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Membership handbook

Personal – Standard
October 2015

International Health Plan

AXA PPP INTERNATIONAL
redefining / healthcare

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 **+44 (0) 1892 556 274** 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 **+44 (0) 1892 556 274**

Fax +44 (0) 1892 508 256

Available: day or night, 365 days a year.

Health at Hand **+44 (0) 1737 815 197**

Within the UK and Channel Islands **0800 003 004**

Available: day or night, 365 days a year. Our health information service. See page 43.

Emergency Assistance Centre **+44 (0) 1892 513 999**

Available: day or night, 365 days a year.

Doctor, Dental, Optical Helpline **+44 (0) 1892 545 790**

Available: day or night, 365 days a year.

Interpretation Service Helpline **+44 (0) 1892 599 944**

Available: day or night, 365 days a year.

axapppinternational.com

For information on member offers, products and travel insurance. Email – If you have any questions about your membership or want details on the progress of a claim, then you can contact us through a secure e-mail server at: axapppinternational.com/members

We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

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

Contents

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 International Health Plan.

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 page 53.

Additionally, when we refer to 'you' or 'your' throughout this document, we mean the **policyholder** and any **family members** named on the **policyholder's** membership statement. When you see 'we', 'us' or 'our' we are referring to AXA PPP International.

2 Your cover

Please remember that our policies are not intended to cover all eventualities.

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

Summary of the International Health Plan

The International Health Plan **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.

Your cover includes:

- **in-patient** and **day-patient treatment** and associated **medical practitioners'** charges
- **out-patient surgical procedures**
- **cancer treatment**, including radiotherapy and chemotherapy
- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans
- **in-patient** and **day-patient treatment** of psychiatric illness
- dental care

If you have the optional out-patient cover – your cover also includes:

- **out-patient treatment** of psychiatric illness
- **out-patient medical practitioner** charges, consultations, **diagnostic tests**, **physiotherapy** and **complementary practitioner** charges
- vaccinations.

Be aware:

Your **policy** will not cover you for:	For more information:
Routine pregnancy and childbirth.	Page 23
If you do not have the optional out-patient cover: **out-patient** physiotherapy, **medical practitioner** charges for **out-patient** consultations and **complementary practitioner** charges.	Page 33
If you do not have the optional out-patient cover: **out-patient** psychiatric **treatment**.	Page 27
Recurrent, continuing and long-term conditions (also known as **chronic conditions)**.	Page 25
For **treatment** in the **UK**, any **in-patient** or **day-patient treatment**, MRI, CT or PET scans or cataract **surgical procedures** not received in a **hospital**, **scanning centre** or **facility** listed in the **UK Directory of Hospitals**.	Page 35
Claims if you have travelled outside your **area of cover** to get **treatment** or travelled against medical advice.	Page 39
The following dental **treatments**: • routine check-ups • scale and polish • cosmetic **treatment** • dental **treatment** made necessary as a result of neglect, such as **treatment** of gingivitis or periodontitis.	Page 21

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

Please note:

We will pay **eligible medical practitioners**, **complementary practitioners** or **physiotherapists** fees up to the usual amount charged by **medical practitioners**, **complementary practitioners** or **physiotherapists** for that **treatment**, or where **treatment** is received in the **UK**, up to the level within our published schedule of procedures and fees. Please see the 'Who we pay for treatment' and 'Treatment in the United Kingdom' sections of this handbook for full details.

3 International Health Plan benefits table

The table on the following few pages show 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 tables in conjunction with the rest of your handbook.

Please make sure you call us on **+44 (0) 1892 556 274** prior to **treatment** so we can confirm the extent of your cover and any limitations that may apply.

Please note:

We will assess your claim against the limits shown below using the same currency your **policy** premium is invoiced in. For more information please see the 'Arranging treatment and making a claim' section.

International Health Plan Standard	
Benefits	**Amount payable**
Overall **policy** benefit allowance. We will pay up to the maximum amount shown each **year** for each of you. This amount does not apply to the evacuation and repatriation benefit.	
Sterling	£750,000
US Dollar	$1,200,000
Euro	€950,000
In-patient and day-patient treatment	
1. **Hospital** charges: ie charges for **in-patient** or **day-patient treatment** made by a **hospital** including charges for psychiatric **treatment**, standard accommodation, **diagnostic tests**, operating theatre charges, physiotherapy, nursing care, drugs and dressings, and surgical appliances used by the **medical practitioner** during surgery.	
Sterling	No annual maximum within your overall **policy** benefit allowance when you have **treatment** within your **area** (see also benefit 3).
US Dollar	
Euro	
For specific requirements on the above please see:	Page 32 and page 35
2. Surgeons', **anaesthetists'** and physicians' charges. This includes pre and post-operative consultations whilst an **in-patient** or **day-patient** and includes intensive care.	
Sterling	No annual maximum within your overall **policy** benefit allowance when you have **treatment** within your **area** (see also benefit 3).
US Dollar	
Euro	
For specific requirements on the above please see:	Page 33 and page 35

International Health Plan Standard	
Benefits	**Amount payable**
3. Emergency **treatment** in the USA. This is to cover emergency **in-patient** or **day-patient treatment** of a **medical condition** which arises suddenly whilst you are in the USA. **Note:** this benefit is only applicable if you do not have the USA upgrade.	
Sterling	Up to six weeks **treatment** in any **year** up to a limit of £10,000
US Dollar	Up to six weeks **treatment** in any **year** up to a limit of $16,000
Euro	Up to six weeks **treatment** in any **year** up to a limit of €12,750
For specific requirements on the above please see:	Page 39
4. Cash benefit. This benefit is paid for each night you receive free **in-patient treatment** and only if: (i) you are admitted for **in-patient treatment** before midnight (ii) the **treatment** you receive free of charge would have been **eligible** for benefit privately under this **policy**.	
Sterling	£100 a night.
US Dollar	$160 a night.
Euro	€125 a night.
5. Parent accommodation. This benefit is for the cost of one parent staying in **hospital** with a child under 18 years old while the child is receiving **eligible** private **treatment**. The child must be covered by the **policy** and the benefit is paid from the child's benefits.	
Sterling	Paid in full provided **treatment** is within your **area** (see also benefit 3).
US Dollar	
Euro	
For specific requirements on the above please see:	Page 32
Out-patient consultation and diagnostic benefit	
6. **Surgical procedures.** We will pay the surgeons' and anaesthetists' charges and the appropriate **hospital** charges.	
Sterling	No annual maximum within your overall **policy** benefit allowance.
US Dollar	
Euro	
For specific requirements on the above please see:	Page 33

International Health Plan Standard	
Benefits	**Amount payable**
7. **Active treatment of cancer**. Including charges for radiotherapy (the use of radiation to treat **cancers**) and chemotherapy (the use of drugs to treat **cancers**).	
Sterling	No annual maximum within your overall **policy** benefit allowance.
US Dollar	
Euro	
For specific requirements on the above please see:	Page 28
8. Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).	
Sterling	No annual maximum within your overall **policy** benefit allowance.
US Dollar	
Euro	
For specific requirements on the above please see:	Page 32 and page 35
Other benefits	
9. Ambulance transport. This is to pay for a road ambulance, or reasonable costs for an air ambulance if appropriate, for emergency transport to or between **hospitals**, or when the **medical practitioner** says it is medically essential.	
Sterling	Up to £500 each **year**.
US Dollar	Up to $800 each **year**.
Euro	Up to €635 each **year**.
10. **Evacuation or repatriation service.**	
Sterling	Included.
US Dollar	
Euro	
For specific requirements on the above please see:	Page 39
11. **Day-patient** and **out-patient** radiotherapy and chemotherapy cash benefit. This benefit is paid for **day-patient** or **out-patient** radiotherapy or chemotherapy you receive free for the **treatment** of **cancer** and only if the **treatment** you receive would have been **eligible** for benefit privately under this **policy**.	
Sterling	£50 a day up to £5,000 a **year**.
US Dollar	$80 a day up to $8,000 a **year**.
Euro	€60 a day up to €6,375 a **year**.
For specific requirements on the above please see:	Page 28

International Health Plan Standard	
Benefits	**Amount payable**
12. Dental care. We will pay 50% of the costs incurred. The maximum amount we will pay in a **year** is as shown.	
Sterling	£320
US Dollar	$510
Euro	€405
For specific requirements on the above please see:	Page 21
13. Spinal supports, knee braces and aircasts. This benefit also covers the provision of external prostheses during your **active treatment of cancer**.	
Sterling	£1,500
US Dollar	$2,400
Euro	€1,900
For specific requirements on the above please see:	Page 19
14. Purchase of wigs. This benefit is for the purchase of wigs whilst you are undergoing **active treatment of cancer**.	
Sterling	£150
US Dollar	$240
Euro	€190
For specific requirements on the above please see:	Page 28
15. Accidental damage to teeth.	
Sterling	Paid in full up to £10,000 each **year**.
US Dollar	Paid in full up to $16,000 each **year**.
Euro	Paid in full up to €12,750 each **year**.
For specific requirements on the above please see:	Page 21
16. Travel insurance.	
Sterling	Optional.
US Dollar	
Euro	
For specific requirements on the above please see separate policy leaflet.	

International Health Plan Standard	
Benefits	**Amount payable**
17. Additional costs incurred for the **treatment** of **medical conditions** when they occur during pregnancy or childbirth.	
Sterling	Benefits can be claimed under benefits shown above.
US Dollar	
Euro	

Please note

There is only limited cover for **out-patient treatment** as detailed in the **benefits table.**

There is no cover on the **policy** for medical practitioner charges or physiotherapy when they are carried out on an **out-patient** basis.

However if you have purchased the optional out-patient cover your cover is extended to include the benefits shown below.

International Health Plan Standard – optional out-patient cover	
Benefits	**Amount payable**
Out-patient consultation and diagnostic benefit	
The following six benefits have a combined overall limit of:	
Sterling	£750
US Dollar	$1,200
Euro	€950
1. **Medical practitioner** charges for consultations – we will pay under this benefit for all consultations, including those related to **in-patient** or **day-patient treatment**.	
For specific requirements on the above please see:	Page 33
2. Consultations and **treatment** for psychiatric illness.	
For specific requirements on the above please see:	Page 33
3. **Diagnostic tests** (including **diagnostic tests** related to **in-patient** or **day-patient treatment**).	
For specific requirements on the above please see:	Page 33
4. Physiotherapy (including physiotherapy related to **in-patient** or **day-patient treatment**).	
For specific requirements on the above please see:	Page 33

5.	Vaccinations and their administration by a **medical practitioner** or nurse. Within the limit shown above, this benefit is limited to:	
	Sterling	£150 each **year**.
	US Dollar	$240 each **year**.
	Euro	€190 each **year**.
	For specific requirements on the above please see:	Page 19
6.	**Complementary practitioner** charges. Within the limit shown above, this benefit is limited to:	
	Sterling	£200 each **year**.
	US Dollar	$320 each **year**.
	Euro	€250 each **year**.
	For specific requirements on the above please see:	Page 33

Please note:

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

Excesses do not apply to the following benefits:

- Cash benefit
- **Evacuation or repatriation service**
- **Day-patient** and **out-patient** radiotherapy and chemotherapy cash benefit
- Dental care
- Purchase of wigs.

4 Arranging treatment and making a claim

What do I need to do before I receive treatment?

Simply call us as soon as you have been referred for private **treatment**. We can then make the necessary checks that the **treatment** is **eligible** before you incur any costs. Where possible, we will assess the eligibility of your claim over the phone, however we may need to ask for more details about your **medical condition** particularly if your **policy** excludes cover for **treatment** of pre-existing conditions. Alternatively, you can pre-authorise your **treatment** via your Customer Online account at: axapppinternational.com/customeronline

Sometimes we will need more information from your **medical practitioner** before we can authorise a claim.

Please note:

For **in-patient treatment**, **day-patient treatment** or major **out-patient treatment** in Greece you must call us prior to receiving **treatment.** If you are receiving **treatment** in any other country, we recommend you contact us prior to receiving **treatment**. If you are unable to make contact before admission, we may not be able to guarantee a direct settlement so you may have to pay a deposit to the **hospital** or pay your bill in full upon leaving the **hospital**.

If you need a referral to a **medical practitioner** or **hospital** in the USA, you must call +1 800 308 2611 and follow the instructions. An adviser will confirm your entitlement to benefit for the proposed **treatment** and give you details on how to claim. If you do not call us prior to **treatment**, we may only pay up to the usual rate for the **treatment** you receive.

If you need to speak to our team of Personal Advisers for help on any other aspect of your membership please follow the instructions.

Any bills for **treatment** received in the USA should be sent to

AXA Assistance, PO Box 260338, Miami, Florida, 33126, USA.

What happens if I require emergency treatment?

If the **treatment** is given as an emergency you may not be able to telephone us beforehand. Do however, ask somebody to telephone us as soon as possible and make sure that, when you are admitted to **hospital**, the **hospital** is given your membership card so that they can contact us straight away.

How are my medical bills settled?

The **network of hospitals** lists the **hospitals** worldwide where AXA PPP International has a direct settlement agreement.

This means that if you require **in-patient treatment** and it is received at one of the named **hospitals**, we can settle **eligible** bills directly with the **hospital** on your behalf, subject to the terms of your **policy**, and providing that **treatment** has been pre-authorised by us.
This in turn will save you from having to make a pre-payment on admission. The facilities listed may change from time to time so you should always check with us before arranging any **treatment**.

If the **hospital** to which you are to be admitted is not contained in the **network of hospitals**, we may still be able to settle your expenses directly.

In the case of **out-patient treatment**, most **hospitals** will ask you to pay when you attend and give you a receipted bill to send to us for a refund.

Please note:

Please ensure that any receipted bills you send us are fully itemised and set out all costs for the **treatment** you have received. Credit card slips or non-itemised bills will not be accepted.

When you can have the bill settled directly with the hospital

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

If you need on-going **treatment** please call us as we will need to confirm if your on-going **treatment** is **eligible**, and advise you what happens next.

Out-patient cashless treatment

If you have the **out-patient** option:In many countries you can use **out-patient** facilities on a 'cashless' basis. This means that you can receive **eligible treatment** without having to pay the provider direct. To take advantage of this cashless **treatment** at one of these facilities, you must present your AXA PPP International membership card and a separate form of photo identification. Once you have received the **treatment** the provider will send the bill directly to us for payment. AXA PPP International will pay the invoice in full to the provider for the **treatment** provided. If the **treatment** for the **medical condition** is not eligible under your **policy** we will advise you and you will be responsible for reimbursing us for that **treatment**.

The **treatments** available on an **out-patient** cashless basis are as follows:

- GP/Family doctor consultations
- Specialist consultations
- Minor diagnostic tests (e.g. x-rays or ultrasounds)
- Blood tests
- Physiotherapy (up to the initial 5 sessions, further sessions will require pre-authorisation)
- Vaccinations.

When you have paid the bill

In some circumstances you may have already paid the bill directly. To claim your expenses back, please follow the procedure below:

Step one	Claims should be submitted as soon as possible and must be received by us within six months (unless this was not reasonably possible). Ensure all the necessary information is included, to avoid delays, and enclose all relevant itemised bills. We recommend you keep a copy for your own records for a minimum of 12 months.
Step two	Send your completed medical information form with any itemised bills you receive to: International Customer Service, AXA PPP International, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL, UK.
Step three	Your claim will be assessed by one of our Personal Advisers and all **eligible** payments will be made.
Step four	AXA PPP International will send you a claims benefit statement confirming the amount of benefit paid for each claim. Alternatively you can track progress of your claim via your Customer Online account at axapppinternational.com/customeronline

Claims reimbursements can be paid through a local bank in a number of currencies using the exchange rate published in the Financial Times Guide to World Currencies, current based on your **treatment** date. For **in-patient treatment** this would be your date of admission.

For a full list of the currencies we can pay claims in, please see our website: axapppinternational.com

What must I provide when making a claim?

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

- you obtain and complete any form required by us in order to provide us with the necessary information and necessary legal permissions to handle your medical information and to assess your claim. We will require this as soon as possible and no later than six months from the date the **treatment** starts (unless this was not reasonably possible); and
- we receive the invoices for **treatment** costs; and
- you promptly give us all the information we request.

Do I need to provide any other information?

4.2 It may not always be possible to assess the eligibility of your claim from the medical information form alone. In such situations we may require additional information and it is your responsibility to provide any reasonable additional information to enable us to assess your claim.

Be aware:

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

4.3 There may be instances where we are uncertain about the eligibility of a claim. If this is the case, we may at our own cost ask a **medical practitioner** chosen by us, to advise us about the medical facts relating to a claim or to examine you in connection with the claim. In choosing a relevant **medical practitioner** we will take into account your personal circumstances. You must co-operate with any **medical practitioner** chosen by us or we will not pay your claim.

What should I do if another party is responsible for some of my claims costs?

4.4 You must contact us if you are able to recover any part of your claims costs from any other party, for example if you have another insurance policy, cover through a state healthcare system or are legally entitled to recover costs from another third party. We will only pay our proper share (see also 17.2(d)). We do this so that we can keep the cost of premiums down. It also means that you can be repaid for any costs you paid yourself, such as your excess or if you paid for private **treatment** that was not covered by your **policy**.

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 medical information 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 you believe a third party caused the injury or **medical condition**, or if you believe they were at fault. We may then write to you or the third party if we require further information; and
- you must include all monies paid by us in respect of the injuries (and interest on those monies) in your claim against the third party ('our outlay'); and
- you (or your solicitors) must keep us fully informed about the progress of your claim and any action against the third party or any pre-action matters; and
- you (or your solicitors) must keep us informed of the progress and outcome of any

action or settlement discussions (providing us with access to the details of any such settlement);

- should you successfully recover any monies from the third party they should be repaid directly to us within 21 days of receipt on the following basis:
  - if the claim against the third party settles in full, you must repay our outlay in full; or
  - if the third party only pays a percentage of your claim for damages you must repay the same percentage of our outlay to us; or
  - if your claim is paid as a global settlement (where our outlay is not individually identified), you must repay our outlay in the same proportion as the global settlement bears to your total claim for damages against the third party.
- If you do not repay to us such monies (and any interest recovered from the third party), we shall be entitled to recover the same from you and your **policy** may be cancelled in line with 17.2(e) in the 'Complaint and regulatory information' section.

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

5 Existing medical conditions

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

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

Please note:

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

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

This includes:

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

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

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

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

6 Your cover for certain types of treatment

Will my policy cover me for preventive treatment?

No, this **policy** has 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**.

If you have the optional out-patient cover: We will pay for the cost of a vaccination and its administration by a **medical practitioner** or nurse as detailed in the **benefits table**.

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.

6.1 We pay for eligible:

(a) **Diagnostic tests** (as detailed in the **benefits table**).

(b) If you have the optional out-patient cover: Vaccinations, including the cost of the vaccine, when they are administered by a **medical practitioner** or nurse in their place of practice.

(c) Your first reconstructive surgery to restore function or appearance after an accident or following surgery for a **medical condition**, provided that:

- we have you continuously covered 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(k)).

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

(e) Spinal supports, knee braces or aircasts if they are a part of a **surgical procedure** and/or integral to the **treatment** of an **eligible medical condition**.

6.2 What we do not pay for:

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

(b) If you do not have the optional out-patient cover: **Out-patient** physiotherapy, **medical practitioner** charges for **out-patient** consultations and **complementary practitioner** charges.

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

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

(e) Any costs incurred as a consequence of **treatment** that is not **eligible** under your **policy**, including increased **treatment** costs.

(f) Vaccinations, routine preventive examinations or preventive screening (except as allowed in 6.2(f)).

(g) Preventive **treatment.**

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

(i) The costs of providing or fitting any external prosthesis or appliance (except as allowed by 6.1(e)).

(j) Charges for general chiropody or foot care (including but not limited to gait analysis for the provisions of orthotics) even if this is carried out by a surgical podiatrist.

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

(l) Costs incurred for, or related to, any kind of bariatric surgery, regardless of the reason the surgery is needed. This includes but is not limited to the fitting of a gastric band or creation of a gastric sleeve.

(m) 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).

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

(o) Any **treatment** to correct long or short-sightedness (except as detailed in the **benefits table**).

(p) **Treatment** relating to learning disorders, speech delay, educational problems, behavioural problems, physical development or psychological development, including assessment or grading of such problems. This includes, but is not limited to, problems such as dyslexia, dyspraxia, autistic spectrum disorder, attention deficit hyperactivity disorder (ADHD) and speech and language problems, including speech therapy needed because of another **medical condition**.

(q) Any charges which you incur for social or domestic reasons (including, but not limited to travel or home help costs) or for reasons which are not directly connected with **treatment**,

where an **in-patient** stay is extended to provide **treatment** that could be carried out on an **out-patient** basis.

(r) Any home visit, unless it is necessary following the sudden onset of an **acute condition**, which renders you incapable of attending a consultation or receiving **treatment** at a medical clinic or consulting room.

(s) Any t**reatment** costs incurred as a result of your active involvement in criminal activity.

(t) Any **treatment** needed as a result of nuclear contamination, biological contamination or chemical contamination.

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.

(u) Any **treatment** needed as a result of your active participation in 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. This includes any **treatment** needed as a result of you exposing yourself to needless peril, such as going to a place of unrest as an active onlooker or a spectator.

(v) Any **treatment** costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).

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

Will my policy cover me for dental treatment?

There is limited cover as detailed below:

6.3 We pay for eligible:

(a) Costs incurred for dental care up to the limits shown in the **benefits table**.

(b) **Treatment** made necessary by an accidental injury caused by an extra-oral impact, up to the limits shown in the **benefits table** when the following conditions will apply:

- if the **treatment** involves replacing a crown, bridge facing, veneer or denture we will pay only the reasonable cost of a replacement of similar type or quality;
- if implants are clinically needed we will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead;
- damage to dentures providing they were being worn at the time of the injury.

6.4 What we do not pay for:

(a) The following dental **treatments**:
- routine check-ups
- scale and polish
- cosmetic **treatment**
- dental **treatment** made necessary as a result of neglect (neglect means failure to visit the dentist at least once in every **year**), such as **treatment** of gingivitis or periodontitis.

(b) The cost of **treatment** made necessary by an accidental dental injury if:
- the injury was caused by eating or drinking anything, even if it contains a foreign body
- the damage was caused by normal wear and tear
- the injury was caused when boxing or playing rugby (except school rugby) unless appropriate mouth protection was worn
- the injury was caused by any means other than extra-oral impact
- the damage was caused by toothbrushing or any other oral hygiene procedure
- the damage is not apparent within seven days of the impact which caused the injury
- the costs are incurred more than 18 months after the date of the injury which made the **treatment** necessary.

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

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

Will 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.

6.5 We pay for eligible:

(a) **Surgical procedures** listed in a technical document, called the schedule of procedures and fees, 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 **medical practitioner** and the **hospital** what the fees will be. If you would like a copy of the schedule of procedures and fees please refer to the AXA PPP International website: axapppinternational.com

(b) Reasonable costs incurred for a live donor to donate an organ or tissue provided that:
- the operations to both the donor and the recipient are carried out simultaneously; and either

- both the donor and the recipient are immediate relatives (ie parent, child or sibling) and either the donor or the recipient is covered on this **policy**; or
- both the donor and the recipient are members of AXA PPP International 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 6.6(c)).

6.6 What we do not pay for:

(a) The use of a drug which has not been established as being effective or which is experimental. This means they must be licensed by the European Medicines Agency if you are receiving **treatment** in Europe, or the US Food and Drug Administration (FDA) if you are receiving **treatment** anywhere else in the world, and be used within the terms of that licence.

(b) **Treatment** which has not been established as being effective or which is experimental. For established **treatment**, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced in published medical journals for specific purposes to be considered proven safe and effective therapies.

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

Childbirth, pregnancy and sexual health

Our policies are designed to provide cover for necessary and active **treatment** of a **medical condition** (which we define as a disease, illness or injury). This means for pregnancy and childbirth that we will 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**.

6.7 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**.

6.8 What we do not pay for:

(a) Any costs related to pregnancy or childbirth (except as allowed in 6.7(a)).

(b) Investigations into and **treatment** of infertility, **treatment** designed to increase fertility (including **treatment** to prevent future miscarriage), investigation into miscarriage and assisted reproduction, or any consequence of any of the above or any **treatment** for them.

(c) Contraception or sterilisation (or its reversal) or any consequence of any of them or any **treatment** for them.

(d) **Treatment** of or related to sexual dysfunction, or any consequence of it.

(e) **Treatment** of sexually transmitted diseases.

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

(g) Any **treatment** for a baby born after either parent has taken any prescription or non-prescription drug or other **treatment** to increase fertility, or as the result of any method of assisted conception, such as IVF, while the baby requires **treatment** in a Special Care Baby Unit or requires paediatric intensive care.

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.**

We define a **chronic condition** in the glossary on page 53 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.

This **policy** is not intended to cover you against the costs of recurring, continuing or long-term **treatment** of **chronic conditions.**

Please note:

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

- the initial investigations to establish a diagnosis
- **treatment** for a period of a few months following diagnosis to allow the **medical practitioner** 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: axapppinternational.com and can also be obtained from us. You will also find further explanation of how we deal with payment for **cancer treatments** on page 28.

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) In-patient rehabilitation of up to 28 days when you are receiving **treatment**; and

- it is carried out by a **medical practitioner** specialising in rehabilitation
- it is carried out in a recognised rehabilitation **hospital** or unit
- the **treatment** could not be carried out on an **out-patient** basis
- 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.

(d) Hormone replacement therapy (HRT) only when it is medically indicated as a result of medical intervention, when we will pay for the **medical practitioner's** 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 **treatmen**t 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 (apart from as detailed in7.1(b)).

(f) **Treatment** of any **medical condition** which arises in any way from HIV infection.

What cover do I have for psychiatric treatment?

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

If **in-patient treatment** of a psychiatric illness is needed outside of the **UK**, it will be necessary for the **policyholder** or a **family member** to contact us. We can then contact the **hospital** to discuss your **treatment** and advise them on the benefits that are available. We can also request that the **hospital** send their bills directly to us.

If you have the optional out-patient cover: We will pay for **out-patient treatment** of a psychiatric illness.

Should you need to stay in **hospital** longer than was initially agreed, then we will ask the **medical practitioner** 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**.

7.3 We pay for eligible:

(a) **In-patient** or **day-patient treatment** of psychiatric illness.

7.4 What we do not pay for:

(a) If you do not have the optional out-patient cover: **Out-patient treatment** of psychiatric illness.

(b) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide (see also 6.2(c)).

(c) **Treatment** of or **treatment** which arises from or is in any way connected with, alcohol abuse, drug abuse or substance abuse (see also 6.2(d)).

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

8 Your cover for cancer treatment

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

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

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

Your **policy** covers the investigation and **active treatment of cancer**. This includes surgery, radiotherapy or chemotherapy, alone or in combination, subject to the restrictions on the **policy** on **out-patient treatment** and the overall **policy** benefit limit shown in your **benefits table.**

What if I receive my treatment for free?

If you receive your **treatment** and incur no charges in relation to that **treatment** you will be able to claim the cash benefits shown in the **benefits table** when you receive **eligible day-patient** or **out-patient** radiotherapy or chemotherapy or **eligible in-patient treatment**.

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**.

Cancer cover for International Health Plan	
Place of treatment	
✓	**Active treatment of cancer** at a **hospital** within your **area**, or in any **UK hospital**, **day-patient unit** or **scanning centre** listed in the **UK Directory of Hospitals**.
✗	Charges made for the **treatment** of **cancer** in the **UK** at a **hospital**, **day-patient unit** or **scanning centre** not listed in the **UK Directory of Hospitals**.
✗	Intravenous chemotherapy received at home.
✗	**Treatment** received at a hospice.
Diagnostic	
✓	**In-patient** and **day-patient**: • consultations with your **cancer** treating specialist, (such as an oncologist, surgeon, radiotherapist or haematologist); and • **diagnostic tests** ordered by a **medical practitioner**.
✓	**Surgical procedures** as shown below.
✓	CT, MRI and PET scans.

Cancer cover for International Health Plan	
✓ If you have the optional out-patient cover	Consultations with your **cancer** treating **specialist** (such as an oncologist, surgeon, radiotherapist or haematologist) **diagnostic tests** or procedures ordered by a **specialist**
✗ If you do not have the optional out-patient cover	There is no cover for **out-patient medical practitioner** charges, including consultations and **diagnostic tests**.
✓	Cover for genetic testing proven to help the selection of appropriate chemotherapy.
✗	Genetic screening required to establish a genetic predisposition to certain forms of **cancer** will not be covered as this would be considered preventative.
Surgery	
✓	**Surgical procedures** for the **treatment** or diagnosis of **cancer**, as shown in the 'Your cover for certain types of treatment' section when that **treatment** has been established as being effective.
✓	If you would benefit from a new or experimental surgical procedure please contact us. We will discuss your proposed surgical procedure with you and agree the level of benefit we will pay in writing before your treatment starts. Please note that we will only pay up to the equivalent non-experimental **surgical procedure** as listed in the schedule of procedures and fees. **Be aware:** There is no cover for complications that arise as a result of authorised experimental and unproven surgical procedures.
Preventative	
✗	There is no cover for preventative **treatment**, for example: • Screening undertaken as a preventative measure where there are no symptoms of **cancer**. For example, if you receive 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.

Cancer cover for International Health Plan	
✓ If you have the optional out-patient cover	Vaccines to prevent the development of **cancer**, for example vaccinations for the prevention of cervical **cancer** up to the limits shown in the **benefits table**.
Drug therapy	
✓	Drug **treatment** of **cancer** (such as chemotherapy drugs, hormone therapies and biological therapies) where the drug has been licensed for use by the European Medicines Agency if you are receiving **treatment** in Europe or the Food and Drug Administration if you are receiving **treatment** anywhere else in the world, and is used within the terms of that licence.
✓	There are some drug **treatments** for **cancer** that are typically given for prolonged periods of time. Such prolonged **treatment** normally falls outside benefit. However in the case of **treatment** of **cancer** we make an exception (subject to the limits detailed below) for chemotherapy drugs and biological therapies such as trastuzumab (Herceptin) and bevacizumab (Avastin). These drug **treatments** will be covered when they are used within the terms of their licence, and up to the period of the drug licence. Please note: changes in drug licensing mean that **cancer** drug **treatments** covered under this **policy** will change from time to time. For further information on licensed **cancer treatment** please contact our team of Personal Advisers.
✓	Experimental drug **treatments** for **cancer** will be covered when you are a participant in a randomised clinical trial which has been approved by the appropriate ethics committee, and the costs are agreed by us in writing before **treatment** commences.
✓	Cover for chemotherapy and/or biological drug **treatment** given to prevent a recurrence of **cancer** or for maintenance of remission.
✓	Cover for bisphosphonates used to prevent bone damage in **cancer** will be covered when they are administered alongside **eligible** chemotherapy for **cancer**. In addition we will cover the cost of injectable hormone **treatments** used to manage your **cancer** whilst you are undergoing **eligible** chemotherapy for **cancer**. There are also some other drug **treatments** given to treat conditions secondary to **cancer,** such as erythropoietin (EPO), which will be covered whilst you are undergoing **eligible** chemotherapy for **cancer.**
✗	**Out-patient** drugs and/or drugs prescribed by your **medical practitioner**. For example, hormone therapy tablets (such as Tamoxifen) are **out-patient** drugs and therefore not covered by this **policy**.

Cancer cover for International Health Plan	
Radiotherapy	
✓	Radiotherapy, including when used to relieve pain.
Palliative	
✓	Secondary **surgical procedures** needed to relieve the symptoms as a direct result of **cancer** such as insertion of a stent or draining of fluid.
✗	Except for the radiotherapy for the relief of pain previously described, there is no cover for care needed to relieve symptoms.
End of life care	
✗	There is no cover for end of life care, wherever carried out.
Monitoring	
✓ If you have the optional out-patient cover	Follow up consultations and reviews of **cancer** will be covered as long as you have an AXA PPP International private medical insurance policy with an appropriate **cancer** benefit. Cover will be subject to the terms and conditions of that policy at the time.
✗ If you do not have the optional out-patient cover	Monitoring of **cancer** usually takes place during **out-patient** consultations, which are not covered by this **policy**. Therefore you do not have cover for the monitoring of **cancer**.
Limits	
There are no time limits on your **active treatment of cancer**. Your **policy** provides cover throughout your active **treatment** while you are a member of AXA PPP International.	
There are no monetary limits that apply specifically to your **eligible active treatment of cancer.**	
Other benefits	
✓	Stem cell **treatment** and bone marrow **treatment**, including the reasonable costs incurred for a live donor to donate bone marrow or stem cells as shown in the 'Your cover for certain types of treatment' section.
✗	There is no cover for related administration costs (such as, but not limited to, transport costs and the cost of a donor search).

9 Where you are covered for treatment

Which hospitals do I have cover for?

You can use any **hospital** within your **area** and we will pay the reasonable charges for a standard single en-suite room. We will not pay for any room upgrades, menu items not included as standard, luxury menu items or visitors meals. Specific requirements apply to receiving **treatment** in the **UK**. Please see the 'Treatment in the United Kingdom' section for details.

However, we cannot settle bills for **in-patient treatment** directly with all **hospitals**; please refer to the 'Arranging treatment and making a claim' section.

Please note:

We recommend that you call us prior to receiving any **treatment** to ensure that the **treatment** you need will be covered. This will enable us to confirm that we will pay the **hospitals** fees in full, and to arrange the direct settlement. If you do not call us prior to receiving **treatment** we may only pay up to the usual rate unless your admission was an emergency.

9.1 We pay for eligible:

(a) Charges made by, or incurred in, a **hospital** within your **area**. We will pay the reasonable charges for the use of a standard single en-suite room. If you receive emergency **treatment** or **treatment** of a **medical condition** which arises suddenly, in any other **hospital** we will pay only the emergency **treatment** in the USA benefit shown in the **benefits table**.

9.2 What we do not pay for:

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

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

(c) Any additional **hospital** charges for a non-standard single en-suite room or room upgrade, luxury menu items, menu items not included as standard, visitors meals or other additional costs that would not be charged to a person staying in a standard single en-suite room.

Please note: you may choose to upgrade your room or menu items, however we will only pay for the reasonable charges for a single en-suite room and you will be responsible for paying any additional charges.

10 Who we pay for treatment

Your **policy** provides benefit for **eligible in-patient** and **day-patient treatment** provided by **medical practitioners**.

If you have the optional out-patient cover: This **policy** also provides benefit for **eligible out-patient treatment** provided by **medical practitioners**, **complementary practitioners** and **physiotherapists**.

What services provided by medical practitioners, physiotherapists and complementary practitioners are eligible for benefit?

Medical practitioners' fees for **treatment** in **hospital** and **surgical procedures** are **eligible** for benefit, subject to any limits of this **policy**. We do not pay charges for administration costs or written reports.

If you have the optional out-patient cover**: Medical practitioners'** fees for consultations, **out-patient diagnostic tests**, and vaccinations are **eligible** for benefit, subject to any limits of this **policy**. **Complementary practitioners'** and **physiotherapists'** charges for **treatment** are covered, subject to any limits of this **policy**.

Will treatment charges be met in full?

We recommend that you call us prior to receiving any **treatment** so we can confirm that we will pay the **medical practitioner's, physiotherapist's** or **complementary practitioner's** fees in full. If you do not call us prior to **treatment** we will pay up to the usual amount charged by **medical practitioners, physiotherapists** or **complementary practitioners** for that **treatment**.

If you have the optional out-patient cover: This **policy** also provides benefit for **eligible treatment** provided by **complementary practitioners** and **physiotherapists**.

10.1 We pay for eligible:

(a) If you have the optional out-patient cover: **Treatment** charges outside the **UK** up to the usual amount charged by **medical practitioners**, **physiotherapists** or **complementary practitioners** for that **treatment**.

Please note: We will only pay fees for one surgeon and one anaesthetist unless agreed by us in writing before the operation is carried out.

10.2 What we do not pay for:

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

(b) **Treatment** charges outside of the **UK** in excess of the usual amount charged by **medical practitioners**, **physiotherapists** or **complementary practitioners** for that **treatment**, or fees for assistant surgeons and anaesthetists (except as allowed in 10.1(a))

(c) Any charges made for written reports or any other administrative costs.

Please see also the 'Treatment in the United Kingdom' section for specific requirements that apply to receiving **treatment** in the **UK**.

11 Treatment in the United Kingdom

There may be times when you prefer to have **treatment** in the **United Kingdom (UK)**. Your **policy** benefit limits remain the same for **treatment** received in the **UK**.

The **policy** terms contained in the previous sections also apply to **treatment** in the **UK**. To enable us to take advantage of the existing relationships we have in the **UK** with **medical practitioners** and **hospitals**, the following requirements also apply to **treatment** received in the **UK**.

How are my medical bills settled in the UK?

AXA PPP International provides a direct settlement service for our International **policyholders** who have **treatment** in the **UK**. If you require **treatment** it must be in a **hospital** listed in the **UK Directory of Hospitals**. The **hospital** will send their **in-patient treatment** and **day-patient treatment** bills directly to us when you have provided a completed claim form or produced our confirmation of cover letter.

If you need to make a claim, please follow the procedure described in the 'Arranging treatment and making a claim' section.

What cover do I have for psychiatric treatment in the UK?

Should you require **in-patient treatment** of a psychiatric illness in the **UK**, 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 **medical practitioner** to provide further details to enable us to assess why further **treatment** is necessary.

Please see page 26 for full details of your cover for psychiatric treatment.

Which hospitals do I have cover for in the UK?

In addition to the cover described in the 'Where you are covered for treatment' section we will pay for **eligible** charges in the **UK** made by a provider we have an agreement with for the use of their facilities on an **out-patient treatment** basis (which may include charges for the use of drugs). However, if you need **in-patient treatment**, **day-patient treatment** or computerised tomography (CT), magnetic resonance imaging (MRI) or positron emission tomography (PET) in the **UK** you must use a **hospital**, **day-patient unit** or **scanning centre** in the **UK Directory of Hospitals**.

The **UK Directory of Hospitals** is available on our website: axapppinternational.com or by contacting our Personal Advisory Team.

We have chosen **hospitals** for inclusion in the **UK Directory of 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 **UK Directory of Hospitals** to protect the interests of all our customers. In such an event we will indicate the suspension on our website axapppinternational.com. To be assured of cover, please call our team of Personal Advisers in advance of any **treatment**.

We also have specific arrangements in regard to **eligible** cataract **surgical procedures** in the **UK** as detailed below.

What happens if I choose to have treatment at a hospital, day-patient unit or scanning centre in the UK which is not in the UK Directory of Hospitals?

If you have **in-patient treatment** or **day-patient treatment** in any **hospital** or **day-patient unit** not in the **UK Directory of Hospitals**, or MRI, CT or PET in any **scanning centre** which we do not list in the **UK Directory of Hospitals**, then we will only pay you a small cash benefit as shown on the table below. You will be entirely responsible for paying the **hospital** bills.

International Health Plan – Cash benefits in the United Kingdom	
Benefits	**Amount payable**
	Standard
In-patient and day-patient treatment	
1. Out of directory cash benefit. This benefit is payable if you receive **in-patient** or **day-patient treatment** at a **hospital** or **day-patient unit** in the **UK** not listed in the **UK Directory of Hospitals**.	
Sterling	£100 each day for **day-patient treatment** or each night for **in-patient treatment**.
US Dollar	$160 each day for **day-patient treatment** or each night for **in-patient treatment**.
Euro	€125 each day for **day-patient treatment** or each night for **in-patient treatment**.
2. Out of directory scanning cash benefit. This benefit is payable for using a CT, MRI or PET facility in the **UK** that is not listed as a **scanning centre** in the **UK Directory of Hospitals**.	
Sterling	£100 each visit.
US Dollar	$160 each visit.
Euro	€125 each visit.
For specific requirements please see:	Page 35

Be aware:

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

Where can I receive eligible cataract surgical treatment in the UK?

If you require a cataract **surgical procedure** in the **UK** we will pay for **eligible treatment** when you are referred directly to a **facility** with which we have an agreement to provide cataract **surgical procedures**.

11.1 We pay for eligible:

(a) Cataract **surgical procedures** in the **UK** following referral to a **facility** in the **UK** with which we have an agreement for the provision of cataract **surgical procedures**.

(b) Charges made in the **UK** 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).

11.2 What we do not pay for:

(a) **In-patient treatment** charges for any **hospital** outside the **UK** which are unreasonable or excessive.

Will treatment charges made by medical practitioners, physiotherapists or complementary practitioners in the UK be met in full?

We publish a document called the 'schedule of procedures and fees' which sets out what we will pay **medical practitioners**, **physiotherapists** and **complementary practitioners** in the **UK**, for the services they provide to our customers. We will pay **eligible** fees in full when a **medical practitioner**, **physiotherapist** or **complementary practitioner** charges up to the level shown within the schedule of procedures and fees.

If you have the optional out-patient cover: We will pay **physiotherapist** and **complementary practitioner** charges up to the level shown within the schedule of procedure and fees.This is available on our website: axapppinternational.com or by contacting our Personal Advisory Team.

We strongly advise that you call us before you receive **treatment**, to confirm whether we will pay the **treatment** charges in full for the person you are planning to see. If we will not pay the fee in full we will tell you how much we will pay towards the cost of your **treatment**.

What if an anaesthetist becomes involved in my treatment in the UK?

Before receiving surgical **treatment** in the **UK** it is advisable to establish which anaesthetist your **medical practitioner** intends to use. This will mean we can tell you if that anaesthetist is one who we pay in full or, if this is not the case, what fee we will pay (as set out in the schedule of

procedures and fees). However, if you don't know when you call us which anaesthetist your **medical practitioner** intends to use we will make every effort to notify you whether they commonly work with an anaesthetist who we do not pay in full.

11.3 We pay for eligible:

(a) **Treatment** charges in the **UK** made at the level set out in our schedule of procedures and fees, or at the amount charged if lower than that level.

11.4 What we do not pay for:

(a) **Treatment** charges in the **UK** when they are above the level set out in our schedule of procedures and fees.

(b) **Treatment** charges in the **UK** made by a **medical practitioner, physiotherapist** or **complementary practitioner** who we have identified to you as someone whose fees we will pay in full if, without our prior agreement, they charge significantly more than their usual amount for **treatment**.

12 Emergency treatment outside your area of cover

What out of area cover do I have on my policy?

Your **policy** has been designed primarily to provide cover for medical **treatment** received within your **area of cover**. If you do not have the USA upgrade there is some limited out of **area** cover for emergency **treatment** as detailed in the **benefits table**.

12.1 We pay for eligible:

(a) Emergency **treatment** or **treatment** of a **medical condition** which arises suddenly whilst you are in the USA up to the limits shown in the **benefits table**.

Please note: this benefit is only applicable if you do not have the USA upgrade. We will pay the reasonable **eligible** charges for the use of a single en-suite room where applicable.

12.2 What we do not pay for:

(a) Claims if you have travelled outside your **area of cover** 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).

(b) **In-patient treatment** charges for any **hospital** outside of the **UK** which are unreasonable or excessive.

13 Evacuation or repatriation service

Can I be repatriated to my principal country of residence or area for treatment?

There may be reasons why you would prefer to return to your **principal country of residence** or **area** for **treatment** which does not involve an emergency admission. In this case you will be covered by the benefits of this **policy** on return to your **principal country of residence** or **area** and can claim in the usual way. The cost of returning to your **principal country of residence** or **area** in these circumstances will be your responsibility.

What if I am taken ill but the local medical facilities are not adequate to treat me?

Should you be injured or become ill suddenly and need immediate emergency **in-patient treatment** then the **evacuation or repatriation service** will become available to you.

The **evacuation or repatriation service** is defined in the glossary as:

moving you to another **hospital** which has the necessary medical facilities either in the country where you are taken ill or in another nearby country (evacuation) or bringing you back to your **principal country of residence** or your **home country** (repatriation). The service includes any necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you.

The exclusions in other parts of this document do not apply to the **evacuation or repatriation service** but will apply to **treatment** in your **principal country of residence**, **home country** or any country to which you have been evacuated. If you need the **evacuation or repatriation service** you must contact the emergency assistance centre so that immediate help or advice can be given over the phone.

Arrangements may then be made for an **appointed doctor** to see you and to move you or bring you back to your **principal country of residence** if necessary. If an **appointed doctor** thinks it is necessary then the **evacuation or repatriation service** will be carried out under medical supervision.

The full rules relating to the **evacuation or repatriation service** can be found under 13.1 and 13.2.

Specific terms relating to the overseas evacuation or repatriation service

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

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

(b) If you are admitted to **hospital** then, if in the opinion of the **appointed doctor** the medical facilities in the **hospital** are not suitable or adequate, you will be evacuated to the nearest place where appropriate services are available.

(c) 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.

(d) Cover for the reasonable additional travelling and accommodation costs incurred in returning to the **principal country of residence** any **family members** covered by an AXA PPP International policy who are accompanying you on the overseas journey.

(e) Bringing your body back to a port or airport in your **principal country of residence** or your **home country**, if you die outside of your **home country**, except if you die in the circumstances shown in 13.2(b).

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

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

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

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

(d) Any costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).

(e) **Treatment** of injuries sustained from base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500

metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

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

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

(h) **Treatment** costs other than for the necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you.

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

(j) Any costs incurred as a result of nuclear, 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 when you are on a leisure trip and 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.

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

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

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

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

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

14 Health at Hand

24 hour medical support for you and your family

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

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

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

Health at Hand – +44 (0) 1737 815 197

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: axapppinternational.com

If calling from the UK and Channel Islands please dial 0800 003 004.

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

Please note:

Health at Hand does not diagnose or prescribe and is not designed to take the place of your medical practitioner. However, it can provide you with valuable information to help put your mind at rest.

As Health at Hand is a confidential service, any information you discuss is not shared with our team of Personal Advisers. If you wish to authorise treatment, enquire about a claim or have a membership query, our team of Personal Advisers will be happy to help you.

15 Additional benefits

Personal Case Management

In the unfortunate event that you are diagnosed with a serious illness, we may offer you access to a personal case management service. Medical practitioners will review your case and may also be able to recommend a suitable course of **treatment** for you.

Please note:

If you choose to make use of this service, any **treatment** you receive will remain subject to the terms and limits of this **policy**, even if it is on the recommendation of the medical practitioner reviewing your case.

16 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 after either parent has taken any prescription or non-prescription drug or other **treatment** to increase fertility, or as the result of any method of assisted conception such as IVF. In such circumstances we reserve the right to apply particular restrictions to the cover we will offer and we will notify you of those terms as soon as reasonably possible. This may limit your baby's cover for existing **medical conditions**. This would mean that your baby will not be covered for **treatment** carried out for **medical conditions** which existed prior to joining, such as **treatment** in a Special Care Baby Unit and you will be liable for these costs.

Can I cancel my policy?

You have a 14 day cooling off period when you join and at each renewal. Please see section 17.1(h) '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 for **UK** bank account holders, however, if you choose this payment method you must pay your premium in Sterling. Alternatively you may pay quarterly or annually by cheque. Premiums are payable for each person covered and any increase will normally take effect from the annual renewal date of your membership.

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.

However you pay your premium at the moment bear in mind that you can change to another method simply by contacting our team of Personal Advisers.

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 **eligible treatment** costs covered by your **policy year**. The **eligible treatment** cost is the value of your claim after we have applied any **policy** limits or deductions.
- 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 deducted the excess amount.
- The excess is a single deduction that is made regardless of the number of individual **medical conditions** claimed for in that **policy year**.
- Should **treatment** continue beyond your policy's renewal date then we will apply the excess:
  - Once against the costs incurred before this date, and;
  - 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 only apply the excess against **eligible treatment** costs covered by your **policy**.

17 Complaint and regulatory information

Not happy with our service?

The most important thing for us is to help resolve your concerns as quickly and easily as possible. We'll do all we can to resolve your complaint by the end of the next business day. However, if we can't do this, we'll contact you within five working days to acknowledge your complaint and explain the next steps. Letting us know when you're unhappy with our service gives us the opportunity to put things right for you and improve our service for everybody.

No matter how you decide to communicate your concerns, we'll listen. You can call us on **+ 44 (0) 1892 556 274,** or write to us at:

AXA PPP International

Phillips House

Crescent Road

Tunbridge Wells

TN1 2PL

UK.

To help us resolve your complaint, we'll need the following:

- Your name and membership details
- A contact telephone number
- A description of your complaint
- Any relevant information relating to your complaint that we may not have already seen.

Financial Ombudsman Service

We will generally issue our final response within eight weeks from when you originally contacted us. However, we will respond sooner than this, if we are able.

If it looks as though our review of your complaint will take longer than this, we will let you know the reasons for the delay and will keep you updated.

If we cannot respond fully to your complaint within eight weeks, or you are unhappy with our final response, you can refer your complaint to the Financial Ombudsman Service for an independent review. The Financial Ombudsman Service will only consider your complaint once we have issued a final response, or if eight weeks has passed since you first notified us of your complaint.

How to contact the Financial Ombudsman Service

The Financial Ombudsman Service

Exchange Tower

Harbour Exchange Square

London

E14 9SR

UK.

By telephone: +44 (0) 300 123 9 123

By telephone: 0800 023 4567 within the UK and Channel Islands

Email: complaint.info@financial-ombudsman.org.uk

Website: financial-ombudsman.org.uk

None of these procedures affect your legal rights.

What regulatory protection do I have?

AXA PPP International is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. The FCA have set out rules which regulate the sale and administration of general insurance which we must follow when we deal with you. Our register number is 202947. This information can be checked from the FCA website: fca.org.uk

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

What we do with your personal data

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 send personal and sensitive personal information in confidence for processing by other companies and intermediaries, including those located in countries outside the European Economic Area (EEA), including to countries where the laws protecting personal information may not be as strong as in the EEA. We take steps to ensure that any sub-contractors give at least the same protections as we do.

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 legal holder of this insurance **policy**, we will send all correspondence about the **policy**, including any claims correspondence, to the **policyholder.** If any **family member** over 18 insured under the **policy** does not want us to do this they should apply for their own **policy**.

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 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 other members of the **AXA UK Group**, may use the information you have provided to us to inform you by letter, telephone, email or mobile message of products and services such as special offers and healthcare information. 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.

Legal rights and responsibilities

17.1 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 must write and tell us if you change your address.

(d) You must tell us if you change your **principal country of residence** even if you are staying in the same **area**. There are some countries where we are unable to continue providing your private medical insurance, so you should contact us as soon as you know you are moving to ensure your cover will still be valid in your new **principal country of residence**.

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

(f) 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**.

(g) You must pay your premium when it is due. We will decide the amount at the start of each **year** and tell you how much it is. You can pay it in the way you have agreed with us. We can change the amount of your premium during a **year** to reflect any change in insurance premium tax or other taxes but we will tell you of the change. If your premium payments are not up to date your **policy** will end.

(h) 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**.

(i) 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.

(j) If you are domiciled outside of the European Economic Area, then you and we irrevocably agree and submit to the exclusive jurisdiction of the courts of England and Wales.

17.2 AXA PPP International'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. We can refuse to give cover and will tell you if we do.

(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) We, or any person or company that we nominate, have subrogated rights of recovery of the **policyholder** or any **family members** in the event of a claim. This means that we will assume the rights of **policyholders** or any **family members** to recover any amount which they are entitled, for example from someone who caused your injury or illness, another insurer or a state healthcare system, and which we have already covered under this **policy**. The **policyholder** must provide us with all documents, including medical records and provide any reasonable assistance we may need to enable us to exercise these subrogated rights and must not do anything to prejudice such rights at any time. We reserve the right to deduct from any claims payment otherwise due to you or an amount equivalent to the amount you could recover from a third party or state healthcare system.

(e) If you break any of the terms of the **policy** which we reasonably consider to be fundamental, we may (subject to 17.2(f)) do one or more of the following:

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

(f) If you (or anyone acting on your behalf) make a claim under your **policy** knowing it to be false or fraudulent, we can refuse to make benefit payments for that claim and may declare the **policy** void, as if it never existed. If we have already paid benefit we can recover those sums from you. Where we have paid a claim later found to be fraudulent, (whether in whole, or in part), we will be able to recover those sums from you.

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

(h) 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.

(i) This **policy** is written in English and all other information and communications to you relating to this **policy** will also be in English unless we have agreed otherwise in writing.

18 Glossary

Throughout this handbook certain words and phrases appear in **bold**. Where these words appear they have a special medical or legal meaning. These meanings are set out below.

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

active treatment of cancer – treatment intended to affect the growth of the **cancer** by shrinking the **cancer**, stabilising it or slowing the spread of disease, and not given solely to relieve symptoms.

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

Agreement – an agreement we have with each of the hospitals, **day-patient units** and **scanning centres** listed in the **UK 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**.

area – one of the following:
Worldwide including the USA upgrade; or
Worldwide excluding the USA.
area of cover – the **area** your **principal country of residence** is situated in.

AXA UK Group – The companies that make up the AXA UK Group. At the time of printing these are; AXA PPP healthcare Limited, AXA PPP healthcare Group PLC, AXA PPP healthcare Administration Services Limited, Health-on-Line Company UK Limited, SecureHealth, AXA Wealth, Sunlife Direct, Swiftcover, AXA Insurance and Architas Multi-Manager. The companies that make up the AXA UK Group may change from time to time. Please visit axappphealthcare.co.uk/group for the most up to date list.

benefits table – the table applicable to this **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.

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

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

complementary practitioner – where **treatment** is given outside the **UK**, a qualified practitioner who is registered to practice as a homeopath, acupuncturist, osteopath or chiropractor or in Chinese herbal medicine where the **treatment** is given.

For **treatment** in the **UK** only:

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 for **treatment** in the **UK** are listed in the **UK 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.

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 your **principal country of residence** or your **home country** (repatriation). The service includes any necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you.

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

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

family member – (1) the **policyholder's** current spouse or civil partner or any person (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** children.

home country – a country for which you hold a current passport. This is the country to which you may choose to be repatriated under the **evacuation or repatriation service**.

hospital – any establishment which is licensed as a medical or surgical **hospital** in the country where it operates, except the **UK** when it is an establishment listed as a **hospital** in the **UK Directory of Hospitals**.

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

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

medical practitioner – where **treatment** is given outside Great Britain and Northern Ireland, including the Isle of Man, 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'.

Where **treatment** is given in Great Britain and Northern Ireland, including the Isle of Man, a medical or dental practitioner with full registration under the Medical Acts, who meets our criteria for specialist recognition for benefit purposes, and who we have told in writing that we currently recognise him/her as a specialist for benefit purposes in his/her field of practice.

For **out-patient treatment** in Great Britain and Northern Ireland, including the Isle of Man only:

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

network of hospitals – the **hospitals** where we have a direct settlement agreement, including the **UK Directory of Hospitals**. The network of **hospitals** can be viewed via your Customer Online account at axapppinternational.com customeronline. The facilities listed may change from time to time so you should always check with us before arranging any **treatment**.

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

physiotherapist – a person who is qualified and licensed to practice as a physiotherapist where the **treatment** is given.

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

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**.

principal country of residence – the country where the **policyholder** lives or intends to live for most of the **year**. It will be shown as your address in our records.

IMPORTANT: If your **principal country of residence** is the United States or Canada we will terminate this **policy** at the end of your first **year**.

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

The centres we recognise for benefit purposes are listed in the **UK Directory of Hospitals**.

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

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

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

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

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

year – 12 calendar months from when your **policy** began or was last renewed .

Notes

'Peace of mind'

Wherever you are, we'll help connect you to the right medical expertise.

www.axapppinternational.com

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