claims and healthcare insurance statements
- ✓ View your statements
- ✓ Send us documents
- ✓ Request money transfers
- ✓ Find a hospital or medical practitioner
- ✓ Case management
- ✓ Access support when your health condition is complicated
- ✓ Available to all family members on your policy aged 16 and over

# 1 Introduction to your policy

This policy meets the demands and needs of someone seeking the cover set out in the following sections 1.2, 1.3, 1.4, 1.5, 1.6, 1.7 and 1.8. It should be read alongside your healthcare insurance statement which shows which cover level and policy options you have bought.

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

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

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



Words and phrases in bold type

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

**You and your**

When we use 'you' and 'your', we mean the **policyholder** and any **family members** covered by your **policy**.

**We, us and our**

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

## 1.1 > Currency that applies to your policy

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

The currency must be in our list of currencies we can pay in. To see the list, go to the 'How bills are paid' page on axaglobalhealthcare.com

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

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

## 1.2 > Countries where you are covered

Your healthcare insurance statement will show where you are covered for **treatment**. This will be either:

- Worldwide; or
- Worldwide excluding the USA.

### Country of residence

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

## 1.3 > Your overall policy limit

This table shows the maximum amount we will pay for claims a **year**, for each member covered by your **policy**.

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

| Overall policy limit |
| --- |
| Overall **policy** limit per member |
| ✓ £5,000,000 or<br>✓ $8,000,000 or<br>✓ €6,375,000 |
| • Does not apply to evacuation and repatriation costs.<br>» **See 1.8 > Your cover for emergency evacuation and repatriation** |
| **Policy** limits are shown in the following three currencies |
| Only the currency you requested when you took out your **policy** applies to your **policy**.<br>£ = Pound Sterling<br>$ = United States dollar<br>€ = Euro |

## 1.4 > Your cover

| In-patient or day-patient cover | | |
|---|---|---|
| | Limit details | Notes |
| **Hospital** and **day-patient unit** fees | ✓ Within your overall **policy** limit | Fees for **in-patient** or **day-patient**:<br>• standard accommodation<br>• psychiatric **treatment**<br>• **diagnostic tests**<br>• use of the operating theatre<br>• nursing care<br>• drugs<br>• dressings<br>• radiotherapy and chemotherapy<br>• physiotherapy<br>• surgical appliances that the **medical practitioner** uses during **surgery**.<br>» **See 3.5 > Hospitals where you can have your treatment, 3.6 > Accommodation we will pay for at the hospital where you are treated** |
| **Medical practitioner** fees | ✓ Within your overall **policy** limit | Fees for: surgeons, anaesthetists and physicians.<br>» **See 3.4 > Who can provide your treatment** |
| Emergency **treatment** in the USA<br>(does not apply if you have added USA cover) | ✓ Up to ten weeks **treatment** with a total limit of:<br>✓ £30,000 or<br>✓ $48,000 or<br>✓ €38,250 | This is to cover emergency **in-patient** or **day-patient treatment** of a **medical condition** that arises suddenly whilst you are in the USA.<br>Note: this benefit is only applicable if you do not have the USA upgrade. |
| Cash payment when there has been no charge for your **treatment** or your stay in **hospital** | ✓ £150 a night or<br>✓ $240 a night or<br>✓ €190 a night | We pay this when:<br>• you are admitted for **in-patient treatment** before midnight; and<br>• we would have covered your **treatment** if you had had it privately.<br>If your **policy** has an excess, we will not take this off this cash payment.<br>This benefit is not available if the cost of **treatment** was funded by another party, such as another insurer. |

## In-patient or day-patient cover

| | Limit details | Notes |
|---|---|---|
| **Hospital** accommodation for one parent while a child is in **hospital** | ✓ Within your overall **policy** limit | Covers the cost of one parent staying in **hospital** with a child under 18. The child must be covered by your **policy** and be having **treatment** that is covered by your **policy.** |
| Hotel accommodation for one parent while a child is in **hospital** | ✓ Up to £100 a night up to £500 a **year**.<br>✓ Up to $160 a night up to $800 a **year**.<br>✓ Up to €125 a night up to €625 a **year**. | Covers towards the costs for one parent to stay near to the **hospital** where a child under 18 is having **treatment**. The child must be having **treatment** covered by the **policy** at a **hospital** that is not in their home town.<br>If your **policy** has an excess, we will not take this off this cash payment. |

## Out-patient cover

| | Limit details | Notes |
|---|---|---|
| **Surgery** | ✓ Within your overall **policy** limit | » **See 3.4 > Who can provide your treatment** |
| CT, MRI or PET scans | ✓ Within your overall **policy** limit | CT = Computerised Tomography<br>MRI = Magnetic Resonance Imaging<br>PET = Positron Emission Tomography<br>» **See 3.4 > Who can provide your treatment, 3.5 > Hospitals where you can have your treatment** |
| Drugs and dressings | ✓ Within your overall **policy** limit | The drugs and dressings must be for **treatment** of a **medical condition** that we cover and must be prescribed by a **medical practitioner**. |
| **Medical practitioner** consultation fees | ✓ Within your overall **policy** limit | This includes any **out-patient medical practitioner's** consultation fees that are related to **in-patient** or **day-patient treatment** you receive. |
| Psychiatric **treatment** | ✓ Paid in full within your overall **policy** limit; up to a maximum of 30 sessions a **year**. | » **See 4.24 > Mental health** |
| **Diagnostic tests** | ✓ Within your overall **policy** limit | Including **diagnostic tests** related to **in-patient** or **day-patient treatment**. |

| Out-patient cover | | |
|---|---|---|
| | Limit details | Notes |
| Physiotherapy **treatment** | ✓ Paid in full within your overall **policy** limit; up to a maximum of 35 sessions a **year** | |
| Vaccinations | ✓ £500 a **year** or<br>✓ $800 a **year** or<br>✓ €635 a **year**<br>Combined limit applies | When given by a **medical practitioner** or nurse. Limit applies to the combined cost of administering the vaccine and the cost of the vaccine itself. |
| **Complementary practitioner** fees | ✓ Paid in full, within your overall **policy** limit; up to a maximum of 35 sessions a **year** | |
| Emergency **out-patient treatment** in the USA | ✓ Up to £2,000 a **year**.<br>✓ Up to $3,200 a **year**.<br>✓ Up to €2,550 a **year** | Only applies if you have not added USA cover. |
| Chinese herbal medicine | ✓ Up to 15 sessions a **year** at:<br>✓ £100 per session or<br>✓ $160 per session or<br>✓ €125 per session | |

| Other cover | | |
|---|---|---|
| | Limit details | Notes |
| **External prosthesis** | ✓ Up to £5,000 regardless of how long you remain a member of a plan arranged by the **AXA Global Healthcare Group.**<br>✓ Up to $8,000 regardless of how long you remain a member of a plan arranged by the **AXA Global Healthcare Group.**<br>✓ Up to €6,375 regardless of how long you remain a member of a plan arranged by the **AXA Global Healthcare Group**. | We will pay this benefit towards the cost of providing an **external prosthesis**.<br>If your **policy** has an excess, you do not have to pay the excess if you claim for this cash benefit. |
| Ambulance transport | ✓ Within your overall **policy** limit. | Type of ambulances covered:<br>• road ambulance<br>• air ambulance if appropriate.<br>Reasons when transport by ambulance is covered:<br>• for emergency transport to or between **hospitals**; or<br>• when a **medical practitioner** says that you need to have medical supervision while you are being transported. |
| Emergency evacuation and repatriation | ✓ | If your **policy** has an excess, you do not have to pay the excess if you claim for emergency evacuation.<br>» **See 1.8 > Your cover for emergency evacuation and repatriation** |

## Other cover

| | Limit details | Notes |
|---|---|---|
| Cash payment if you have free chemotherapy or radiotherapy | ✓ £150 a day up to £5,000 a **year** or<br>✓ $240 a day up to $8,000 a **year** or<br>✓ €190 a day up to €6,375 a **year** | If you choose to have free **day-patient** or **out-patient** chemotherapy or radiotherapy to treat **cancer**. We will only pay this if the **treatment** would have been covered by your **policy**.<br>If your **policy** has an excess, you do not have to pay the excess if you claim for this cash benefit.<br>This cover only applies when you have not had to pay for your **treatment** or for your stay in **hospital.**<br>» **See 4.5 > Cancer** |
| Nurse to give you chemotherapy or antibiotics by intravenous drip at home | ✓ Paid in full for up to 28 days a **year** | We will pay for **treatment**:<br>• at home<br>• somewhere else that your **medical practitioner** or nurse agree is appropriate.<br>We will pay for a nurse to give you either of the following by intravenous drip:<br>• chemotherapy to treat **cancer**<br>• antibiotics.<br>This is so long as:<br>• you would otherwise need to be admitted for **in-patient** or **day-patient treatment**<br>• the nurse is working under the supervision of a **medical practitioner**. |
| External prostheses during **active treatment of cancer**.<br>Spinal supports, knee braces, or pneumatic walking boots if they are part of a **surgical procedure** | A combined overall limit of:<br>✓ £3,500 a **year** or<br>✓ $5,600 a **year** or<br>✓ €4,450 a **year** | |
| Wigs or other temporary head coverings during **active treatment of cancer** | ✓ £400 a **year** or<br>✓ $640 a **year** or<br>✓ €510 a **year** | If your **policy** has an excess, you do not have to pay the excess. |
| Kidney dialysis | ✓ £75,000 a **year** or<br>✓ $120,000 a **year** or<br>✓ €95,625 a **year** | Kidney dialysis required due to chronic kidney failure.<br>These limits do not apply to dialysis required in the six weeks during preparation for kidney transplant. |

| Other cover | | |
|---|---|---|
| | Limit details | Notes |
| Eye test | ✓ Paid in full for one eye test a **year**. | » **See 4.23 > Long-sightedness, short-sightedness and astigmatism** |
| Prescription glasses and contact lenses | ✓ £200 a **year** or<br>✓ $320 a **year** or<br>✓ €255 a **year** | We will pay this so long as the glasses or lenses are used to correct your vision.<br>» **See 4.23 > Long-sightedness, short-sightedness and astigmatism** |
| Health check | Towards the cost of one health check a **year** up to:<br>✓ £400 a **year** or<br>✓ $640 a **year** or<br>✓ €510 a **year** | |
| Disability compensation | ✓ £100,000 or<br>✓ $160,000 or<br>✓ €127,500 | The limit depends on the disability suffered.<br>» **See 4.11 > Disability compensation**<br>If your **policy** has an excess, you do not have to pay the excess on claims for disability compensation. |
| Pregnancy and childbirth. | | |
| **Medical conditions** that arise during pregnancy and childbirth | ✓ Covered up to the limits that apply in the rest of this **policy**. | » **See 4.29 > Pregnancy and childbirth or call +44 (0)1892 503 856** |
| Antenatal consultations, postnatal consultations, screening and monitoring.<br>Routine childbirth | ✓ £12,000 a **year** or<br>✓ $19,200 a **year** or<br>✓ €15,300 a **year** | This cover starts to apply from 18 months after the pregnant member takes out or joins the **policy** unless we have told you otherwise on your healthcare insurance statement.<br>» **See 4.29 > Pregnancy and childbirth or call us on +44 (0)1892 503 856** |
| Accidental damage to teeth | ✓ £10,000 a **year** or<br>✓ $16,000 a **year** or<br>✓ €12,750 a **year** | The damage must be due to an external impact. Other conditions also apply.<br>» **See 4.39 > Teeth and dental conditions** |

## Other cover

| | Limit details | Notes |
|---|---|---|
| Dental **treatment** | 80% of the cost up to a maximum of:<br>✓ £3,500 a **year** or<br>✓ $5,600 a **year** or<br>✓ €4,450 a **year** | If your **policy** has an excess, you do not have to pay the excess on claims for dentist fees.<br>» **See 4.39 > Teeth and dental conditions** |
| Palliative Care | Paid in full up to a maximum of 30 days a **year** within the limits that apply to your **policy**. | |

## Virtual Care from AXA

To register for Virtual Care from AXA and for full terms and conditions, please visit axaglobalheathcare.com/en/members/your-services

To register you will need to enter the numbers only from your customer number as your access code.

If your **policy** has an excess, you do not have to pay the excess for the use of these services.

| | Limit details | Notes |
|---|---|---|
| Virtual Doctor service | ✓ Unlimited video appointments<br>✓ Unlimited doctor call backs | Access to a Virtual Doctor service for unlimited video appointments and telephone consultations. |
| Mind Health | ✓ Up to 6 sessions, per condition, each **year** | Mind Health is available for certain conditions and provides telephone or video consultation sessions with a psychologist. |
| Second Medical Opinion | ✓ Included | |

## 1.5 > The main things we don't cover

Like all health insurance plans, there are a few things that your policy is not designed to cover. We've listed the most significant things here, but please also check the detail later in your handbook.

### What are the key things my policy does not cover?

| Your policy does not cover | For more information | Notes |
|---|---|---|
| ✕ **Treatment** of **medical conditions** you had, or had symptoms of before you joined | » **See 3.2 > How your policy works with pre-existing conditions and symptoms of them** | Your **policy** is designed to cover the necessary **treatment** of new **medical conditions** that arise after you join. |
| ✕ Non-emergency **treatment** you receive in the USA, unless you have added USA cover | | If you have added USA cover, your cover extends to **treatment** in the USA too.<br>» **See 1.2 > Countries where you are covered and 1.7 > Your cover for emergency treatment in the USA** |
| ✕ Charges that are above the reasonable and customary charges for the **treatment** or service provided | | » **See 1.6 > Understanding what reasonable and customary charges are** |
| ✕ The costs of arranging **treatment** | | Your **policy** does not cover your costs for arranging **treatment**, such as phone calls and travelling expenses. |

## 1.6 > Understanding what reasonable and customary charges are

We will only pay for charges for **treatment** that the **hospital** or **medical practitioner** would reasonably and customarily charge in the country where you have the **treatment**.

We may check what charges are reasonable and customary with a government health department or independent third party.

### Treatment from medical practitioners in the UK

Charges are reasonable and customary if they are no higher than listed in our schedule of procedures and fees.

### Treatment from physiotherapists and complementary practitioners in the UK

Charges are reasonable and customary if they are no higher than those we have agreed with **physiotherapists** and **complementary practitioners.**

### Treatment at hospitals, scanning centres and day-patient units in the UK

For **hospitals**, **scanning centres** and **day-patient units** listed in our **UK Directory of hospitals**, charges are reasonable and customary if they are no higher than those we have agreed with them.

For other **hospitals**, **scanning centres** and **day-patient units** in the **UK**, charges are reasonable and customary if they are no higher than the normal daily rates published by the **hospitals**, **scanning centres** and **day-patient units**.

## 1.7 > Your cover for emergency treatment in the USA – for members who do not have the added USA cover

This section applies if you have worldwide cover excluding the USA. It does not apply if you have worldwide cover.

Your **policy** gives you some emergency **in-patient**, **day-patient** and **out-patient** cover in the USA.

### What cover do I have in the USA?

We will pay for **in-patient**, **day-patient** or **out-patient treatment** needed for an emergency **medical condition** that you suffer suddenly while you are in the USA.

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

## 1.8 > Your cover for emergency evacuation and repatriation

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

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

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

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

### What to do if you need emergency transportation in Africa

If you need medical **treatment** and cannot be treated in the area where you are, we can arrange for you to be transported. You will be taken to the nearest and most appropriate medical facility, in Africa, to receive medical **treatment**.

This service will be offered to members who have been advised by a medical professional that they need to be admitted to **hospital**. It will only be offered when it is clear that it is not medically appropriate to be treated where you are.

## How emergency evacuation and repatriation cover works

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

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

## What costs we will cover

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

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

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

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

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

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

## Repatriation following death

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

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

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

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

If the member who needs to be evacuated or repatriated is under 18, we will cover the additional reasonable and necessary transport and accommodation costs for someone to accompany them. The accompanying person must be 18 or over.

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

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

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

You only have cover if the **family member** is covered by a product arranged by the **AXA Global Healthcare Group** and underwritten by AXA PPP healthcare Limited. There is no cover for you if they are covered under any other policy.

## If you are travelling away from home with a family member and they are evacuated or repatriated

We will pay for your additional reasonable and necessary transport and accommodation costs that result from the evacuation or repatriation. We will only do this if it is medically appropriate for you to travel with the **family member**.

## If you are both at the location where you normally live and they have to be evacuated or repatriated from that location

We will pay for your additional reasonable and necessary transport costs that result from the evacuation or repatriation. We will only do this if it is medically appropriate for you to travel with the **family member**. We will not cover your accommodation costs.

## What will happen to my travel ticket?

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

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

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

## Exclusions that apply to your cover for emergency evacuation and repatriation

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

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

- the **medical condition** is a result of nuclear, biological or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed
- the emergency occurs when you are on a leisure trip to a destination to which the UK Foreign, Commonwealth & Development Office either advises against all travel, or advises against all travel on holiday or non-essential business.

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

We will not be liable for:

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

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

# 2 Making a claim

### 1

Get in touch with us before you see the **medical practitioner**

- Go to your account at axaglobalhealthcare.com/customer
- Call us on +44 (0)1892 503 856
- For treatment in the USA, call us on +1 800 308 2611

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

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

### 2

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

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

## 2.1 > Virtual Care from AXA

### Register for the Virtual Care from AXA service

Your **policy** gives you access to a Virtual Doctor service, Mind Health and a Second Medical Opinion service.

To register and for full terms and conditions, please visit axaglobalhealthcare.com/en/members/your-services

To register you will need to enter the numbers only from your customer number as your access code. For example, if your customer number is INTL1234567, your access code is 1234567.

### Your condition and treatment

If any of the Virtual Care services say you need **treatment**, you must call us to check that your **treatment** is covered.

Mind Health sessions with a psychologist will last up to 50 minutes. You can have 6 sessions per condition each **year**. If you need more than 6 sessions you must call us to check that they are covered.

You can use the Virtual Care services for any medical condition or concern, whether or not they would be covered under the other benefits of your **policy**.

If you are unsure about a diagnosis or **treatment** pathway we can put you in touch with our Second Medical Opinion service. A case manager will review your case and refer it to a panel of experts for a second opinion. Please call us if you would like to use the service and we'll explain what will happen next.

### About the Virtual Care from AXA terms

When you use one of the Virtual Care services you are agreeing to the terms and conditions of the provider of the service. We do not have any responsibility for these services.

## 2.2 > How we pay claims

Claims for each **year** are paid and benefit limits will be applied based on the date the **treatment** took place.

### About our network of hospitals

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

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

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

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

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

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

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

Your **policy** covers you for **in-patient** and **day-patient treatment** at other **hospitals**.

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

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

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

## Paying claims for out-patient treatment

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

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

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

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

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

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

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

Please contact us on the claims number or at axaglobalhealthcare.com/customer and we will explain how to claim.

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

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

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

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

## What happens if I receive a bill?

If you receive a bill, please contact us on the claims number or at axaglobalhealthcare.com/customer

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

## What should I do if I need further treatment?

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

## What currency will I be paid in?

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

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

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

## Charges from your bank

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

## 2.3 > The information we may need when you make a claim

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

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

### What does 'more detailed information' mean?

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

- We may need your **medical practitioner** to send us more details about your **medical condition.** Your **medical practitioner** may charge you for providing this information. This charge is not covered by your **policy**.
- We may also ask you to give us consent to access your medical records.
- In some cases, we may also ask you to complete additional forms. We will need you to complete these forms as soon as possible, but no later than six months after your **treatment** starts (unless there is a good reason why this is not possible).
- Very rarely, we may have to ask a **medical practitioner** to advise us on the medical facts or examine you. In these cases, we will pay for the **medical practitioner** to do this and will take your personal circumstances into account when choosing the **medical practitioner**.

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

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

## 2.4 > What if my treatment isn't covered?

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

## 2.5 > What happens if I need emergency treatment?

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

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

# 3 How your policy works



**How your policy works**

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

**Any questions?**

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

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

Or you can call us on +44 (0)1892 503 856 and we'll be very glad to explain.

**Making a claim**

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

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

Your **policy** covers you for established medical **treatments.** We call these **conventional treatments**.

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

### What do you mean by conventional treatment?

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

In addition, to meet our definition, it must have high quality clinical trial evidence proving it is effective and safe for the **treatment** of your **medical condition** (full criteria available on request).

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

### Are there any additional requirements for drug treatments?

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

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

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

### Are there any additional requirements for surgical treatments?

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

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

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

Our general position is that there is no cover for **treatments** or **surgery** that are not **conventional treatment**. We call this unproven treatment.

In some cases we will consider covering **surgery** not listed in our Schedule of Procedures and Fees. We must agree to the **treatment** before you have it, including what costs (if any) we will pay.

The **treatment** must be established and recognised as appropriate by an authoritative medical body. This means procedures and practices must have undergone appropriate clinical trial and assessment and be sufficiently evidenced in published medical journals.

## What is not covered?

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

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

» To check whether we will agree to cover a **treatment**, please call us on +44 (0)1892 503 856 before you start **treatment**

## 3.2 > How your policy works with pre-existing conditions and symptoms of them

Your **policy** is designed to cover **treatment** of new **medical conditions** that begin after you join.

You may also be covered for **treatment** of conditions you were aware of or had already had when you joined. We call these conditions **pre-existing conditions**. Your cover for **pre-existing conditions** depends on the underwriting terms you joined on.

Your healthcare insurance statement shows which underwriting terms you joined on. Here are the options:

- Fully underwritten (or full medical underwriting)
- Continuing medical exclusions
- Moratorium.

**Definition of a pre-existing condition**

A **pre-existing condition** is any disease, illness or injury that:

- you have received medication, advice or treatment for in the five years before the start of your cover, or
- you have experienced symptoms of in the five years before the start of your cover, whether or not the condition was diagnosed.

## Underwriting terms

We have explained how each set of underwriting terms work and what cover you have for **pre-existing conditions** in the following panels.

If you are unsure about your cover for **treatment** of **pre-existing conditions**, it is always best to contact us.

**Definition of fully underwritten or full medical underwriting**

'Fully underwritten' means we asked you for details of your medical history, including any **pre-existing conditions,** before you joined. We then worked out your cover based on the information we received.

We list any special terms or exclusions on your healthcare insurance statement – please check this carefully. For example, you may not have cover for something specific if you have had that condition in the past. Your statement will also show whether we can remove the exclusion after a period of time.

**Definition of continuing medical exclusions**

If you joined us on 'continuing medical exclusions' terms, we are carrying on your exclusions for **medical conditions** from your previous health insurer. This normally means we only asked you a few brief medical questions.

We listed any special terms or exclusions on your healthcare insurance statement – please check this carefully. For example, you may not have cover for something specific if you have had that condition in the past. Your healthcare insurance statement will also show whether we will remove the exclusion after a period of time.

If we carried on a moratorium from your previous healthcare insurance, the rules of your moratorium may be slightly different, and we may start the moratorium from when it originally began on your previous insurance. Your healthcare insurance statement will show when your moratorium started.

**Definition of moratorium**

If you joined us on moratorium terms, it means that you do not have cover for **treatment** of medical problems you had in the five years before you joined us until:

- you have been a member for two years in a row, and
- you have had a period of two years in a row that have been trouble-free from that condition.

If you joined us from another health insurer or from a company plan, and we carried on your moratorium from that insurer, the rules may be slightly different, and we may start the moratorium from when it originally began on your previous insurance.

## If you joined on moratorium terms, what do we mean by trouble-free?

Trouble-free means that, for the **medical condition** you need **treatment** for, you have not:

- had a medical opinion from a **medical practitioner**
- taken medication (including over-the-counter drugs)
- followed a special diet
- had medical **treatment**
- visited a **medical practitioner**, **complementary practitioner**, optician or dentist.

## Specified conditions that we do not cover

If you joined us on moratorium terms and you had a **pre-existing condition**, we will not cover the **pre-existing condition** or the specified conditions listed in this table.

| Pre-existing condition at the time you join us | Specified conditions that we will not cover whatever their cause |
|---|---|
| You have been diagnosed with diabetes. | Diabetes<br>Ischaemic heart disease<br>Cataract<br>Diabetic retinopathy<br>Diabetic renal disease<br>Arterial disease<br>Stroke |
| You have had **treatment** for raised blood pressure (hypertension) in the five years before you joined. | Raised blood pressure<br>Ischaemic heart disease<br>Stroke<br>Hypertensive renal failure |
| You have been under investigation, had **treatment** or undergone monitoring as a result of a Prostate Specific Antigen (PSA) test in the five years before you joined. | Any disorder of the prostate |

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

Whichever form of underwriting you joined on, we may have asked you some medical questions before agreeing your cover. We worked out your terms or your premium based on your answers. If you did not answer fully or accurately, even if this was by accident, we will not cover **treatment** for the condition.

This means we will not cover **treatment** for any conditions that you should have told us about when we asked, but that you either did not tell us about at all, or that you did not tell us the full extent of. This includes:

- any pre-existing or previous condition, whether you had **treatment** for them or not; or
- any previous **medical condition** that recurs; or
- any previous **medical condition** that you should reasonably have known about, even if you did not speak to a doctor.

Whenever you claim, we may ask your **medical practitioner** for more information to confirm whether you had any symptoms before you joined.

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

## 3.3 > How your policy works with conditions that last a long time or come back (chronic conditions)

Your **policy** covers both of these groups of conditions:

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

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

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

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

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

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

## 3.4 > Who can provide your treatment

Your **policy** covers you for **treatment** that is provided by:

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

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

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

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

## 3.5 > Hospitals where you can have your treatment

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

### Facilities that are not covered

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

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

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

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

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

We will also pay for your standard menu choices.

### What is not covered at the hospital?

We will not pay for:

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

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

## 3.7 > General restrictions

### Written reports

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

### Administration charges

We will not pay for any administration charges.

### Treatment and referrals by family members

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

## In-patient stays

We will not pay for more than 120 days per admission for **in-patient treatment**.

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

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

You should read this section alongside the other sections of the handbook as the other rules of cover will also apply, for example our rules about pre-existing conditions, **chronic conditions** and who we pay. If you're in any way unsure about the cover you have with your **policy** - even if you don't need to claim for it at the moment – please send us a message using your Customer Online account axaglobalhealthcare.com/customer or just give us a call on +44 (0)1892 503 856.

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

**Support when your health condition is complicated**

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

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

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

## 4.1 > Advanced therapies

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

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

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

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

## 4.2 > Alcohol abuse, drug abuse, substance abuse

We do not cover **treatment** you need as a result of, or in any way connected to:

- you suffering from the symptoms of or illness due to alcohol, drug or substance dependence and/or withdrawal;
- you abusing alcohol, drugs or substances;
- your consumption of alcohol, drugs or solvents impairing your physical ability or judgement. This includes you putting yourself at needless risk except in an attempt to save human life.

## 4.3 > Artificial life maintenance

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

## 4.4 > Breast reduction

We do not cover either male or female breast reduction.

## 4.5 > Cancer

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

### About your cover for cancer treatment

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

We will cover **active treatment of cancer** for any new **cancer** that starts after you join**.** We will also cover that **cancer** if it comes back and you are still a member.

If you have exclusions to do with **cancer** because of your past medical history, we will not cover your **treatment** if this **cancer** comes back.

» For more details of how we cover treatment of pre-existing medical conditions, see section 3.2 > How your policy works with pre-existing conditions and symptoms of them

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

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

- £150 a day up to £5,000 a **year**
- $240 a day up to $8,000 a **year**
- €190 a day up to €6,375 a **year**

## Your cancer cover

| Place of treatment | |
|---|---|
| **Active treatment of cancer** at a **hospital** | ✓ Yes. |
| Chemotherapy by intravenous drip at home | ✓ Yes, when agreed by our clinical team<br>✓ Paid in full for up to 28 days a **year**. |
| **Treatment** at a hospice | ✗ No |
| **Diagnostic** | |
| Specialist fees for the specialist treating your **cancer** | ✓ Yes. If the consultations are before your diagnosis, they are covered as part of your overall **out-patient** limit.<br>Consultations after your diagnosis are covered as part of your overall **day-patient** and **in-patient** limit. |
| **Diagnostic tests** relating to **cancer** | ✓ Yes. If the tests are before your diagnosis they are covered as part of your overall **out-patient** limit.<br>Tests after your diagnosis are covered as part of your overall **day-patient** and **in-patient** limit. |
| **Surgery** as shown below under 'Surgery' | ✓ Yes |
| CT, MRI and PET scans | ✓ Yes |
| Genetic testing proven to help choose the best **treatment** that will be covered by your **policy**.<br>» **See section 3.1 > for more about effective treatment and 4.30 > Preventative treatment and screening tests** | ✓ Yes |
| Genetic testing to work out whether you have a genetic risk of developing **cancer** | ✗ No |
| **Surgery** | |
| **Surgery** for the **treatment** or diagnosis of **cancer**, so long as that **treatment** has been shown to be effective<br>» **See section 3.1 > for more about effective treatment** | ✓ Yes |

| | |
|---|---|
| New or experimental surgical procedures | Please contact us before having any new or experimental surgical procedures so that we can discuss the proposed procedure with you. We will write to tell you what we agree to pay for before your **treatment** starts.<br>We will only pay up to the equivalent non-experimental **surgical procedure** as listed in the schedule of procedures and fees.<br>To get a copy of the schedule, go to axaglobalhealthcare.com/en/members/how-bills-are-paid or call us on +44 (0)1892 503 856 |
| Complications that arise from new or experimental surgical procedures | ✗ No – even if we agreed to cover the procedure itself |
| **Reconstructive surgery following breast cancer** | |
| The first reconstructive **surgery** following **surgery** for breast **cancer.** We will cover:<br>• one planned **surgery** to reconstruct the diseased breast<br>• nipple tattooing, up to 2 sessions<br>• one planned **surgery** to reconstruct the nipple | ✓ Yes<br>We will do this so long as:<br>• you had continuous cover under a private medical insurance **policy** since before the **surgery** happened and;<br>• we agree the method and cost of the **treatment** in writing beforehand |
| After the completion of your first reconstructive **surgery**, we will also cover:<br>• one further planned **surgery** to the other breast, when it has not been operated on, to improve symmetry<br>• two planned fat transfer **surgeries**. The fat must be taken from another part of your body and cannot be donated by anyone else<br>• one **surgery** to remove and exchange implants damaged by radiotherapy **treatment** for breast **cancer** | ✓ Yes<br>Symmetry and fat transfer operations must take place within three years of your first reconstructive **surgery**. The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy **treatment.**<br>We will only pay for each of these operations once (or two fat transfer **surgeries**), regardless of how long you remain a member of a plan arranged by the **AXA Global Healthcare Group**. |
| If you choose not to have reconstructive **surgery** following **treatment** of breast **cancer**, we will cover the cost of one planned **surgery** to the unaffected breast to improve symmetry | ✓ Yes<br>No further reconstructive **surgery** will be covered on either the diseased breast or the unaffected breast |

| | |
|---|---|
| We do not cover **treatment** that is connected to previous reconstructive **surgery** or any cosmetic operation to a reconstructed breast | See also 4.9 > Cosmetic treatment, surgery or products |
| **Preventative** | |
| Preventative **treatment,** such as:<br>Screening when you do not have symptoms of **cancer**. For example, if you had a screen to see if you have a genetic risk of breast **cancer**, we would not cover the screening or any **treatment** to reduce the chances of developing breast **cancer** in future (such as a preventative mastectomy). | ✗ No |
| Vaccines to prevent **cancer** developing or coming back – such as vaccinations to prevent cervical **cancer** | ✓ Yes. Vaccines are covered as part of your **out-patient** vaccination cover. |
| **Drug therapy** | |
| Drug **treatment** to kill **cancer** cells – including:<br>• biological therapies, such as Herceptin or Avastin<br>• chemotherapy | ✓ Yes. There is no time limit on how long we cover these drugs.<br>We will cover them if:<br>• they have been licensed by;<br>o the Medicines and Healthcare products Regulatory Agency if you are having **treatment** in the **United Kingdom**; or<br>o the European Medicines Agency if you are receiving **treatment** in Europe, but outside of the **United Kingdom**; or<br>o the Food and Drug Administration if you are receiving **treatment** anywhere else in the world; and<br>• they are used according to their licence, and<br>• they have been shown to be effective.<br>The drugs we cover will change from time to time to reflect any changes in drug licences.<br>Please call us to find out the latest **treatments** that we cover. |
| Chemotherapy and/or biological drug **treatment** to prevent a recurrence of **cancer** or to maintain remission | ✓ Yes |

| | |
|---|---|
| Experimental drugs | If you take part in a randomised clinical trial that the appropriate ethics committee has approved, we will pay for your stay in **hospital** and specialist's fees while you are receiving the experimental drug.<br>You need to call us before **treatment** so we can agree costs and cover in writing. There may be information we need you to provide before we can agree costs. For example, we will need you to provide us with a copy of your trial acceptance forms. |
| Other drugs.<br>We cover:<br>• Bone strengthening drugs such as bisphosphonates or Denosumab<br>• Hormone therapy that is given by injection (for example goserelin, also known as Zoladex) | ✓ Yes. They are covered as long as you have them at the same time as you are having chemotherapy or biological therapy to kill **cancer** cells covered by your **policy**. |
| Drugs for treating conditions secondary to **cancer**, such as erythropoietin (EPO) | ✓ Yes, while you are having chemotherapy that is covered by your **policy**. |
| **Out-patient** drugs or other drugs that a **medical practitioner** could prescribe | ✓ Yes – covered as part of your overall **out-patient** drugs and dressings cover. |
| Advanced therapy medicinal products (ATMPs), Cellular and gene therapy products (CGTPs) and Regenerative medicine advanced therapy (RMATs) | ✓ Yes<br>We cover a small number of approved ATMPs/CGTPs/RMATs. For the current list of ATMPs/CGTPs/RMATs that we cover, please see axaglobalhealthcare.com/advanced-therapies or call us.<br>see section 4.1 > Advanced therapies for more information on advanced therapies. |

| Radiotherapy | |
|---|---|
| Radiotherapy including when it is used to relieve pain | ✓ Yes |
| Proton beam therapy (PBT) | ✓ Yes<br>We will pay PBT for:<br>• malignant solid **cancers** in members aged 21 and under<br>• central nervous system (brain and spinal cord) **cancer**<br>• chordomas or chondrosarcomas (types of spine **cancer**) in the base of the skull or cervical spine (neck bones) which have not spread (metastasised)<br>• high naso-ethmoid, frontal and sphenoid tumours with base of skull involvement<br>• adenoid cystic carcinoma with perineural invasion<br>• esthesioneuroblastoma<br>• **cancer** of the iris, ciliary body or choroid parts of the eye (uveal melanoma) which has not spread (metastasised)<br>• conjunctival melanoma<br>• choroidal haemangioma |
| Accelerated charged particle therapies | ✗ No<br>However, there is limited cover for Proton Beam Therapy in the circumstances shown above. |
| **Palliative** | |
| Care to relieve pain or symptoms rather than cure the **cancer** | ✓ Yes. We will provide cover and support throughout your **cancer treatment** even if it becomes incurable. We cover radiotherapy, chemotherapy and **surgery** (such as draining fluid or inserting a stent) to relieve pain. |
| **End of life care** | |
| End of life care | We will cover **treatment** to relieve symptoms during the end stages of life. |
| **Monitoring** | |
| Follow ups – cover for follow up consultations and reviews for **cancer** | ✓ Yes, so long as you are still a member and have a policy that covers this.<br>This is paid from your cover for **out-patient treatment**. |

| Limits | |
|---|---|
| Time limits on **cancer treatment.** Your **policy** covers you while you are having **treatment** to kill **cancer** cells and for monitoring. | There is a limit of 120 days per **in-patient** admission on this **policy**. |
| Money limits on **cancer treatment**. | No specific limits- the same rules apply to your **cancer treatment** as for any other **treatment**. |
| **Other cover** | |
| Stem cell or bone marrow **treatment**<br>If you plan to donate tissue as a live donor or receive tissue from a live donor, please call us so we can tell you what support we offer. We do not cover any related administration costs. For example, we will not cover transport costs or the cost of finding a donor.<br>» **See section 4.27 > Organ or tissue donation for more about this** | ✓ Yes |

## 4.6 > Chiropody and foot care

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

## 4.7 > Consequences of previous treatment, medical intervention or body modification

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

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

## 4.8 > Contraception

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

## 4.9 > Cosmetic treatment, surgery or products

### We do not cover:

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

whether it is needed for medical or psychological reasons.

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

## 4.10 > Criminal activity

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

## 4.11 > Disability compensation cover

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

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

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

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

£100,000, or $160,000, or €127,500

| | |
|---|---|
| Total, incurable loss of sight in one eye<br>Total, incurable loss of speech<br>Total, incurable loss of hearing<br>Loss of limb which means:<br>• Total, incurable loss of the use of a hand, arm, foot or leg; or<br>• Loss of a hand by separation at or above the wrist; or;<br>• Loss of a foot by separation at or above the ankle | Limit:<br>✓ £25,000 or $40,000 or €31,875 |
| Total, incurable loss of sight in both eyes<br>Total, incurable loss of sight in one eye and one loss of limb<br>Total, incurable loss of speech and hearing<br>Two losses of limb | Limit:<br>✓ £50,000 or $80,000 or €63,750 |

## 4.12 > Dementia

We do not cover any **treatment** needed for mild cognitive impairment or mild dementia, such as drug **treatment** for Alzheimer's disease aimed at slowing the progression of the disease.

## 4.13 > Drugs and dressings for out-patient treatment

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

- are prescribed by a **medical practitioner**, and
- are for medical **treatment** covered by your **policy** and are charged in line with an expected local retail price list.

» See also 4.38 > Supplements

## 4.14 > External prostheses and appliances

We cover the cost of wigs or other temporary head coverings and external prostheses needed during **active treatment of cancer**.

We also cover the cost of spinal supports, knee braces and pneumatic walking boots. They need to be part of a **surgical procedure** or integral to the **treatment** of a condition you are covered for.

Your **policy** covers you up to the limits shown in the benefits table towards the cost of an **external prosthesis** needed following an accident or **surgery** for a **medical condition**.

You need to have had continuous cover with us before the accident or **surgery** happened.

You need to make your claim within 12 months of the amputation or removal of the body part.

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

### What is not covered?

We do not cover the costs of providing or fitting external prostheses or appliances needed for any other reason. Prostheses and appliances include items such as crutches, joint supports and orthotics.

## 4.15 > Fat removal

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

» See also 4.9 > Cosmetic surgery

## 4.16 > Gender re-assignment or gender confirmation

### What is not covered?

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

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

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

## 4.17 > Genetic tests

### What is covered for genetic tests?

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

### We do not cover genetic tests:

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

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

» See section 4.30 > Preventative treatment and screening tests

## 4.18 > Health check

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

Examples of the things your health check could include are:

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

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

## 4.19 > Hormone replacement therapy (HRT)

We cover hormone replacement therapy (HRT) that is required following a medical intervention.

We will pay for the **medical practitioner's** consultations and the cost of HRT implants, patches or tablets for a maximum of 18 months following the intervention.

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

## 4.20 > Infertility and assisted reproduction

We do not cover investigations or **treatment** of infertility and assisted reproduction.

This includes:

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

## 4.21 > Kidney dialysis

We cover kidney dialysis in the following situations:

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

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

» See also 4.27 > Organ or tissue donation

## 4.22 > Learning and developmental disorders

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

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

Some examples of the conditions we do not cover are the following (please call if you would like to know if a condition is covered):

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

## 4.23 > Long-sightedness, short-sightedness and astigmatism

We do not cover any **treatment** to correct long-sightedness, short-sightedness or astigmatism.

However, we do cover **treatment** to correct astigmatism if the astigmatism is due to surgical replacement of the lens of the eye.

## Eye tests

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

**What you need to claim for your eye test.**

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

## Prescribed glasses and contact lenses

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

## What is not covered?

We will not pay towards the cost of:

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

# 4.24 > Mental health

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

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

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

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

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

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

## What if my condition goes on for a long time?

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

### What is not covered?

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

- an injury you inflicted on yourself deliberately
- a suicide attempt
- alcohol abuse
- drug or substance abuse.

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

## 4.25 > Natural ageing

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

## 4.26 > Nuclear, biological or chemical contamination and war risks

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

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

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

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

## 4.27 > Organ or tissue donation

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

### What is not covered?

We do not pay for:

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

## 4.28 > Palliative Care

Palliative care is **treatment** to relieve symptoms of a **medical condition** that has been diagnosed as terminal. We cover palliative care as long as we have approved the costs before it starts.

Please always contact us before the start of any palliative care you want to claim for.

## 4.29 > Pregnancy and childbirth

We cover your pregnancy and childbirth.

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

### Routine pregnancy and childbirth

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

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

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

The limit on the total amount we will pay is:

- ✓ £12,000 a **year** or
- ✓ $19,200 a **year** or
- ✓ €15,300 a **year**

There is no cover available for the first 18 months after each member takes out or joins this **policy** unless we have told you otherwise on your healthcare insurance statement.

### Non-routine pregnancy and childbirth

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

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

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

### What we do not cover

We do not cover:

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

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

## Adding a baby to your policy

☏ If you have a baby, we can often add them to your **policy** from birth. However, if you have a **multiple birth** and either parent has had fertility **treatment,** the pregnancy followed assisted reproduction, or you have held your **policy** for less than 10 months we will need to medically underwrite the babies. Please call us for more details.

If you want to add a baby to your **policy**, you must tell us within three months of the baby's birth.

» See 5.1 > Adding a family member or baby

# 4.30 > Preventative treatment and screening tests

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

## What is not covered for preventative treatment or screening tests?

We do not pay for:

- preventative **treatment**, such as preventative mastectomy; or
- preventative screening tests; or
- tests to check whether:
  - you have a **medical condition** when you have no symptoms; or
  - you have a risk of developing a **medical condition** in the future; or
  - there is a risk of you passing on a **medical condition**;
- tests where the result of the test wouldn't change the course of **treatment** that would be covered by your **policy**. This might be because the course of **treatment** for your symptoms will be the same regardless of what **medical condition** has caused them; or
- preventative **treatment** or screening tests that are not **conventional treatment** or where they are used to direct **treatment** that is not established as being effective or is unproven; or
- any other preventative **treatment** to see whether you have a **medical condition** if you do not have any symptoms.

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

» See section 4.17 > Genetic tests

## Health Checks

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

» See also 4.18 > Health Check

## 4.31 > Reconstructive surgery

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

### What is covered?

We will cover your first reconstructive **surgery** following an accident or **surgery** for a **medical condition** that was covered by your **policy**. We will do this so long as:

- you had continuous cover with us before the accident or **surgery** happened; and
- we agree the cost of the **treatment** in writing beforehand.

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

### What is not covered?

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

» See also 4.5 > Cancer for details of the cover for breast reconstruction and 4.9 > Cosmetic surgery

## 4.32 > Rehabilitation

We do cover **in-patient** rehabilitation for a short period, but there are some limits to our cover.

### What is covered for rehabilitation?

We will cover **in-patient** rehabilitation for up to 28 days per event, so long as:

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

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

### What is not covered for rehabilitation?

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

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

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

## 4.33 > Self-inflicted injury and suicide

We do not cover **treatment** you need as a direct or indirect result of a deliberately self-inflicted injury or a suicide attempt.

## 4.34 > Sexual dysfunction

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

## 4.35 > Social, domestic and other costs unrelated to treatment

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

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

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

## 4.36 > Sports and activity related treatment

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

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

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

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

## 4.37 > Sterilisation

We do not cover:

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

## 4.38 > Supplements

### What is covered?

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

### What is not covered?

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

## 4.39 > Teeth and dental conditions

### What dental treatment is covered?

We will cover:

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

We do not cover:

- cosmetic **treatment**
- **treatment** that's needed because you have not had at least one dental check-up every **year**, for example **treatment** for gingivitis and periodontitis
- costs for **treatment** that has not yet taken place, even if it is being provided as part of a **treatment** package.

### What dental treatment is covered following accidental damage?

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

- you had continuous cover with us before the accidental damage happened; and
- we agree the cost of the dental **treatment** before it takes place.

We will pay for:

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

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

We do not cover:

- **treatment** needed following damage caused by any of the following:
  - normal wear
  - eating or drinking something, even if it contains a foreign body
  - boxing or playing rugby (except tag rugby) without wearing suitable mouth protection
  - brushing your teeth or any other oral hygiene procedure.

## 4.40 > Treatment that is not medically necessary

Like most health insurers, we only cover **treatment** that is medically necessary. We do not cover **treatment** that is not medically necessary, or that can be considered a personal choice.

## 4.41 > Varicose veins

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

### What is covered?

We will cover one **surgical procedure** per leg to treat varicose veins. This may be foam injection (sclerotherapy), ablation or other **surgery**.

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

### What's not covered?

We do not cover more than one **surgical procedure** per leg, regardless of how long you stay a member on a plan arranged by the **AXA Global Healthcare Group**.

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

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

## 4.42 > Weight loss treatment

### What is not covered?

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

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

# 5 Managing your policy

## 5.1 > Adding a family member or baby

☏To add a **family member** or baby to your cover, call us on +44 (0)1892 503 856 and we will talk you through how it works.

### Who you can add

You can apply to add the following **family members** to your **policy**:

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

### Adding a new baby

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

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

- either parent has had any kind of fertility **treatment** and the babies are a **multiple birth**; or
- the babies are a **multiple birth** and were born after assisted reproduction; or
- you have adopted the baby; or
- you add a baby within 10 months of your **policy** start date

We have explained these limits in the following paragraphs.

### Babies born after fertility treatment, or following assisted reproduction, or who you have adopted, or who you add within 10 months of your policy start date

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

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

- we may ask for more details of the baby's medical history
- we will not cover **treatment** in a Special Care Baby Unit or paediatric intensive care immediately after the birth
- we may add other conditions to the baby's cover. For example, we may limit their cover for pre-existing conditions.

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

If you add a baby within 10 months of your **policy** start date:

- we will ask for details of the baby's medical history
- we may add other conditions to the baby's cover. For example, we may limit their cover for pre-existing conditions.

## 5.2 > Making changes to your cover

You can normally make changes to your cover, such as adding the dental upgrade or changing your excess, during the cooling off period or when you renew.

Please call us so we can talk about the options available to you. Depending on your underwriting style, any pre-existing **medical conditions** you have and any **medical conditions** that have developed since you joined, there may be some restrictions or limitations to the cover you can add.

## 5.3 > Paying your premium

When you join, and shortly before your **policy** is up for renewal, we'll let you know how much your premium will be. You can then choose to pay a yearly, quarterly or monthly premium.

### How can I pay my premium?

You can pay in any of the following ways:

- yearly, quarterly or monthly by Direct Debit if you have a **UK** bank account – payment will be in Sterling
- yearly, quarterly or monthly by credit card
- yearly or quarterly by cheque.

Your **policy** documents will tell you exactly when we will collect your payments, or how to send in your cheque.

### What happens if I miss a payment?

It is important that you pay your premium when it is due. If you miss a payment, we will cancel your **policy** and we will not pay any claim for any **treatment** that you had after the payment was due.

If you have stopped paying for your **policy**, or you have missed or think you will miss a payment, please call us on +44 (0)1892 503 856. We will talk to you about your payment options or alternative cover options.

### 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 your **policy**.

## 5.4 > Paying your excess

Your healthcare insurance statement will tell you if your **policy** has an excess and how much it is. This section tells you how to pay it.

### If your policy has an excess

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

Here is how excesses work:

- We will take your excess off the amount covered by your **policy** for the first claim for each person in each **year**. For example, if the claim was covered for £800, and the excess was £100, we would pay £700.
- If your claim is for a **treatment** that has a limit, we will apply the limit before we take the excess off.
- We count the **treatment** costs for each **year** according to the date the **treatment** took place.
- Even if **treatment** costs less than your excess, please tell us about it so we can make sure we take this into account if you claim again that **year**.
- The excess applies per person. So, if two people covered by your **policy** make a claim, we will take the excess off both their claims.
- It may take several claims before the full amount of the excess is paid.
- Once the full amount of an excess has been paid in a **year**, we will not take it off any further claims in that **year**.
- It does not matter whether you claim several times for the same **medical condition**, or for several **medical conditions**.
- The excess applies for each **year**. This means that if you incur costs during this **year**, we will take the excess off what we pay for your claim. If you then incur more costs in the next **year**, even if it's for the same condition, we will take the excess off that claim.
- If your claim goes over your renewal, we will take the excess off the amount we pay for your claim before renewal, then we will take the excess off the amount we pay for your claim after renewal.
- If you have any questions about how your excess works, please call us on +44 (0)1892 503 856.

### Claims and services that you do not have to pay an excess for

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

- cash payment when there has been no charge for your **treatment** or your stay in **hospital**
- **external prosthesis** benefit
- evacuation or repatriation service
- cash payment if you have free chemotherapy or radiotherapy
- any claim for dental **treatment** (unless the claim relates to accidental damage, in which case you will have to pay an excess)
- any claim for wigs or other temporary head coverings
- disability compensation
- Virtual Care from AXA
- parent hotel accommodation

## If you would like to change or add an excess

Adding an excess, or increasing the amount of your excess, helps to lower your premium.

If you would like to change or add an excess, you can normally do this:

- during your cooling off period; or
- when you renew.

Call us on +44 (0)1892 503 856 and we will set this up for you.

# 5.5 > Cancelling your policy

## Cancelling your policy during the cooling off period

You have a legal right to cancel your **policy** up to 14 days from the day that your contract is concluded, or the day that you receive the full **policy** terms and conditions, whichever comes later. This is known as the cooling off period. If you cancel your **policy** during this period, you will not have to pay anything, as long as you have not made a claim within that period.

If you make a claim and we pay for your **treatment** during your cooling off period, we have a right to take payment for the services that we have provided. This means we may take some costs off any amount we refund to you.

If you do not cancel your **policy** within the cooling off period your **policy** will continue for a **year** so long as you continue paying your premiums.

### Cancelling your policy outside of the cooling off period

After your cooling off period:

- If you pay monthly, you can cancel your **policy** from the next monthly payment date.
- If you pay quarterly, you can cancel your **policy** from the next payment date.
- If you pay annually, you can cancel your **policy** and receive a pro-rata refund based on whole months remaining in the **year**. We will deduct an administration fee of £50/$70/€55 and the costs of any claims for that **year**.

If you cancel during the **year** we will not pay for any claim for **treatment** you were given after the date of cancellation. Please call us on +44 (0) 1892 503 856 to cancel your **policy** or discuss other options.

# 5.6 > Keeping us informed

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

## Change of country of residence

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

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

There are some countries where we will not be able to renew your **policy** at the end of the **policy year**. If you move to one of these countries, you will only have cover under your **policy** until your renewal date. We will write to you to let you know when your cover will end.

### Changes to any details you give us when you join

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

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

## 5.7 > Why premiums change

Premiums for health insurance tend to increase every **year**, regardless of which health insurance company you use.

### Why does my premium increase every year?

There are a number of reasons why the cost of your healthcare insurance could increase. We review premiums each **year** and make calculations based on a number of factors. Two of the more common reasons are because:

- Your premium will tend to rise as you get older. This is because, unfortunately, as we get older we all tend to suffer more health issues
- The cost of medical **treatment** tends to rise too as new and better ways of diagnosing and treating diseases are developed. We regularly review our plans to keep them up to date and to include new tests and **treatments** where we can.

### What happens if my premium is to change?

Your premium will only change at renewal or if something changes, such as adding a new baby, during the **year**. We will tell you about any changes to your premium in plenty of time.

### Is there anything I can do to reduce my premium?

There are a few things that you may be able to do to reduce your premium. For example you can:

- add an excess, or set a higher excess
- change your plan.

Please call us on +44 (0)1892 503 856 and we can talk about your options.

## 5.8 > Making a complaint

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

### Making a complaint

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

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

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

Please call us on +44 (0)1892 503 856, email us at AGHCustomerRelations@axa.com or write to:

AXA Global Healthcare (UK) Limited

International House, Forest Road,

Tunbridge Wells, TN2 5FE, UK

### Answering your complaint

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

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

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

### The Financial Ombudsman Service

You may be entitled to refer your complaint to the Financial Ombudsman Service.

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

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR
UK
Phone: +44 (0)20 7964 0500
Phone from UK and Channel Islands:
0800 023 4567 or 0300 123 9 123
Email: complaint.info@financial-ombudsman.org.uk
Website: financial-ombudsman.org.uk

## Your legal rights

None of the information in section 5.8 > Making a complaint, affects your legal rights.

# 6 Legal information

## 6.1 > Rights and responsibilities

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

### Your policy

Your **policy** is for one **year**.

You must pay the premium for your **policy** when the premium is due.

In return for you paying the premium, we will provide you with the cover set out in your **policy**.

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

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

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

### Sales

When we sell our plans directly to customers, we provide information to help customers make the right decisions for their needs, but we do not offer a personal recommendation for any of our plans. You may also have bought your plan through an intermediary or broker, in which case they will inform you whether they offer a personal recommendation.

### Renewal

Depending on your **country of residence**, whether we can renew your **policy** and how we are able to renew it will differ. There are three different renewal scenarios. The scenario that applies to you will be shown on your Healthcare Insurance Statement. If you change your **country of residence** during the **policy year** you must let us know as it may change how we renew your **policy**.

### Scenario 1 – countries where we are not able to offer renewal

Your **policy** will be for one **year** and will end on the date shown on your Healthcare Insurance Statement. It will be your responsibility to find alternative cover in your **country of residence**.

### Scenario 2 – countries where you will need to contact us to arrange your renewal

There are some countries where we can renew your **policy** but we are not able to contact you to offer you new **policy** terms. In this instance, the **policyholder** will need to contact us before the **policy** end date shown on your Healthcare Insurance Statement and we can discuss renewal terms with you.

### Scenario 3 – countries where we can offer you a renewal

Before the end of each **policy year**, we will contact the **policyholder** to tell them the terms the **policy** will continue on if the **policy** is still available. We will renew the **policy** on the new terms unless the **policyholder** asks us to make changes or tells us they wish to cancel.

We will collect your premium using the same payment method that you used for the previous **year**.

If the **policy** you were on is no longer available, we will do our best to offer you an alternative.

## Requirements that may apply in your country of residence

It is your responsibility to make sure you have cover that meets any requirements made by your **country of residence**.

For example:

- Some countries require residents to buy health cover through a local provider. This **policy** would not meet that requirement.
- Some countries require residents to buy health cover that meets certain requirements. The cover offered under this **policy** may not meet such requirements, which means you would need to buy additional cover or a different policy.

## Providing us with information

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

## Cooling off period

The 14-day cooling off period starts on the later of the following:

- the day that the contract for your **policy** is concluded
- the day that the **policyholder** receives the full **policy** terms and conditions.

The **policyholder** may cancel the **policy** during the 14-day cooling off period. If they want to do this, they need to contact us to tell us.

If the **policy** is cancelled during the 14-day cooling off period, we will return any premium paid for the **policy**. The exception to this is if one or more claims have been made relating to cover during the 14-day cooling off period.

If a claim is made during the 14-day cooling off period, the **policyholder** may have to pay for any services we have actually provided in connection with the **policy** to the extent permitted by law. We may deduct this from any returned premium.

A new 14-day cooling off period applies from each renewal date.

## Our right to refuse to add a family member

We can refuse to add a **family member** to your **policy.** We will tell the **policyholder** if we do this.

## Subrogated rights

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

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

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

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

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

## What happens if you break the terms of your policy

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

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

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

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

### What happens if we make a payment to you in error

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

## Our right to make changes to your policy

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

## International economic sanctions

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

## Law applying to your policy

You and we are free to choose the law that applies to your **policy**. The law of England and Wales will apply unless you and we agree otherwise.

If you live outside the European Economic Area (EEA), you and we agree to submit to the exclusive jurisdiction of the courts of England and Wales.

## Language for your policy

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

## Translations

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

## Legal rights

Only the **policyholder** and we have legal rights under this **policy**. No clause or term of this **policy** will be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person, including any **family member**.

# 6.2 > Our authorisation and regulation details

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

## 6.3 > The Financial Services Compensation Scheme (FSCS)

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

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

The Scheme was established in the **UK** under the Financial Services and Markets Act 2000 and is administered by the Financial Services Compensation Scheme Limited. You can find more information about the scheme on the FSCS website: fscs.org.uk or by writing to PO Box 300, Mitcheldean,

GL17 1DY.

## 6.4 > Your personal information

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

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

We want to reassure you AXA never sell personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information as we need. We will 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 your **policy** 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 process your information mainly for managing your membership and claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you, statistical analysis for example to help us decide on premiums and marketing.

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

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

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

Where our using your information relies on your consent you can withdraw your consent, but if you do we may not be able to process claims or manage your **policy** 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 AXA Global Healthcare (UK) Limited, International House, Forest Road, Tunbridge Wells, TN2 5FE, UK.

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

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

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

- an insurer that you have another insurance policy with
- a state healthcare system
- a third party that has a legal responsibility or liability to pay.

We will pay our proper share of the claim. Paying only our proper share helps us to keep the cost of premiums down.

If another party is responsible for part of your claim, it may mean they will pay for costs you would otherwise have to pay yourself, such as your excess on this **policy** or private treatment not covered by this **policy**.

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

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

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

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

- include all amounts paid by us for the treatment relating to your Third Party Claim (our "Outlay") against the third party;
- include interest on our Outlay at 8% p.a;
- keep us fully informed on the progress of your Third Party Claim and any action against the third party or any pre-action matters;
- agree any proposed reduction to our Outlay and interest with us prior to settlement. If no such agreement has been sought we retain the right to recover 100% of our Outlay and interest directly from you;
- repay any recovery of our Outlay and interest from the third party directly to us within 21 days of settlement;
- provide us with details of any settlement in full.

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

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

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

# 7 Glossary

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

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

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

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

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

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

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

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

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

**complementary practitioner**

Definition for **treatment** given outside the **UK:**

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

- homeopath
- acupuncturist
- osteopath
- chiropractor

Definition for **treatment** given in the **UK:**

a **medical practitioner** who meets all of the following conditions:

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

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

**conventional treatment**

**treatment** that is established as best medical practice in the country where the **treatment** is taking place. It must also be clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility where the **treatment** is provided.

In addition, to meet our definition, it must have high quality clinical trial evidence proving it is effective and safe for the **treatment** of your **medical condition** (full criteria available on request).

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

**Chinese herbal medicine practitioner**

**Definition for treatment:**

a practitioner who is qualified and registered to practice Chinese herbal medicine in the country where the **treatment** will be given.

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

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

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

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

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

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

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

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

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

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

**hospital**

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

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

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

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

**medical practitioner**

Definition for **treatment** outside the **UK**:

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

Definition for **treatment** within the **UK**:

a person who meets all of the following conditions:

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

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

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

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

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

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

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

**physiotherapist**

Definition for **treatment** outside the **UK:**

a person who is licensed to practice as a physiotherapist where the **treatment** is to take place.

Definition for **treatment** within the **UK**:

a person who meets all of the following conditions:

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

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

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

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

**policyholder**– the first person named on your healthcare insurance statement. If the first person named on your healthcare insurance statement is under 18 then we will treat the person who pays the premium as the policyholder. In this case, the policyholder will not be entitled to cover under this **policy**.

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

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

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

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

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

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

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

The list changes from time to time, so you should always check with us before arranging **treatment**. Some **treatments** are only available in certain facilities.

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

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

**year** – the 12 months from your **policy** start date or last renewal date.

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