1.4 › Your cover

In-patient or day-patient cover		
	Limit details	Note
Hospital and **day-patient unit** fees	✔ Within your overall **policy** limit	Fees for **in-patient** or **day-patient**: • standard accommodation • psychiatric **treatment** • **diagnostic tests** • use of the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the **medical practitioner** uses during **surgery**. » **See 3.5 Hospitals where you can have your treatment, 3.6 Accommodation we will pay for at the hospital where you are treated, and 3.7 Differences when you have treatment in certain countries.**
Medical practitioner fees	✔ Within your overall **policy** limit	Fees for: surgeons, anaesthetists and physicians. » **See 3.4 Who can provide your treatment**
Emergency treatment in the USA (does not apply if you have added USA cover)	✔ Up to 10 weeks **treatment**, with a total limit of $32,000	This is to cover emergency **in-patient** or **day-patient treatment** of a **medical condition** that arises suddenly whilst you are in the USA. Note: this benefit is only applicable if you do not have the USA upgrade.
Cash payment when there has been no charge for your **treatment** or for your stay in **hospital**	✔ $160 per night	We pay this when: • you are admitted for **in-patient treatment** before midnight • we would have covered your **treatment** if you had had it privately. If your **plan** has an excess, we will not take this off this cash payment.
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 **plan** and be having **treatment** that is covered by your **plan**.

In-patient or day-patient cover continued		
	Limit details	Note
Hotel accommodation for one parent while a child is in **hospital**	✔ Up to $160 a night up to $800 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. If you have an excess, we will not take this off this cash payment.

Out-patient cover		
	Limit details	Note
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 MRI = Magnetic Resonance Imaging PET = Positron Emission Tomography » See 3.4 Who can provide your treatment, 3.5 Hospitals where you can have your treatment, and 3.7 Differences when you have your treatment in certain countries.
Drugs and dressings	✔ $1,200 per **year**	The drugs and dressings must be for **treatment** of a **medical condition** that we cover and must be prescribed by a **medical practitioner**.
The following out-patient items have a combined limit of: • $9,200 per **year** **Some of the items have their own individual limits too. These are shown below.**		
	Limit details	Note
Medical practitioner consultation **fees**	✔ Within combined 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**	✔ Within combined limit	» See 4.24 Mental health
Diagnostic tests	✔ Within combined limit	Including **diagnostic tests** related to **in-patient** or **day-patient treatment**.
Physiotherapy **treatment**	✔ Within combined limit	

1.4 › Your cover continued

Out-patient cover continued		
	Limit details	Note
Vaccinations	✔ $480 per **year** 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 including fees and prescription costs for **Chinese medicine**	✔ $1,750 per **year** combined limit applies	
Routine monitoring of **medical conditions**	✔ Within combined limit	This includes any blood tests or other routine tests carried out to monitor a **medical condition**, including **chronic conditions**.

Other cover		
	Limit details	Note
External prosthesis	✔ Up to $8,000 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**. If your **plan** has an excess, you do not have to pay the excess if you claim for this cash benefit.
Ambulance transport	✔ Within your overall **plan** limit	Type of ambulances covered: • road ambulance • air ambulance if appropriate. Reasons when transport by ambulance is covered: • for emergency transport to or between hospitals; or • when a med**ical practitioner** says that you need to have medical supervision while you are being transported.
Emergency evacuation and repatriation	✔ Included	If your **plan** has an excess, you do not have to pay the excess if you claim for emergency evacuation. » See 1.9 Your cover for emergency evacuation and repatriation

Other cover continued		
	Limit details	Note
Cash payment if you have free chemotherapy or radiotherapy	✔ $80 a day up to $8,000 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 **plan**. If your **plan** has an excess, you do not have to pay the excess if you claim for this cash payment. This cover only applies when you have not had to pay for your **treatment** or for your stay in **hospital**. » See 4.5 Cancer
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	✔ Paid in full for up to 28 days per **year**	We will pay for **treatment**: • at home • somewhere else that your **medical practitioner** or **nurse** agree is appropriate. We will pay for a nurse to give you either of the following by intravenous drip: • chemotherapy to treat **cancer** • antibiotics. This is so long as: • you would otherwise need to be admitted for **in-patient** or **day-patient treatment** • the nurse is working under the supervision of a **medical practitioner**.
External prostheses during **active treatment of cancer**. Spinal supports, knee braces, or pneumatic walking boots if they are part of a **surgical procedure**.	✔ $4,000 per **year**	
Wigs or other temporary head coverings during **active treatment of cancer**	✔ $640 per **year**	If your **plan** has an excess, you do not have to pay the excess.

1.4 › Your cover continued

Other cover continued		
	Limit details	Note
Kidney dialysis	✔ $80,000 per **year**	Kidney dialysis required due to chronic kidney failure. These limits do not apply to dialysis required in the six weeks during preparation for kidney transplant.
Eye test	✔ Paid in full for one eye test per **year**	» **See 4.23 Long sightedness, short sightedness and astigmatism**
Prescription glasses and contact lenses	✔ $160 per **year**	We will pay this so long as the glasses or lenses are used to correct your vision. » **See 4.23 Long sightedness, short sightedness and astigmatism**
Pregnancy and childbirth	✔ Up to $16,000	This cover starts to apply from 10 months after the pregnant member joins the **plan** unless we have told you otherwise on your membership statement. » **See 4.27 Pregnancy and childbirth or call +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)**
Medical conditions that arise during pregnancy and childbirth	✔ Yes – covered up to the limits that apply in the rest of this plan	» **See 4.27 Pregnancy and childbirth or call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)**
Accidental damage to teeth	✔ $16,000 per **year**	The damage must be due to an external impact. Other conditions also apply. » **See 4.37 Teeth and dental conditions**
Dental **treatment**	✔ 50% of the cost up to a maximum of $800 per **year**	If your **plan** has an excess, you do not have to pay the excess if you claim for dentist fees. » **See 4.37 Teeth and dental conditions**
Palliative care	✔ Paid in full up to a maximum of 30 days per year within the limits that apply to your **policy**. For **cancer** diagnosis only.	

Other cover continued		
	Limit details	Note
Health check	✔ $480 towards the cost of one health check per **year**	» See 4.18 Health check
Disability compensation cover	✔ Up to $80,000	The limit depends on the disability suffered. » See 4.12 Disability compensation cover If your **plan** has an excess, you do not have to pay the excess on claims for disability compensation.

Virtual Care from AXA

To register for Virtual Care from AXA 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.

Using these services will not impact any **out-patient** limit on your **plan**.

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

	Limit details	Note
Virtual Doctor service	✔ Unlimited video appointments ✔ 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 › Optional covers

Your membership statement will show if you have these covers.

	Limit details	Note
Optional upgraded dental care (If you add this cover, it replaces the standard Dental **treatment** cover.)	✔ 80% of the costs up to $2,400 per **year**	If your **plan** has an excess, you do not have to pay the excess if you claim for dentist fees. » See 4.37 Teeth and dental conditions

1.6 › The main things we don't cover

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

What are the key things my plan does not cover?

Your **plan** does not cover	Notes
✖ **Treatment** of **medical conditions** you had, or had symptoms of, before you joined	Your **plan** is designed to cover necessary **treatment** of new **medical conditions** that arise after you join. » See 3.2 How your plan works with pre-existing conditions and symptoms of them or toll free on 800933241 (within Hong Kong)
✖ **Treatment** that you receive in the **UK** from providers that are not listed in our **UK Directory of Hospitals**	If you have **treatment** in the **UK** and choose to use a different **hospital**, we may pay you a small cash payment. We use a **UK Directory of Hospitals** as it helps us to keep premiums affordable. » See our Directory of Hospitals via your AXA member hub.
✖ 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. » See 1.2 Countries where you are covered and 1.8 Your cover for emergency treatment in the USA
✖ Charges that are above the usual and customary charges for the **treatment** or service provided	» See 1.7 Understanding what usual and customary charges are
✖ The costs of arranging **treatment**	Your plan does not cover your costs for arranging treatment, such as phone calls and travelling expenses.

1.7 › Understanding what usual and customary charges are

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

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

1.8 › Your cover for emergency treatment in the USA – for members who have not added USA cover

Your **plan** is designed to cover you for **treatment** outside the USA. It also gives you some emergency cover in the USA.

What cover do I have in the USA?

We will pay for **in-patient** or **day-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 that is listed by either; the Government of The Hong Kong Special Administrative Region via the outbound Travel Alert of the Security Bureau (SB) official website (www.sb.gov.hk/eng/ota) or the UK Foreign Office.

1.9 › Your cover for emergency evacuation and repatriation

Call us on +44 (0)1892 513 999 or toll free on 800933241 (within Hong Kong) 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 the **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 believe that the local medical facilities are not adequate to treat you, ask somebody to call our emergency number.

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

What costs we will cover

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

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

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

- the place or **country of residence**
- a country that you hold a passport for.

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

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

Repatriation following death

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

- the **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 General Insurance (Hong Kong) 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 your **plan** apply as normal.

Exclusions that apply to your cover for emergency evacuation and repatriation

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

- the **medical condition** does not need immediate emergency **in-patient treatment**
- the **medical condition** does not prevent you from travelling or working
- the **medical condition** is directly or indirectly caused by a deliberately self-inflicted injury, suicide or an attempt at suicide
- the **medical condition** is 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 microlighting, 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 either the UK Foreign and Commonwealth Office or the Government of the Hong Kong Special Administrative Region via the outbound Travel Alert of the Security bureau (SB) official website 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.

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

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 **plan** would have covered that **treatment**, we will make the following cash payment to you:

- $80 a day up to $8,000 per **year**

Your cancer cover

Place of treatment	
Active treatment of cancer at a **hospital**	✔ Yes If the **treatment** takes place in the **UK**, this includes **treatment** at a **hospital**, **day-patient unit** or **scanning centre** that is in our **UK Directory of Hospitals**.
Chemotherapy by intravenous drip at home	✔ Yes, when agreed by our clinical team
Treatment at a hospice	✖ 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. Consultations after your diagnosis are covered as part of your overall **day-patient** and **in-patient** limit. Consultations after completion of your **active treatment of cancer** are considered as monitoring and are covered as part of your overall **out-patient** limit.

Your cancer cover continued

Diagnostic continued	
Diagnostic tests relating to **cancer**	✔ Yes If the tests are before your diagnosis they are covered as part of your overall **out-patient** limit. Tests after your diagnosis are covered as part of your overall **day-patient** and **in-patient** limit. Tests after completion of your **active treatment of cancer** are considered as monitoring and are covered as part of your overall **out-patient** limit.
Surgery as shown below under '**Surgery**'	✔ Yes
CT, MRI and PET scans	✔ Yes
Genetic testing proven to help choose the best **treatment** that will be covered by your **plan**.	✔ Yes » See section 3.1 for more about effective treatment and 4.28 Preventative treatment and screening tests
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	✔ Yes » See section 3.1 for more about effective treatment
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. We will only pay up to the equivalent non-experimental **surgical procedure** as 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 on 800933241 (within Hong Kong).
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: • one planned **surgery** to reconstruct the diseased breast • nipple tattooing, up to 2 sessions • one planned **surgery** to reconstruct the nipple.	✔ Yes We will do this so long as: • you had continuous cover under a private medical insurance **plan** since before the **surgery** happened; and • we agree the method and cost of the **treatment** in writing beforehand
After the completion of your first reconstructive **surgery**, we will also cover: • one further planned **surgery** to the other breast, when it has not been operated on, to improve symmetry. • Two planned fat transfer **surgeries**. The fat must be taken from another part of your body and cannot be donated by anyone else. • One **surgery** to remove and exchange implants damaged by radiotherapy **treatment** for breast **cancer**.	✔ Yes Symmetry and fat transfer operations must take place within three years of your first reconstructive **surgery**. The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy **treatment**. We will only pay for each of these operations once (or two fat transfer **surgeries**), regardless of how long you remain a member of a plan arranged by the **AXA Global Healthcare Group**.
If you choose not to have reconstructive **surgery** following **treatment** of breast **cancer**, we will cover the cost of one planned **surgery** to the unaffected breast to improve symmetry.	✔ Yes No further reconstructive **surgery** will be covered on either the diseased breast or the unaffected breast.
We do not cover **treatment** that is connected to previous reconstructive **surgery** or any cosmetic operation to a reconstructed breast.	» See also 4.9 Cosmetic treatment, surgery or products

Preventative	
Preventative **treatment**, such as: Screening when you do not have symptoms of **cancer**. For example, if you had a screen to see if you have a genetic risk of breast **cancer**, we would not cover the screening or any **treatment** to reduce the chances of developing breast **cancer** in future (such as a preventative mastectomy)**.**	✖ No
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.

Your cancer cover continued

Drug therapy	
Drug **treatment** to kill **cancer** cells – including: • biological therapies, such as Herceptin or Avastin • chemotherapy	✔ Yes There is no time limit on how long we cover these drugs. We will cover them if: • they have been licensed by 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. • they are used according to their licence, and • they have been shown to be effective. The drugs we cover will change from time to time to reflect any changes in drug licences. Please call us to find out the latest **treatments** that we cover.
Chemotherapy and/or biological drug **treatment** to prevent a recurrence of **cancer** or to maintain remission	✔ Yes
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. 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. We cover: • Bone strengthening drugs such as bisphosphonates or Denosumab • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex)	✔ Yes. They are covered as long as you have them at the same time as you are having chemotherapy or biological therapy to kill **cancer** cells covered by your **plan**.
Drugs for treating conditions secondary to **cancer**, such as erythropoietin (EPO)	✔ Yes, while you are having chemotherapy that is covered by your **plan**.

Drug therapy continued	
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 We cover a small number of approved ATMPs/ CGTPs/RMATs. For the current list of ATMPs/ CGTPs/RMATs that we cover, please see axaglobalhealthcare.com/advanced-therapies or call us. » **See section 4.1 for more information on advanced therapies**
Therapeutic **cancer** vaccines	✖ No There is no cover for therapeutic **cancer** vaccines. » **See section 4.38 for more information on Therapeutic vaccines**

Radiotherapy	
Radiotherapy including when it is used to relieve pain	✔ Yes
Proton beam therapy (PBT)	✔ Yes We will pay PBT for: • malignant solid **cancers** in **members** aged 21 and under • central nervous system (brain and spinal cord) **cancer** • chordomas or chondrosarcomas (types of spine **cancer**) in the base of the skull or cervical spine (neck bones) which have not spread (metastasised) • high naso-ethmoid, frontal and sphenoid tumours with base of skull involvement • adenoid cystic carcinoma with perineural invasion • esthesioneuroblastoma • **cancer** of the iris, ciliary body or choroid parts of the eye (uveal melanoma) which has not spread (metastasised) • conjunctival melanoma • choroidal haemangioma

Radiotherapy continued	
Accelerated charged particle therapies	✖ No – however, there is limited cover for Proton Beam Therapy in the circumstances shown above.

Palliative	
Care to relieve pain or symptoms rather than cure the **cancer**	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, tests and reviews for **cancer**	✔ Yes, so long as you are still a member and have a plan that covers this. This is paid from your cover for **out-patient treatment**.

Limits	
Time limits on **cancer treatment** Your **plan** 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 **plan**.
Money limits on **cancer treatment**	✖ No specific limits – the same rules apply to your **cancer treatment** as for any other **treatment.**

Other cover	
Stem cell or bone marrow **treatment** If you plan to donate tissue as a live donor or receive tissue from a live donor, please call us so we can tell you what support we offer. We do not cover any related administration costs. For example, we will not cover transport costs or the cost of finding a donor.	✔ Yes » See section 4.26 Organ or tissue donation for more about this

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

If you had **treatment** previously that would not be covered by your **plan**, we do not cover further **treatment** or increased **treatment** costs that are:

- a result of the **treatment** you had previously; or
- connected with the **treatment** 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 4.29 Reconstructive surgery and 4.15 Fat removal

4.10 › Criminal activity

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

4.11 › 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.

4.12 › Disability compensation cover

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

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

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

The table shows the limits for specific disabilities. The maximum limit we will pay following a single accident is: $80,000

Total, incurable loss of sight in one eye Total, incurable loss of speech Total, incurable loss of hearing Loss of limb, which means • Total, incurable loss of the use of a hand, arm, foot or leg; or • Loss of a hand by separation at or above the wrist; or • Loss of a foot by separation at or above the ankle	Limit: $40,000
Total, incurable loss of sight in both eyes Total, incurable loss of sight in one eye and one loss of limb Total, incurable loss of speech and hearing Two losses of limb	Limit: $80,000

4.13 › Drugs and dressings for out-patient treatment

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

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

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 **plan** 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 under a private medical insurance policy 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 556 013 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 treatment, surgery or products

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**
- psychotherapy or similar services
- any other **treatment**.

4.17 › Genetic tests

What is covered for genetic tests?

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

We do not cover genetic tests:

- to check whether you have a **medical condition** when you have no symptoms; or
- if you have a genetic risk of developing a **medical condition** in the future; or
- to find out if there is a genetic risk of you passing on a **medical condition**; or

- where the result of the test wouldn't change the course of **treatment** that would be covered by your **plan**. This might be because the course of **treatment** for your symptoms will be the same regardless of the result of the test or what **medical condition** has caused them; or
- that themselves are not **conventional treatment** or where they are used to direct **treatment** that is not established as being effective or is unproven.

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

» See section 4.28 Preventative treatment and screening tests

4.18 › Health check

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

Examples of the things your health check could include are:

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

To claim for 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.

» See also 1.4 Your cover

4.20 › Infertility and assisted reproduction

We do not cover investigations or **treatment** of infertility and assisted reproduction, including:

- **treatment** to prevent future miscarriage
- **treatment** to increase fertility
- investigations into miscarriage
- assisted reproduction
- 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 4.26 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** of 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 per **year**.

What you need to claim for your eye test

We cannot pay any claims without a receipt.

To claim for your eye test, please ask your optician for full receipts. Then call us and we will explain how to send in your receipts.

Prescribed glasses and contact lenses

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

What is not covered?

We will not pay towards the cost of:

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

4.24 › Mental health

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

We will cover you for up to 100 days for **treatment** as an **in-patient** at a **hospital** providing evidence based **treatment** of 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 **plan** still apply to this cover.

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

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

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

What if my condition goes on for a long time?

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

What is not covered?

We do not cover any **treatment** 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 › 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.

4.26 › 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
- any related administration costs – for example, the cost of searching for a donor
- any costs towards organ or tissue donation that is not done in line with appropriate regulatory guidelines.

4.27 › 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:

✔ $16,000 per year

There is no cover available for the first 10 months after each member joins the plan unless we have told you otherwise on your membership statement.

Non-routine pregnancy and childbirth

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

Examples of non-routine **medical conditions** related to pregnancy and childbirth that we cover are:
- ectopic pregnancy (pregnancy where the embryo or foetus grows outside the womb)
- hydatidiform mole (abnormal cell growth in the womb)
- retained placenta (afterbirth retained in the womb)

- eclampsia (a coma or seizure during pregnancy and following pre eclampsia)
- post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- miscarriage requiring immediate surgical **treatment**.

What is not covered?

- 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 plan

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

» See 5.1 Adding a family member or baby

4.28 › 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 **plan**. This might be because the course of **treatment** for your symptoms will be the same regardless of what **medical condition** has caused them; or
- preventative **treatment** or screening tests that are not **conventional treatment** or where 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

4.29 › 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 **plan**. 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 cosmetic surgery

» See also 4.9 Cosmetic treatment, surgery or products

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

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

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

What is not covered for rehabilitation?

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

4.31 › 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.

4.32 › Sexual dysfunction

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

4.33 › 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 will cover the costs of home visits that are 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.

4.34 › Sports and activity-related treatment

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

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

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

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

4.35 › Sterilisation

We do not cover:

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

4.36 › 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.

4.37 › Teeth and dental conditions

What dental treatment is covered?

Your cover depends on whether you have the dental upgrade. Your membership statement will show if you have the dental upgrade.

What is covered without the dental upgrade	
Dental **treatment**, such as fillings	✔ Yes
Check-ups	✖ No
Scale and polish	✖ No

What is covered with the dental upgrade	
Dental **treatment**, such as fillings	✔ Yes
Check-ups	✔ Yes
Scale and polish	✔ Yes

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

We do not cover:
- cosmetic **treatment**
- **treatment** that's needed because you have not had at least one dental check-up in every **year**, for example **treatment** for gingivitis and periodontitis
- 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 have been continuously covered under a private medical insurance plan since 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.

4.38 › Therapeutic vaccines

Therapeutic vaccines are a developing area of medical research. Unlike regular vaccines which prevent illnesses, therapeutic vaccines may be used as part of **treatment** of an existing **medical condition**, including **cancer**. We do not cover these vaccines, even when they are part of your **treatment**.

4.39 › 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.

4.40 › 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 policy 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.

4.41 › Weight loss treatment

What is not covered?

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 similar **treatment**.