AXA PPP HEALTHCARE KEY RANGE

Membership handbook
What you need to know
April 2009

Contacting us

While it is important that **you** read and understand this **policy** handbook, **we** understand that it is often easier to call **us** to obtain information – so **we** have a team of Personal Advisers to help **you**. **You** should always call them on 0800 454 080 when **you** need **treatment** so **we** can help **you** to understand the extent of your cover before **you** incur any **treatment** costs.

Quick reference guide for important information

Personal Advisory Team
0800 454 080

Available: Monday to Friday 8am to 8pm – Saturday 9am to 5pm.

Health at Hand 0800 003 004

Available: day or night, 365 days a year.

Our health information service. See page 38.

The overseas emergency control centre
+44(0) 1892 513 999

Available: day or night, 365 days a year.

www.axappphealthcare.co.uk/members

Available: day or night, 365 days a year.

For information on member offers, products and travel insurance.

We are committed to giving customers access to **our** products. To contact **us** by Typetalk on any of the numbers listed in this handbook just prefix the number listed with 18001.

For example, **our** team of Personal Advisers can be contacted by Typetalk on 18001 0800 454 080 and 'Health at Hand' can be contacted on 18001 0800 003 004.

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

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1 Introduction

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

This handbook sets out the terms of your cover for the Key range of plans. If **you** are unsure of which particular **policy you** have or your cover level, please refer to your membership statement.

This handbook is an important document as it details:

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

Throughout your handbook certain words and phrases appear in **bold type** to indicate they have a special medical or legal meaning. **You** will find a glossary of these words on pages 48–51.

Please note:

This handbook contains information on more than one plan within the Key range.

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

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

CL1 Note for cover level one members.

Sections 1 to 10 of this handbook show the standard benefits that are available both to cover level one and cover level two members.

If **you** have cover level one **you** have extended cover. To highlight where this is the case **we** use a CL1 symbol. Whenever **you** see this symbol **you** will be referred to Section 11 ‘Cover level one – Extended benefits’. This section details how your benefits as a cover level one member have been enhanced.

2 Your cover

Please remember that **our policies** are not intended to cover all eventualities and are designed to complement rather than replace all the services provided by the NHS.

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

Summary of the AXA PPP healthcare Key Plan

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

Your cover includes:

- **in-patient** and **day-patient treatment** and associated **specialists**' charges
- **out-patient surgical procedures**
- radiotherapy and chemotherapy
- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans
- up to £400 of benefits for **diagnostic tests**, **out-patient** consultations and **complementary practitioner** and **clinical practitioner** charges (including physiotherapy)
- CL1 cover level one members: **treatment** of psychiatric illness.

Key 6 and Key 6 Choice members:

With a '6 Week Option' plan, if the NHS can give **you** the hospital **treatment you** need within six weeks of the date on which the **treatment** should be undertaken, then **you** must use the NHS. Please see page 5 for more information.

Key Choice and Key 6 Choice members:

With a 'Choice' plan, **you** will be entitled to a no claims discount provided **you** don't make a claim. Please see the accompanying leaflet for details of how your no claims discount is calculated.

When a sentence or paragraph starts with a plan name in blue, it means that the information given relates only to the plan name stated

Be aware:

Your **policy** will not cover **you** for:	For more information:
General dental procedures.	Page 15
Routine pregnancy and childbirth.	Page 18
Key 6 and Key 6 Choice members: Urgent or emergency **treatment**.	Page 11
Cover level two members: Charges when **treatment** is received outside of **our Directory of Hospitals**.	Page 26
Cover level two members: Psychiatric **treatment**.	Page 16

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

Please note:

We may not always pay charges in full if the person treating has charged outside the range that is usual for that **treatment** in the past. Please see the 'Who we pay for treatment' section of this handbook for full details.

3 Benefits table

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

Please make sure **you** call **us** on 0800 454 080 prior to **treatment** so **we** can confirm the extent of your cover and any limitations that may apply.

Please note:

Key 6 or Key 6 Choice Members: These policies will cover the costs of **in-patient** or **day-patient treatment** – or an **out-patient surgical procedure** – if the National Health Service could not provide that **treatment** within six weeks after the date on which the **treatment** should be undertaken. The only exceptions to this provision are shown in the following paragraph (immediate cover) and, if **you** have **day-patient** or **out-patient** radiotherapy or chemotherapy.

Immediate cover: **We** will pay as per Benefit 1 in the core **benefits table** for the **surgical procedures** shown below whether or not the patient could obtain the **treatment** as an NHS patient within six weeks after the date on which the **treatment** should be undertaken:

- varicose veins surgery
- tonsillectomy
- insertion of grommets
- removal of bunions (hallux valgus)
- removal of gall bladder – (laparoscopic cholecystectomy)
- haemorrhoidectomy
- adenoidectomy
- correction of squint
- cataract surgery.

There is no benefit available for urgent or emergency **treatment** or if the National Health Service could provide the **in-patient** or **day-patient treatment** or **out-patient surgical procedure** within six weeks after the date on which the **treatment** should be undertaken.

CORE COVER – APPLIES TO ALL PLANS			
	Benefits	**Cover level two** *(amount payable)*	**Cover level one** *(amount payable)*
	In-patient & day-patient treatment		
1.	**Private hospital** and **day-patient unit** charges. Including charges for accommodation, **diagnostic tests**, operating theatre charges, nursing care, drugs and dressings, physiotherapy, and surgical appliances used by the **specialist** during surgery.	Paid in full within cover level two at a **private hospital** or **day-patient unit** listed in the **Directory of Hospitals**.	Paid in full at a **private hospital** or **day-patient unit** listed in the **Directory of Hospitals** and paid up to the normal daily rates for a private hospital or **day-patient unit** not listed in the **Directory of Hospitals**.
	For more information on the above please see:	Pages 25–27 and CL1 pages 35–37	
2.	Out of directory cash benefit. This benefit is payable if **you** receive private **in-patient** or **day-patient treatment** at a hospital or **day-patient unit** not listed in the **Directory of Hospitals**.	£50 each day for **day-patient treatment** £50 each night for **in-patient treatment**	Not applicable
	For more information on the above please see:	Pages 25–27	
3.	**Specialists**' fees. (Surgeons', anaesthetists' and physicians').	No annual maximum	
	For more information on the above please see:	Pages 28–30	
4.	**In-patient** consultations. Benefit for a consultation with a second **specialist** arranged by the treating **specialist**.	No annual maximum	
	For more information on the above please see:	Pages 28–30	
5.	Parent accommodation. This benefit is for the cost of one parent staying in hospital with a child under 11 years old while the child is receiving **eligible** private **treatment**. The child must be covered by the **policy** and the benefit is paid from the child's benefits.	Paid in full within your cover level	

CORE COVER – APPLIES TO ALL PLANS		
Benefits	**Cover level two *(amount payable)***	**Cover level one *(amount payable)***
In-patient & day-patient treatment continued		
6. Higher hospital cover. For **in-patient treatment** in the **United Kingdom**. **Please note:** This will only be applied in the unlikely event that **you** choose to use a **private hospital** which is only available to cover level one customers. At the time of going to print there were no such hospitals listed and therefore currently this benefit is not applicable.	£400 a night	Not applicable
7. Psychiatric treatment	Not available	Paid in full at a **private hospital** or a **day-patient unit** listed in the **Directory of Hospitals** and paid up to the normal daily rates for a private hospital or a **day-patient unit** not listed in the **Directory of Hospitals**.
For more information on the above please see:	CL1 only pages 35–37	
Out-patient treatment		
8. **Surgical procedures**.	No annual maximum	
For more information on the above please see:	Pages 28–30	
The following four benefits (9, 10, 11 and 12) have a combined overall limit of £400 a **year**.		
9. **Specialist** consultations. 10. **Diagnostic tests** on **specialist** referral. 11. **Clinical practitioner** charges (including physiotherapy). 12. **Complementary practitioner** charges.	Within the above limit **we** will pay for up to an overall maximum of ten sessions of **treatment** a **year** for GP referred physiotherapy and/or **complementary practitioner treatment**.	Within the above limit **we** will pay for up to an overall maximum of 20 sessions of **treatment** a **year** for GP referred physiotherapy and/or **complementary practitioner treatment**.
For more information on the above please see:	Pages 28–30 and CL1 pages 35–37	
13. Radiotherapy (the use of radiation to treat **cancers**) and chemotherapy (the use of drugs to treat **cancers**).	No annual maximum	
For more information on the above please see:	Pages 21–24	

When a sentence or paragraph starts with a plan name in blue, it means that the information given relates only to the plan name stated

CORE COVER – APPLIES TO ALL PLANS		
Benefits	**Cover level two** *(amount payable)*	**Cover level one** *(amount payable)*
Out-patient treatment continued		
14. (i) Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).	Paid in full in a **scanning centre** listed in the **Directory of Hospitals**.	Paid in full in a **scanning centre** listed in the **Directory of Hospitals** and paid up to the normal rates for a **scanning centre** not listed in the **Directory of Hospitals**.
(ii) Out of directory scanning cash benefit. This benefit is payable for using a CT, MRI or PET **facility** not listed as a **scanning centre** in the **Directory of Hospitals**.	£50 each visit	Not applicable
For more information on the above please see:	Pages 25–27 and CL1 pages 35–37	
Other benefits		
15. Ambulance transport. When **you** are receiving private **in-patient** or **day-patient treatment** and it is medically necessary to use a road ambulance to transport **you** between a hospital and another medical facility.	Paid in full	
16. Overseas **evacuation or repatriation service**. Evacuation and repatriation costs. Immediate emergency **in-patient treatment** received while travelling abroad which relates to an evacuation or repatriation **we** have arranged for **you**.	Paid in full Up to £40,000 a **year**	Paid in full Up to £100,000 a **year**
For more information on the above please see:	Pages 31–34 and CL1 pages 35–37	
17. Hospital-at-home. This is for **treatment** provided at home or another clinically appropriate setting for the administration of intravenous chemotherapy for the **treatment** of **cancer** or intravenous antibiotics which otherwise would require **you** to be admitted for **in-patient** or **day-patient treatment**.	Paid in full when **treatment**: • is provided by a **nurse** under the control of a **specialist**; and • is provided through a healthcare services supplier which **we** have a contract with for such services; and • has been agreed by **us** before the **treatment** begins.	
For more information on the above please see:	Page 22	

CORE COVER – APPLIES TO ALL PLANS		
Benefits	**Cover level two (amount payable)**	**Cover level one (amount payable)**
Other benefits continued		
18. NHS cash benefit. This benefit is paid for each night **you** receive free **treatment** under the NHS and only if: (i) **you** are admitted for **in-patient treatment** before midnight (ii) the **treatment you** receive under the NHS would have been **eligible** for benefit privately under this **policy**.	£50 a night up to £2,000 a **year**	
Please note: • Key 6 or Key 6 Choice Members: The six week waiting period does not apply to NHS cash benefits. There is no requirement for private **treatment** to have preceded any period in an NHS intensive therapy unit or NHS intensive care unit.		
For more information on the above please see:	Pages 25–26	
19. **Day-patient** and **out-patient** NHS radiotherapy and chemotherapy cash benefit. This benefit is paid for **day-patient** or **out-patient** radiotherapy or chemotherapy **you** receive free under the NHS for the **treatment** of **cancer** and only if the **treatment you** receive under the NHS would have been **eligible** for benefit privately under this **policy**.	£50 a day up to £2,000 a **year**	
For more information on the above please see:	Page 21	
20. Health at Hand. Confidential medical information.	Immediate access 24 hours a day, 365 days a **year**	
For more information on the above please see:	Page 38	

Optional excess information

Excess for each person covered by these **policies** each **year**:

Option 1: £100 Option 2: £200 Option 3: £500

Excesses do not apply to NHS cash benefit and overseas **evacuation or repatriation service** or the **day-patient** and **out-patient** radiotherapy and chemotherapy cash benefit.

4 Arranging treatment and making a claim

To ensure your claim proceeds smoothly, please follow these simple steps.

Step	Action
Step One	Your GP refers **you** to a **specialist** for private **treatment**.
Step Two	**You** need to call **us** on 0800 454 080 to check that the **treatment** is **eligible**. Please help **us** by having the following details available: • **Specialist** or group practice name. • Hospital name and any admission dates. • A procedure code if **you** are having a **surgical procedure**.
Step Three	**We** will then: • Check that **we** will pay the **specialist's** fees in full. • Confirm which hospitals, **day-patient units** and **scanning centres** are covered. • Send **you** a partially completed claim form (if applicable).*
Step Four	• Complete your section of the claim form (if applicable).* • Take the claim form with **you** when **you** first go for **treatment** and ask the **specialist** to complete it and return it to AXA PPP healthcare.
Step Five	Send in any outstanding accounts for **treatment** to AXA PPP healthcare. If **you** require further **treatment** contact **us** to confirm your cover.

**In some cases a claim form may not be required.*

Please send any correspondence to:
AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

Please note:

Key 6 or Key 6 Choice Members:

1. There is no cover for urgent or emergency **treatment**.
2. If a **surgical procedure** or **in-patient** or **day-patient treatment** is necessary, **you** will need to establish that **treatment** is not available within six weeks on the NHS after the date on which the **treatment** should be undertaken (unless the **surgical procedure** is one specified in the list in your **benefits table** on pages 5–9, or **you** are receiving **day-patient** or **out-patient** radiotherapy or chemotherapy).

Be aware:

If **you** ask your GP to complete the claim form they may make a charge, which **we** will not refund.

What happens if I require emergency treatment?

Key 6 or Key 6 Choice Members: These **policies** will only provide benefit for **in-patient** or **day-patient treatment** and **out-patient surgical procedures** if the NHS cannot provide that **treatment** within six weeks after the date on which the **treatment** should be undertaken.

Be aware:

This means that conditions for which urgent or emergency **treatment** is needed are not covered by the **policy**.

As **you** will appreciate, if **you** have a serious or life threatening condition which needs urgent **treatment** the NHS will treat that condition within six weeks. Your **policy** therefore will not cover it because of its urgent or emergency nature.

If **you** are taken ill while travelling abroad the six week waiting period does not apply; please follow the procedure described on page 31.

AXA PPP healthcare Key Plan or Key Choice Members: Most private hospitals are not set up to receive emergency admissions. In an emergency **you** should call for an NHS ambulance or visit the accident and emergency department at the local NHS hospital.

However if **you** are admitted as an **in-patient** at an NHS hospital, please ask somebody to telephone **us** as **you** may be able to claim for the NHS cash benefit shown on the core **benefits table** on page 9.

If **you** are taken ill while travelling abroad, please follow the procedure described on page 31.

How are my medical bills settled?

We normally receive accounts for **treatment** directly from **specialists** or hospitals. However, if **you** receive an account for payment, please forward it to **us**. **We** can settle **eligible** bills direct with the hospital or **specialist**, subject to any excess. If **you** have paid the accounts, then **we** will reimburse **you**.

What must I provide when making a claim?

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

- **you** or the **policyholder** send **us** a completed claim form (if applicable) or patient's declaration and consent form as soon as possible and no later than six months from the date the **treatment** starts; and
- **we** receive original invoices for **treatment** costs; and
- **you** or the **policyholder** promptly give **us** all the information **we** request.

We reserve the right to change the procedure for making a claim and will write to advise the **policyholder** of any changes.

Do I need to provide any other information?

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

Be aware:

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

4.3 At **our** own cost **we** can ask a **specialist**, chosen by **us**, to advise **us** about the medical facts relating to a claim or to examine **you** in connection with the claim. **We** exercise the right to do this only very rarely in cases where there is uncertainty as to the nature or extent of the **medical condition** and/or liability under the **policy**. **You** must co-operate with any **specialist** chosen by **us** or **we** will not pay your claim.

What should I do if I have cover on another insurance policy?

4.4 **You** must tell **us** if **you** can claim any of the cost from another insurance policy.

If another insurance policy is involved **we** will only pay **our** proper share.

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

4.5 **You** must tell **us** on the claim form (if applicable) or patient's declaration and consent form if **you** can claim any of the cost from anyone else. If benefits are claimed for **treatment** to **you** when the injury or **medical condition** was caused by some other person (the 'third party'), **we** will pay those benefits **you** can claim under the **policy**.

If another insurance policy covers those benefits then **we** will only pay **our** proper share of the benefits. However, in paying those benefits, **we** obtain both through the terms of the **policy** and by law a right to recover the amount of those benefits from the third party.

In this case, the following shall apply:

- **you** must tell **us** as quickly as possible if a third party caused the injury or **medical condition** or if they were at fault. **We** may then write to **you** if **we** require further information; and
- **you** (or your solicitors) must keep **us** fully informed about the progress and outcome of any action; and

4.5 *continued*

- **you** must include all monies paid by **us** in respect of the injuries (and interest on those monies) in your claim against the third party ('**our** outlay'); and
- If **you** decide to claim for damages and have received benefit under this **policy** as a result of any alleged negligence or action of a third party **we** will charge **you** an administration fee of up to £400, excluding VAT. **We** will include the administration fee in the summary of **our** outlay submitted to your opponents. **You** must use all reasonable endeavours to recover the administration fee within your claim; and
- should **you** successfully recover any monies from the third party (whether in full or part settlement) **you** will pay **our** outlay or in the event that **you** recover only a percentage of your claim for damages the same percentage of **our** outlay directly to **us** within 21 days of the recovery. If **you** do not repay to **us** such monies (and any interest), **we** shall be entitled to recover the same from **you**; and
- any global settlement will be deemed to include recovery of **our** outlay in the same proportion as the global settlement bears to the total claim for damages.

The rights and remedies in this sub-clause are cumulative and not exclusive of rights or remedies provided by law.

5 Existing medical conditions

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

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

Please note:

In some circumstances **you** may have joined on different terms to those described above and **you** will find those terms on your membership statement. **You** may also have an additional Addendum which details the terms that apply.

5.1 **We** pay for **eligible**:

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

5.2 What **we** do not pay for:

(a) **Treatment** of any **medical condition** (or **treatment** of any **medical condition** arising from or associated with such a **medical condition**) which **you** already had when **you** joined and which **you** should have told **us** about, but did not tell **us** at all, or did not tell **us** everything. This includes any such **medical condition(s)** or symptoms, whether or not being treated, and any previous **medical condition(s)** which recurs or which **you** should reasonably have known about even if **you** had not consulted a doctor.

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

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

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

Please see page 48 for an explanation of words that appear in **bold**

6 Your cover for certain types of treatment

Will my policy cover me for preventive treatment?

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

Please note:

We do not pay for genetic tests, when those tests are undertaken to establish whether or not **you** may be genetically disposed to the development of a **medical condition**.

What other treatments are not covered?

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

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

(a) **Diagnostic tests** ordered by a **specialist**.

(b) Oral **surgical procedures** listed below following referral by a dentist:
- replantation of your own teeth following a trauma
- surgical removal of impacted teeth, buried teeth and complicated buried roots
- enucleation (removal) of cysts of the jaw.

(c) Initial reconstructive surgery to restore function or appearance after an accident or following surgery for a **medical condition**, provided that:
- **we** have covered **you** continuously under a **policy** of **ours** since before the accident or surgery happened
- **we** agree the cost of the **treatment** in writing before it is done (see also 6.2(i)).

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

6.2 What **we** do not pay for:

(a) **Diagnostic tests** ordered by anyone other than a **specialist**.

(b) Any general dental procedure or for orthodontics.

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

(d) Any **treatment** of warts of the skin.

6.2 What **we** do not pay for:

(e) Vaccinations, routine preventive examinations or preventive screening.

(f) Preventive **treatment**.

(g) **Out-patient** drugs or dressings.

(h) The costs of providing or fitting any external prosthesis or appliance.

(i) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment**. (See also 6.1(c)).

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

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

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

(m) **Treatment** directed towards developmental delay in children whether physical or psychological or due to learning difficulties.

(n) Any charges which **you** incur for social or domestic reasons (such as travel or home help costs) or for reasons which are not directly connected with **treatment**.

(o) Any **treatment** costs incurred as a result of engaging in any sport as a professional.

(p) Any **treatment** needed as a result of nuclear contamination, biological contamination or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed. Please note, for clarity: There is cover for **treatment** required as a result of a **terrorist act** providing that **terrorist act** does not result in nuclear, biological or chemical contamination.

(q) Claims on this **policy** if **you** live outside the **United Kingdom**.

(r) Any **treatment** received outside the **United Kingdom** except as set out in 10.1(a).

CL1 If **you** have cover level one there is extended cover for **treatment** received overseas, please refer to Section 11 for details.

(s) Cover level two: Any **treatment** of psychiatric illness.

CL1 If **you** have cover level one there is cover for **treatment** of psychiatric illness, please refer to Section 11 for details.

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

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

(v) Key 6 or Key 6 Choice Members: Anything outside the terms of cover, which for clarity includes any urgent or emergency **treatment**. **We** also do not pay for **treatment** of any **medical condition** unless recommended **treatment** is not available under the NHS within six weeks after the date on which the required **treatment** should be undertaken.
This requirement shall not apply to those **surgical procedures** listed in the core **benefits table** or if **you** are receiving **day-patient** or **out-patient** radiotherapy or chemotherapy.

Will my policy cover me for new or experimental treatments?

Your **policy** only covers **you** for established medical **treatments**.

Be aware:

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

CL1 However, if **you** have cover level one there is extended cover for experimental surgical procedures please refer to Section 11 for details.

6.3 We pay for eligible:

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

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

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

6.4 What we do not pay for:

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

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

Childbirth, pregnancy and sexual health

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

Be aware

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

6.5 **We** pay for **eligible**:

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

- ectopic pregnancy (where the foetus is growing outside the womb)
- hydatidiform mole (abnormal cell growth in the womb)
- retained placenta (afterbirth retained in the womb)
- placenta praevia
- eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
- diabetes (if **you** have exclusions because of your past medical history which relate to diabetes, then **you** will not be covered for any **treatment** for diabetes during pregnancy)
- post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- miscarriage requiring immediate surgical **treatment**
- failure to progress in labour.

6.6 What **we** do not pay for:

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

(b) Investigations into and **treatment** of infertility, contraception, assisted reproduction, sterilisation (or its reversal) or any consequence of any of them or of any **treatment** for them.

(c) **Treatment** of impotence or any consequence of it.

(d) Gender re-assignment operations or any other surgical or medical **treatment** including psychotherapy or similar services which arise from, or are directly or indirectly associated with, gender re-assignment.

7 Recurrent, continuing and long-term treatment

Will my policy cover me for recurrent, continuing or long-term treatment?

Your **policy** covers **treatment** of **medical conditions** that respond quickly to **treatment** – defined in **our** glossary as **acute conditions**. These **policies** are not intended to cover **you** against the costs of recurrent, continuing or long-term **treatment** of **chronic conditions**.

We define a **chronic condition** in the glossary on page 48 as:
A disease, illness or injury that has one or more of the following characteristics:

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

Please note:

Your **policy** will cover **you** for the following phases of **treatment** for a **chronic condition**:

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

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

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

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

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

We publish a leaflet which explains how **we** deal with payment for **treatment** of **chronic conditions**. This is available on **our** website: www.axappphealthcare.co.uk and can also be obtained from **us**. **You** will also find further explanation of how **we** deal with payment for **cancer treatments** on page 21.

7.1 We pay for eligible:

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

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

(c) Initial diagnosis and immediate **treatment** of HIV infection, when **we** will pay **in-patient treatment** benefit for one stay of up to 28 days.

(d) **In-patient** rehabilitation of up to 28 days when it is an integral part of **treatment**; and

- it is carried out by a **specialist** in rehabilitation
- it is carried out in a recognised rehabilitation hospital or unit which is either listed in the **Directory of Hospitals** or which **we** have written to confirming it is recognised by **us**
- the costs have been agreed by **us** before the rehabilitation begins.

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

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

7.2 What we do not pay for:

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

(b) The monitoring of a **medical condition**.

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

(d) Routine follow-up consultations.

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

(f) **Treatment** of any **medical condition** which arises in any way from HIV infection once the initial diagnosis has been made.

(g) Any hormone replacement therapy (HRT) except for the **treatment** of menopause resulting from medical intervention.

Will my policy cover me for cancer treatment?

CL1 Please note: if **you** have cover level one refer to page 35 for details of your extended cover for **cancer**.

You are covered for **treatment** of a new **cancer** which arises after **you** join and for any recurrence of this **cancer**. If **you** have exclusions because of your past medical history which relate to a **cancer**, then **you** will not be covered for any recurrence of **cancer**. Please refer to Section 5 on page 14 for further information on your cover for pre-existing **medical conditions**.

Your **policy** covers the investigation and **treatment** intended to affect the growth of the **cancer** by shrinking it, stabilising it or slowing the spread of disease. This includes surgery, radiotherapy or chemotherapy, alone or in combination.

The **policy** does not cover the long term management of **cancer** other than shown below and there is no cover for **treatment** given solely to relieve symptoms.

Please note:

Key 6 or Key 6 Choice Members: This cover is subject to the restrictions on this **policy** on:

- **out-patient treatment**
- any urgent or emergency **treatment**
- **treatment** that is available under the NHS within six weeks after the date on which the required **treatment** should be undertaken.

NHS or private?

Whilst **you** are covered for **eligible cancer treatment** on this **policy you** may decide that **you** want to receive **treatment** on the NHS. If **you** are diagnosed with **cancer you** will be referred to one of **our** nurse case managers. They will be able to give **you** information on the **treatment** options open to **you** and support **you** through your **treatment**.

Should **you** choose to receive your **treatment** as an NHS patient **you** will be **eligible** to receive the NHS cash benefits shown as benefit 18 in the **benefits table** on page 9, when **you** receive **eligible day-patient** or **out-patient** radiotherapy or chemotherapy **treatment** or **eligible in-patient treatment**. **Our** nurse case managers will also be able to discuss other services which **we** can arrange, to support **you** whilst **you** are receiving NHS **cancer treatment**, for example transport assistance, childcare or domestic help.

The following table is a summary of the cover provided for **cancer** under this **policy** and should be read alongside the rest of the handbook, including the **benefits table** on pages 5–9.

Summary of Cancer cover for Key Range		
	Cover	
Where am I covered for treatment?	✔	**Treatment** of **cancer** at a **private hospital**, **day-patient unit** or **scanning centre** listed in **our Directory of Hospitals**. CL1 If **you** have cover level one **you** have extended cover for **treatment** received outside the **Directory of Hospitals**. Please refer to Section 11 for details.
	✔	Intravenous chemotherapy received at home in the circumstances shown on the **benefits table** on page 8.
	✘	**Treatment** received at a hospice.
What cover do I have for diagnostic procedures?	✔	Consultations with a **specialist**, **diagnostic tests** ordered by a **specialist**, CT, MRI and PET scans and **surgical procedures**, subject to any **out-patient** benefit limits.
	✘	Genetic screening required to establish a genetic pre-disposition to certain forms of **cancer**.
What cover do I have for surgical treatment?	✔	**Surgical procedures** for the **treatment** or diagnosis of **cancer**, as shown on page 21 when that **treatment** has been established as being effective.
	Key 6 and Key 6 Choice	At the time of going to print the NHS was commonly providing **treatment** of **cancer** within six weeks and therefore it is unlikely that there will be cover on this **policy** for such surgical **treatment**.
	✘	Experimental or unproven surgery. Please refer to the 'Your cover for certain types of treatment' section for further information. CL1 If **you** have cover level one, please refer to Section 11 for details of your extended cover for experimental surgical procedures.
Am I covered for preventive treatment?	✘	Preventive **treatment**, for example: • Screening undertaken as a preventive measure where there are no symptoms of **cancer**. For example, if **you** receive genetic screening, the result of which shows a genetic predisposition to breast **cancer**, **you** would not be covered for the screening or a prophylactic mastectomy to prevent the development of breast **cancer** in the future. • Vaccines to prevent the development or recurrence of **cancer**, for example vaccinations for the prevention of cervical **cancer**.
What cover do I have for drug therapy?	✔	Chemotherapy where the drug has been licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and is used within the terms of that licence.

Summary of Cancer cover for Key Range		
	Cover	
	✔	Chemotherapy **treatments** that are given for prolonged periods of time. Such prolonged **treatment** normally falls outside benefit but in the case of **cancer we** make an exception (subject to the limits detailed below). This includes drugs, such as Herceptin for some types of breast **cancer** and Avastin for some types of colon **cancer**. The cover provided by this **policy** for prolonged chemotherapy **treatment** is payable once per course of **cancer treatment**. By 'course of **cancer treatment**' **we** mean from diagnosis of a primary or secondary **cancer** (whichever occurs first) through to the final surgery, radiotherapy or chemotherapy for that primary or secondary **cancer** (whichever occurs last). These drug **treatments** will be covered for up to: • one year of such **treatment**; or • the period of the drug licence whichever is the shorter. The time limit starts from when **you** first started receiving that drug, however it may have been funded. In any event, these drugs will only be **eligible** for benefit when they are used within the terms of their licence and in circumstances where they are proven to be effective **treatments**. **CL1** If **you** have cover level one, please refer to pages 35–36 for details of your extended cover for chemotherapy **treatments** that are needed for a prolonged period of time.
	✘	Drug **treatment** given to prevent a recurrence of **cancer**, for the maintenance of remission or where its use is continuing without a clear end date. Such ongoing **treatments** are not **eligible** although, if they are given by injection, **we** would pay for up to three months to allow the **treatment** to be established.
	✘	**Out-patient** drugs and drugs prescribed by your GP. For example, hormone therapy tablets (such as Tamoxifen) are **out-patient** drugs and therefore are not covered by **our** policies.
Am I covered for radiotherapy?	✔	Radiotherapy, including when used to relieve pain.
Am I covered for terminal care?	✘	There is no cover for terminal care, wherever carried out.

continued overleaf

Summary of Cancer cover for Key Range

	Cover	
Am I covered for monitoring?	✔	Follow up consultations and reviews of **cancer** will be covered for ten years from your last surgery, chemotherapy or radiotherapy for that **cancer**, subject to any **out-patient** benefit limits.
Am I covered for bone marrow or stem cell treatment?	✔	Stem cell **treatment** and bone marrow **treatment**, including the reasonable costs incurred for a live donor to donate bone marrow or stem cells as shown on page 17, section 6.3(b).
	✘	Any related administration costs (such as, but not limited to, transport costs and the cost of a donor search).

Please see page 48 for an explanation of words that appear in **bold**

8 Where you are covered for treatment

Which hospitals and day-patient units do I have cover for?

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

Please note:

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

Be aware:

CL1 From time to time part of the **Agreement** may be that **we** will cover charges in full at certain **private hospitals** only for customers whose policies are for cover level one, because those hospitals have higher charges. In such an event, if **you** have cover level two and choose to receive **in-patient treatment** in one of those hospitals, then **we** will only pay the cash benefit shown in the core **benefits table**. To be assured of cover, please call **our** team of Personal Advisers in advance of any **treatment**.

If it is medically necessary for **you** to use a hospital, **day-patient unit** or **scanning centre** not listed in the **Directory of Hospitals** or one which would be outside your cover level and **we** have specifically agreed to this in writing before the **treatment** begins then **we** will pay those hospital charges.

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

What happens if I choose to have treatment at a hospital which is not in the Directory of Hospitals?

Cover level two members: If **you** have **in-patient** or **day-patient treatment** in any private hospital which **we** do not list in the **Directory of Hospitals** then **we** will pay **you** only a small cash benefit shown in the core **benefits table**. **You** will be entirely responsible for paying the hospital bills.

If **you** have **eligible in-patient treatment** as a National Health Service (NHS) patient incurring no charges at all, then **we** will pay any NHS cash benefit shown in the core **benefits table**.

CL1 If **you** have cover level one there is extended cover for **treatment** received at a hospital outside of the **Directory of Hospitals**, please refer to Section 11 for details.

Which scanning centres and out-patient facility charges are covered?

Your **policy** includes cover for computerised tomography (CT), magnetic resonance imaging (MRI) scans and positron emission tomography (PET). If **you** require CT, MRI or PET **we** will make full payment, or set the charges against any excess **you** may have, if **you** use a **scanning centre** listed in the **Directory of Hospitals.**

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

Cover level two members: If **you** use a **scanning centre** that is not listed in the **Directory of Hospitals,** then **we** will only pay the cash benefit shown in the core **benefits table**.

CL1 If **you** have cover level one there is extended cover for **treatment** at a **scanning centre** or **facility** outside of the **Directory of Hospitals**, please refer to Section 11 for details.

Where can I receive eligible oral surgical and cataract surgical treatment?

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

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

CL1 If **you** have cover level one there is extended cover for **treatment** at a hospital or **day-patient unit** outside of the **Directory of Hospitals**, please refer to Section 11 for details.

Please note:

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

8.1 **We** pay for **eligible**:

(a) Charges made by, or incurred in, a **private hospital** or any NHS hospital for ITU (intensive therapy unit, sometimes called intensive care unit) **treatment** only when ITU **treatment** immediately follows **eligible** private **treatment** and **you** or your next of kin have asked for the ITU **treatment** to be received privately.

(b) Key or Key Choice Members: NHS cash benefit, as shown on the core **benefits table**, for each night **you** receive free **treatment** in an NHS intensive therapy unit or NHS intensive care unit.

8.2 What **we** do not pay for:

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

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

(c) Any charges made by, or incurred in an NHS hospital for ITU **treatment**, except as allowed for by 8.1(a).

9 Who we pay for treatment

Your **policy** can provide benefit for **eligible treatment** provided by **specialists**, **complementary practitioners** and **clinical practitioners**.

How do I find out whether the person I want to see for treatment is recognised?

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

In addition, **you** could check the AXA PPP healthcare website: www.axappphealthcare.co.uk which provides relevant information about the **specialists we** recognise.

CL1 If **you** have cover level one there is extended cover for **treatment** with a wider number of **specialists**, please see Section 11 for details.

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

We will pay for charges for **treatment** from:	**Specialists***	**Clinical practitioners**	**Complementary practitioners**	Physiotherapists
If **you** are referred by your GP	✔	✘	✔ Please see limits below	✔ Please see limits below
If **you** are referred by a **specialist**	✔	✔	✔	✔
If **you** are referred by your dentist	✔	✘	✔	✘

*Includes consultations, **diagnostic tests**, **treatment** in hospital and **surgical procedures**.

We will pay up to an overall maximum of ten sessions of **treatment** a **year** with a physiotherapist and/or a **complementary practitioner**.

CL1 If **you** have cover level one there is extended cover for up to an overall maximum of 20 sessions of **treatment** a **year** with a physiotherapist and/or a **complementary practitioner**. Please refer to Section 11 for details of your extended cover for physiotherapy and **complementary practitioner treatment**.

If **you** require more than the overall maximum for your cover level, such **treatment** must be under the control of a **specialist**. The **specialist** will then be able to establish whether the **treatment you** are receiving is the most appropriate form of **treatment** for your particular **medical condition**.

Will treatment charges be met in full?

We pay in full the fees of most **specialists**, **complementary practitioners** and **clinical practitioners**, as they charge fees within the range that is usual for the **treatment** they provide. **We** will continue to pay these fees in full provided that the **specialist**, **complementary practitioner** or **clinical practitioner** continues to charge fees within the range that is usual.

Please note:

You can telephone **our** team of Personal Advisers for confirmation that the person **you** want to see will have their **eligible** charges met in full. **You** may also check **our** website: www.axappphealthcare.co.uk which provides information on the **specialists** that **we** recognise.

In order to ensure cover remains affordable, **we** have identified those **specialists**, **complementary practitioners** and **clinical practitioners** who make charges to **our** customers that exceed the range that is usual and **we** treat them as '**capped practitioners**'. If **you** receive **eligible treatment** from a **capped practitioner we** will limit benefit to the average **we** have been charged for that **treatment**.

CL1 If **you** have cover level one **we** will pay the **eligible** charges made by physiotherapists in full up to the monetary limit in the core **benefits table**. Please refer to Section 11 for details of your extended cover for physiotherapy and **complementary practitioner treatment**.

Will I have to pay towards my treatment if I receive treatment from a capped practitioner?

Be aware:

You need to call **us** to confirm whether the person **you** want to see is a **capped practitioner**. If they are, **we** will tell **you** how much **we** will pay towards the cost of your **treatment**. **We** recommend **you** then obtain an estimate of their charges so **you** can determine whether **you** need to pay anything yourself. Where **you** have to pay towards your **treatment**, the amount may be significant.

What if an anaesthetist becomes involved in my treatment?

When **you** tell **us** which **specialist you** intend to see **we** will make every effort to notify **you** whether they commonly work with an anaesthetist who is a **capped practitioner**. If this is the case **you** should establish which anaesthetist your **specialist** intends to use so **we** can tell **you** how much **we** will pay towards the **treatment** charges of that anaesthetist.

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

(a) **Treatment** charges made by a **capped practitioner** at the average charge, or at the amount charged if lower than the average. The average charge is the sum of all charges for that type of **treatment** made by all the **specialists**, **complementary practitioners** and **clinical practitioners**, divided by the number of such charges.

(b) **Treatment** charges in full when they are made by a **specialist**, **complementary practitioner** or **clinical practitioner** not referred to in 9.1(a) as long as they charge fees within the range that is usually charged by **specialists**, **complementary practitioners** or **clinical practitioners** for that **treatment**.

9.2 What **we** do not pay for:

(a) Charges made by a **specialist** or **complementary practitioner** when **you** have been referred by a member of your family, or if that **specialist** or **complementary practitioner** is a member of your family.

(b) **Treatment** charges made by a **capped practitioner** above the average amount charged by **specialists**, **complementary practitioners** or **clinical practitioners** for that **treatment**.

(c) **Treatment** charges made by a **specialist**, **complementary practitioner** or **clinical practitioner** not referred to 9.1(a) in excess of the usual amount charged by **specialists**, **complementary practitioners** or **clinical practitioners** for that **treatment**.

Please see page 48 for an explanation of words that appear in **bold**

10 Overseas assistance services

What assistance is available if I fall ill overseas?

Be aware:

Under normal circumstances there is no cover on the **policy** for **treatment** received outside CL1 the **United Kingdom**. However, if **you** have cover level one **you** have extended cover for pre-planned **treatment** which takes place outside the **United Kingdom**, full details of which can be found on page 36. **We** strongly advise **you** to take out travel insurance when travelling abroad.

However, should **you** fall ill abroad **you** do have access to an overseas medical assistance line. This service is provided by an international assistance company on **our** behalf. The overseas medical assistance line is manned around the clock to provide help and assistance in any part of the world. They will normally give immediate advice and can arrange to put **you** in touch with an English-speaking doctor. That doctor will help to arrange **treatment** locally or, if **you** have already commenced **treatment**, will ensure that existing arrangements are satisfactory. Simply call the emergency control centre on +44(0) 1892 513 999 to alert the international assistance company who will help **you** on **our** behalf. Please note in this situation any costs incurred for **treatment** would not be **eligible** for benefit.

This **policy** also provides an emergency **evacuation or repatriation service** should **you** be injured, or become ill suddenly, and require emergency immediate **in-patient treatment**, subject to the restrictions set out in this section of the **policy** document. The exclusions in other sections of this document do not apply to the **evacuation or repatriation service** but will apply to **treatment** on your return to the **United Kingdom**.

If **you** need the **evacuation or repatriation service you** must contact the emergency control centre on +44(0) 1892 513 999 so that immediate help or advice can be given over the phone. Arrangements may then be made for an **appointed doctor** to see **you**. If the **appointed doctor** establishes that the hospitals locally are inadequate, or the appropriate **treatment** is unavailable locally then they will arrange to move **you** or bring **you** back to the **United Kingdom**. If an **appointed doctor** thinks there is a medical need then the **evacuation or repatriation service** will be carried out under medical supervision.

The full rules relating to the **evacuation or repatriation service** can be found under 10.3 and 10.4.

10.1 The **evacuation or repatriation service** will provide:

(a) An **evacuation or repatriation service** as set out in 10.3 and 10.4 and immediate emergency **in-patient treatment** received while travelling abroad, when it immediately precedes or immediately follows an evacuation or repatriation **we** have arranged for **you**.

In these circumstances **we** will pay benefits in pounds sterling. This means **we** will need to convert the expenditure into sterling and **we** use the exchange rate published in the Financial Times Guide to World Currencies current when **we** assess the claim.

Please note:

We cannot settle the bill direct for **treatment** received abroad.

10.2 What **we** do not pay for:

(a) Any **treatment** received abroad that does not immediately precede or immediately follow an evacuation or repatriation **we** have arranged for **you**.

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

Specific terms relating to the overseas evacuation or repatriation service

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

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

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

(c) Cover for the reasonable additional travelling and accommodation costs, incurred in returning to the **United Kingdom** any **family members** covered by an AXA PPP healthcare **policy** who are accompanying **you** on the overseas journey.

(d) Bringing your body back to a port or airport in the **United Kingdom** if **you** die abroad.

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

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

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

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

(d) Any costs incurred as a result of engaging in any sports or activity as a professional or taking part in 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, hangliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

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

(f) Any costs incurred for this overseas **evacuation or repatriation service** if, at the time of the need for the overseas **evacuation or repatriation service**, **you** would be insured against those costs by an existing insurance policy or policies if this insurance did not exist.

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

(h) **Treatment** costs other than for the necessary **treatment** administered by the international assistance company appointed by **us** whilst they are moving **you** and immediate emergency **in-patient treatment** received while travelling abroad when it immediately precedes or immediately follows an evacuation or repatriation **we** have arranged for **you**.

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

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

(k) Any costs incurred if at the time of travel **you** are travelling to a country or area that the UK Foreign and Commonwealth Office lists as a place which they either advise against:
- all travel to; or
- all travel on holiday or non essential business.

This exclusion applies whatever your reason for travel.

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

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

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

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

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

 Please see page 48 for an explanation of words that appear in **bold**

CL1

11 Cover level one – Extended benefits

If **you** have cover level one this will be shown on your membership statement. As a cover level one member, in addition to the benefits shown in sections 1–10 of this handbook, **you** also have extended cover for the benefits detailed below.

Should **you** have any queries about your **policy**, or need to pre-authorise **treatment** please contact **our** team of Personal Advisers on the number shown in your membership handbook.

Additional cover for psychiatric treatment

As **you** have cover level one **you** have cover for the **treatment** of psychiatric illness, subject to all other benefit limitations and exclusions on your **policy**.

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

Should **you** need to stay in hospital longer than was initially agreed, then **we** will ask the **specialist** to provide further details to enable **us** to assess why further **treatment** is necessary. Any cover for **treatment** of psychiatric illness will be subject to **our** rules on **chronic conditions**.

Additional cover for physiotherapy and complementary practitioner treatment

The ‘Who we pay for treatment’ section contains information on the standard cover for physiotherapy and **complementary practitioner treatment**.

As **you** have cover level one, **you** have cover for an additional 10 sessions of GP referred **treatment** a **year** with a physiotherapist and/or a **complementary practitioner**, meaning **you** have cover for up to 20 sessions a **year**.

Additionally, the rules regarding **capped practitioners** do not apply to physiotherapists and **we** will pay the **eligible** charges in full up to the monetary limit shown in the core **benefits table**. However, the rules regarding **capped practitioners** will continue to apply to other types of **clinical practitioner**.

Additional cover for cancer treatment

The ‘Recurrent, continuing and long-term treatment’ section contains information on the standard cover for **cancer treatment**.

As **you** have cover level one, in addition to being able to receive your **cancer treatment** at a private hospital, **day-patient unit** or **scanning centre** not listed in the **Directory of Hospitals**

as shown below, **you** also have extended cover for chemotherapy **treatments** that are given for prolonged periods of time. These drug **treatments** will be covered for an additional two years and this time limit starts from when **you** first start receiving the drug **treatment** from **us**. So, if **you** choose to start your drug **treatment** on the NHS and later choose to continue that **treatment** privately, the NHS **treatment** will not count towards your total three years cover.

These drugs will be **eligible** for benefit provided they are used within the terms of their licence.

Additional cover for treatment received outside of the Directory of Hospitals

The 'Where you are covered for treatment' section contains information on the standard terms which apply to where **you** are **eligible** to receive **treatment**.

As **you** have cover level one, **you** have extended cover for **treatment** received at any hospital, **day-patient unit**, **out-patient facility** or **scanning centre** in the **United Kingdom** and **we** will pay their charges up to the normal daily rates published and charged by the hospital, **day-patient unit**, **out-patient facility** or **scanning centre**.

Additional cover for experimental and unproven treatment

The 'Your cover for certain types of treatment' section contains information on the standard terms which apply to new or experimental **treatments**.

As **you** have cover level one **you** have extended cover to include experimental and unproven surgical procedures. This means **you** are covered for any surgical procedures which are not listed in the schedule of procedures when **we** agree the fee for that surgical procedure before it is received.

You are not covered for any complications that arise as the result of authorised experimental and unproven surgical procedures. **We** recommend that **you** discuss potential complications and their cost with your **specialist** prior to receiving the surgical procedure as **you** will be liable for the cost, which may be significant.

Important information: **We** will pay for the cost of an experimental surgical procedure up to the cost of the equivalent non-experimental **surgical procedure** in the **UK**. If there is no equivalent **surgical procedure** listed in the schedule of procedures then no cover will be available for the experimental or unproven surgical procedure.

Additional cover for treatment received overseas

As **you** have cover level one **you** have a higher annual limit of £100,000 for emergency **in-patient treatment** abroad which is needed prior to an evacuation or repatriation covered by this **policy**, as shown in Section 3 and benefit 16 in the **benefits table**.

Additionally, **you** also have cover for **eligible treatment** received outside of the **United Kingdom**, subject to all other benefit limitations and exclusions on your **policy.**

This means that should **you** need **eligible treatment** and want to receive this outside of the **United Kingdom**, provided the fee has been agreed by **us** prior to the overseas journey and it is carried out by a **medical practitioner**, **you** will be covered up to the cost of equivalent **treatment** had it been received in the **United Kingdom**. However, this **policy** does not provide cover for complications which arise as a result of **treatment** received outside of the **United Kingdom**, or cover for evacuation or repatriation if **you** travel abroad for planned **treatment**. **We** recommend that **you** discuss potential complications and their costs with your **medical practitioner** prior to travel, as **you** will be liable for the cost, which may be significant.

Important information: other than the limited cover provided by the overseas evacuation and repatriation cover, the overseas cover provided under cover level one is not designed to provide cover for unplanned **treatment** received abroad. **We** strongly advise **you** to take out travel insurance when travelling abroad to cover **you** for unplanned **treatment** which is not covered by this **policy**.

12 Health at Hand

How could Health at Hand help me?

Health at Hand is a telephone based multi-clinic information service, so you will have the reassurance of immediate access to a qualified and experienced team of healthcare professionals 24 hours a day, 365 days a year.

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

Please note:

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

Health at Hand can help you make informed choices day or night

Whether you are calling because you have late night worries about a child's health or you have some questions that you forgot to ask your GP, it's likely that Health at Hand will be able to provide you with the help you need. Here are just a few examples of the range of topics you can discuss at each of the clinics:

Family Clinic – babies, toddlers, teenage trouble, pregnancy or retirement.
Care and Counselling Clinic – stress, addiction, depression or bereavement.
Healthy Living Clinic – exercise, diet, drinking, smoking and cholesterol control.
Travel Clinic – inoculations, taking children abroad and medical advice by country.
Pills and Prescriptions Clinic – medicines, side effects and pain relief.
Women's Health Clinic – fertility, screenings, menopause and osteoporosis.
Men's Health Clinic – prostate issues, testicular cancer, impotence and fertility.

Health at Hand – 0800 003 004

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

You can also email Health at Hand by going to our website: www.axappphealthcare.co.uk

If calling from outside the UK please dial +44 1737 815 197 – international call rates apply.

Please see page 48 for an explanation of words that appear in **bold**

13 Additional information

When can I add other members or change my cover?

You can apply to add a **family member** to your **policy** at any time. Also, **you** may be able to change your cover at your renewal. Call **us** so **we** can discuss the options open to **you** and send **you** any relevant forms to complete. **You** must keep **us** fully informed of any changes which take place between sending **us** any form and receiving **our** written confirmation that **we** have made the change.

Can I add my new baby to my policy?

You can apply to add newborn babies (who are born to the **policyholder** or the **policyholder's** partner) to the **policy** from their date of birth. This can normally be done without filling out details of their medical history provided **you** add them within three months of their date of birth. However, **we** will require details of the baby's medical history if the baby has been adopted or was born as the result of any method of assisted conception. In such circumstances **we** reserve the right to apply particular restrictions to the cover **we** will offer, and may decline to offer cover in the first three months following birth for babies born as the result of any method of assisted conception.

Can I stay on my policy if I go to live abroad?

You will need to change your cover to an international policy if **you** go to live abroad, or if **you** stay or intend to stay outside the **United Kingdom** for a total of more than six months in a **year**.

Please call **us** as soon as **you** know **you** are going abroad, as **we** have a range of international policies that have more appropriate benefits for anyone living abroad.

Can I cancel my policy?

You have a 14 day cooling off period when **you** join and at each renewal.
Please see section 14.1(g) 'Your rights and responsibilities'.

How can I pay my premium?

At the start of each **policy year we** will calculate your new premium and let **you** know how much it is. **We** offer a choice of monthly, quarterly or annual premiums which can be paid by credit card or, most conveniently, by Direct Debit. Alternatively **you** may pay quarterly or annually by cheque.

If **you** pay by credit card or Direct Debit **we** will collect the first premium when your **policy** starts and subsequent premiums when they fall due.

Please note:

In some circumstances **you** may have joined on the basis that all premiums will be collected by Direct Debit; if that is the case **you** will not be able to change to a different payment method. Please contact **us** if **you** are in any doubt about your payment options.

Be aware:

Important – **you** must pay your premium when it is due. If **you** do not **we** will cancel your **policy** and will not pay for any **treatment** or benefit entitlement arising after the date that the premium became due.

Why do you make changes to my premiums?

We make every effort to maintain premiums at as low a level as possible, without compromising the range and quality of the cover provided. **We** review premiums each **year** to take account of a range of statistical factors. Typically the cost of premiums has increased at a level higher than the Retail Price Index (RPI). **You** will receive reasonable notice of any changes in premium.

Your premium will also include the amount of any insurance premium tax or other taxes or levies which are payable by law in respect of your **policy**.

How can an excess help to reduce my premium?

Choosing an excess on your **policy** may help to reduce your premiums. If **you** would like to find out how to add an excess or change your existing excess level please call **us**.

I have an excess on my policy – how does this work?

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

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

Please see examples on the opposite page.

If you have an excess, here are two examples of how the excess operates:

Example 1 – £200 excess	These policies have a benefit limit of £400 (for each person each **year**) for **out-patient** consultations, **diagnostic tests**, **complementary practitioners'** and **clinical practitioners'** charges.
One	**You** develop a medical problem and require £250 of **eligible diagnostic tests** – your first claim for that **policy year**.
Two	The £200 excess charge is applied.
Three	**We** pay £50 towards the £250 cost of **out-patient treatment**, while **you** pay the £200 excess.
Four	This £250 total claim reduces your £400 benefit limit for **out-patient** consultations, **diagnostic tests**, **complementary practitioners'** and **clinical practitioners'** charges to £150.
Then...	Later in the same **policy year**, **you** suffer a different **medical condition**, incurring costs of £200 for **eligible out-patient** consultations and **diagnostic tests** – £50 more than the **policy's** remaining £150 benefit limit.
So...	**We** pay £150 towards the cost of **treatment**, and **you** pay the £50 shortfall.

If the first claim relates to a benefit with a monetary limit, then **we** will reduce the monetary limit by the total cost incurred before **we** apply the excess. If **you** have a high excess then **you** may find that, within a reasonable period, **you** will reach or exceed the limit of those benefits that have monetary limits. Example 2 demonstrates this.

Example 2 – £200 excess	These policies have a benefit limit of £400 (for each person each **year**) for **out-patient** consultations, **diagnostic tests**, **complementary practitioners'** and **clinical practitioners'** charges.
One	**You** require £600 of **eligible diagnostic tests** but the plan limit is £400.
Two	So **we** pay £400 for **treatment** – less the £200 excess – giving a total of £200.
Three	**You** pay the remaining £200 not covered by the **policy** plus the £200 excess making a total of £400.
So...	Leaving no further benefit for **out-patient** consultations, **diagnostic tests**, **complementary practitioners'** and **clinical practitioners'** charges for the rest of the **policy year**.

14 Complaint and regulatory information

What should I do if I have reason to complain?

We aim to provide **you** with courteous, efficient service.

Providing **you** with clear and accurate information – whether in writing or by telephone – is an important part of **our** service. **Our** team of Personal Advisers is there to guide **you** through your AXA PPP healthcare membership. They can help **you** when **you** are making a claim – as well as remind **you** of restrictions **you** may have on your **policy** (please remember that **our** policies are not intended to cover all eventualities).

If **you** are dissatisfied with the service **we** have provided or if **you** feel that **we** have made a wrong decision, **we** will of course try to address your concerns – your feedback is vital to helping **us** improve.

Step one

If **you** think things have gone wrong for **you** and **you** are unhappy with **us**, please contact **our** team of Personal Advisers in the first instance and they will try to resolve your complaint.

Step two

If **you** are unhappy with their response, then **we** invite **you** to contact **us**, preferably in writing, to:

Customer Relations Executive
AXA PPP healthcare
Phillips House
Crescent Road
Tunbridge Wells TN1 2PL

We will acknowledge your complaint upon receipt, investigate it and respond to **you** within ten working days of receiving your letter (**we** will, of course, keep **you** informed if there is an unavoidable delay).

Step three

If **you** are dissatisfied with this response then **we** invite **you** to write, detailing why **you** feel **our** decision is incorrect in relation to the terms and benefits of your **policy**, to:

The Operations Director
AXA PPP healthcare
PPP House
Vale Road
Tunbridge Wells TN1 1BJ

Please see page 48 for an explanation of words that appear in **bold**

Again **we** will acknowledge your letter upon receipt. **Our** Operations Director will – on behalf of **our** Chief Executive – review your complaint and respond to **you** within 20 working days of receiving your letter (**we** will, of course, keep **you** informed if there is an unavoidable delay).

Step four

The Financial Ombudsman Service will review your complaint if **you** remain dissatisfied after **we** have issued **our** final decision from the Operations Director. The address **you** need to write to is:

The Financial Ombudsman Service
South Quay Plaza, 183 Marsh Wall, London E14 9SR
Telephone: 0845 080 1800
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

The Ombudsman will review complaints about:

- the way in which your **policy** was sold to **you**
- the administration of your **policy**
- the handling of any claims.

Please note that the Ombudsman will not normally investigate complaints concerning an insurer's exercise of commercial judgement.

The Ombudsman will also not usually review a complaint where:

- **we** gave a final decision over six months ago
- your case already involves (or has involved) legal action.

None of these procedures affect your legal rights.

What regulatory protection do I have?

The Financial Services Authority (FSA)

AXA PPP healthcare is authorised and regulated by the Financial Services Authority (FSA).

The FSA was established by government to provide a single statutory regulator for financial services. The FSA is committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system.

The FSA have set out rules which regulate the sale and administration of general insurance which **we** must follow when **we** deal with **you**. **Our** FSA register number is 202947.

This information can be checked by visiting the FSA register which is on their website: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

We provide advice and information only on **our** own products. If **you** would like further details on any of **our** products please contact **us**.

The Financial Services Compensation Scheme (FSCS)

We are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (FSCS), a body established by the FSA. The scheme is governed by FSA Rules and may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance.

The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders.

For non-compulsory insurance the scheme pays the first £2,000 of a valid claim in full and 90% of the remaining amount of your loss.

Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk

How is my personal data protected?

Please ensure that **you** show the following information to others covered under your **policy**, or make them aware of its contents.

We will deal with all personal information supplied to **us** in the strictest confidence as required by the Data Protection Act 1998. **We** may send personal and sensitive personal information in confidence for processing by other companies and intermediaries, including those located outside the European Economic Area. **We** extend the same duty of confidentiality to any third parties to whom **we** may subcontract the administration of your **policy**, including those based outside the European Economic Area.

We will hold and use information about **you** and any **family members** covered by your **policy**, supplied by **you**, those **family members**, medical providers or your employer (if applicable) to provide the services set out under the terms of this **policy**, administer your **policy** and develop customer relationships and services. In certain circumstances **we** may ask medical service providers (or others) to supply **us** with further information.

When **you** give **us** information about **family members we** will take this as confirmation that **you** have their consent to do so. As the **policyholder** is acting on behalf of any **family member** covered by this **policy**, **we** will send all correspondence about the **policy**, including any claims correspondence, to the **policyholder** unless **we** are advised to do otherwise.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. **We** will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other

Please see page 48 for an explanation of words that appear in ***bold***

insurers and law enforcement agencies. Additionally, **we** are obliged to notify the General Medical Council or other relevant regulatory body about any issue where **we** have reason to believe a medical practitioner's fitness to practice may be impaired.

If **you** have agreed **we,** and any AXA Group companies **we** named at that time, may use the information **you** have provided to **us** to contact **you** by post, telephone or electronically with details of other products and services. With your agreement **we** may also share some of your details with other AXA Group companies and other carefully selected companies based in the European Economic Area to enable them to contact **you** about their products and services and, if appropriate, to administer them. If **you** change your mind please contact **our** team of Personal Advisers or write to **us** at the address on the back of this handbook otherwise **we** will assume that, for the time being, **you** are happy to be contacted in this way.

14.1 Your rights and responsibilities

(a) Your **policy** is for one **year**. Prior to the end of any **policy year we** will write to the **policyholder** to advise on what terms the **policy** will continue, provided the **policy you** are on is still available. If **we** do not hear from the **policyholder** in response **we** will renew your **policy** on the new terms. Where **you** have opted to pay premiums by Direct Debit, continuous credit card payments or other payment method, **we** may continue to collect premiums by such method for the new **policy year**. Please note that if **we** do not receive your premium, **you** will not be covered. If the **policy you** were on is no longer available **we** will do **our** best to offer **you** cover on an alternative policy.

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

(c) **You** and **we** are free to choose the law that applies to this **policy**. In the absence of an agreement to the contrary, the law of England and Wales will apply.

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

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

(f) **You** must pay your premium when it is due.

(g) The **policyholder** may cancel this **policy** by contacting **us** during the 14 day cooling off period. The 14 day cooling off period commences on the day that the contract is concluded or the day that full policy terms and conditions are received, whichever is the later. The 14 day cooling off period also applies from each renewal date. If the **policy** is cancelled during the 14 day cooling off period **we** will return any premium paid for the **policy** providing no claims have been made on the **policy** in relation to the period of cover before cancellation (being no more than 14 days' cover).

If **you** incur **eligible** claims costs within that period of cover **we** reserve the right to require the **policyholder** to pay for the services **we** have actually provided in connection with the **policy** to the extent permitted by law and any return of premium is subject to this. If the **policyholder** does not cancel the **policy** during the cancellation period the **policy** will continue on the terms described in this handbook for the remainder of the **policy year**.

Please see page 48 for an explanation of words that appear in **bold**

14.2 AXA PPP healthcare's rights and responsibilities

(a) **We** will tell the **policyholder** in writing the date the **policy** starts and any special terms which apply to it.

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

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

(d) If **you** break any of the terms of the **policy we** can:
- refuse to make any benefit payment or if **we** have already paid benefits **we** can recover from **you** any loss to **us** caused by the break; and
- refuse to renew your **policy**; or
- impose different terms to any cover **we** are prepared to provide; or
- end your **policy** and all cover under it immediately.

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

(f) This **policy** is written in English and all other information and communications to **you** relating to this **policy** will also be in English.

15 Glossary

Throughout this handbook certain words and phrases appear in **bold**. Where these words appear they have a special medical or legal meaning. These meanings are set out below. Please note: some of these words and phrases may not be applicable to your chosen plan.

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

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

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

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

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

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

capped practitioner – a **specialist**, **complementary practitioner** or **clinical practitioner** whose fees **we** will reimburse only at the average amount charged for the **treatment** (or the actual amount of the fees if lower), subject always to the other terms of your **policy**.

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.

clinical practitioner – a practising member of certain professions allied to medicine who, in all cases, meets **our** recognition criteria for benefit purposes in their field of practice and who

we have told in writing that **we** currently recognise them as a **clinical practitioner** for benefit purposes. However, **we** will only pay **out-patient treatment** benefits for such services when a **specialist** refers **you** to them (except where the **benefits table** allows otherwise).

When such persons provide such services to **you** as part of your **in-patient** or **day-patient treatment** those services will form part of the **private hospital** charges.

The professions concerned are dieticians, **nurses**, orthoptists, physiotherapists, psychologists, psychotherapists and speech therapists.

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

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

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

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

day-patient unit – a centre in which **day-patient treatment** is carried out. The units **we** recognise for benefit purposes are listed in the **Directory of Hospitals**.

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

Directory of Hospitals – a document **we** publish which lists the **private hospitals**, **day-patient units** and **scanning centres** in the **United Kingdom** covered by the **policy**. The facilities listed may change from time to time so **you** should always check with **us** before arranging **treatment**.

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

evacuation or repatriation service – moving **you** to another hospital which has the necessary medical facilities either in the country where **you** are taken ill or in another nearby country (evacuation) or bringing **you** back to the **United Kingdom** (repatriation). The service includes immediate emergency **in-patient treatment** received while travelling abroad, when it immediately precedes or immediately follows an evacuation or repatriation **we** have arranged for **you**, and any necessary **treatment** administered by the international assistance company appointed by **us** whilst they are moving **you**.

facility – a **private hospital** or a centre with which **we** have an agreement to provide a specific range of medical services and which is listed in the **Directory of Hospitals.**
In some circumstances **treatment** may be carried out at an establishment which provides **treatment** under an arrangement with a **facility** listed in the **Directory of Hospitals**.

family member – (1) the **policyholder's** current spouse or civil partner or any person (whether or not of the same sex) living permanently in a similar relationship with the **policyholder** and (2) any of their or the **policyholder's** unmarried children.

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

Please note: the definition only applies to the additional overseas cover provided under cover level one.

nurse ◆ – a qualified **nurse** who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

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

policy – the insurance contract between **you** and **us**. Its full terms are set out in the current versions of the following documents as sent to **you** from time to time:
- any application form **we** ask **you** to fill in
- these terms and the **benefits table** setting out your cover
- your membership statement and **our** letter of acceptance
- any Statements of Fact **we** have sent **you**
- the **Directory of Hospitals**.

Please note: this membership handbook contains the terms and benefits tables for the following products: AXA PPP healthcare Key Plan, Key 6, Key Choice and Key 6 Choice, and if **you** have a 'Choice' **policy** your **policy** terms will also include an addendum which will detail how your no claims discount works and any other special terms that may apply to your **policy**.

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

private hospital – a hospital listed in the current **Directory of Hospitals**.

scanning centre – a centre in which **out-patient** CT (computerised tomography), MRI (magnetic resonance imaging) and PET (positron emission tomography) is performed. The centres **we** recognise for benefit purposes are listed in the **Directory of Hospitals**.

specialist – a medical practitioner with particular training in an area of medicine (such as consultant surgeons, consultant anaesthetists and consultant physicians) with full registration under the Medical Acts, who meets **our** criteria for **specialist** recognition for benefit purposes, and whom **we** have told in writing that **we** currently recognise them as a **specialist** for benefit purposes in their field of practice.

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

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

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

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

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

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

we/us/our – AXA PPP healthcare.

year – twelve calendar months from when your **policy** began or was last renewed.

you – the **policyholder** and any **family member** named on the **policyholder's** membership statement.

Notes

While you get on with your life, let us take care of your healthcare needs. Whether it's paying for medical treatment, providing information and advice or helping to improve your lifestyle, we can help.

At AXA PPP healthcare we are dedicated to supporting you.

INDIVIDUAL MEDICAL INSURANCE

COMPANY MEDICAL INSURANCE

INTERNATIONAL MEDICAL INSURANCE

OCCUPATIONAL HEALTH

HEALTH AND SAFETY

EMPLOYEE ASSISTANCE PROGRAMMES

DENTAL COVER

TRAVEL INSURANCE

www.axappphealthcare.co.uk/members

PPP HEALTHCARE

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