



# FIRST HEALTHCARE

**Membership handbook**  
**What you need to know**  
October 2009



PPP 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 **our** team of Personal Advisers when your **child** needs **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

**You** will find the telephone number of **our** Personal Advisers on your membership card and membership statement.

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

### Health at Hand 0800 003 004

Available: day or night, 365 days a year.

Our health information service. See page 29.

### [www.axapphealthcare.co.uk/members](http://www.axapphealthcare.co.uk/members)

Available: day or night, 365 days a **year**.

For information on member offers, products and travel insurance.

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

For example 'Health at Hand' can be contacted on 18001 0800 003 004.

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

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# 1 Introduction

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

This handbook sets out the terms of cover for First Healthcare plan. It is an important document as it details:

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

Throughout your handbook certain words and phrases appear in **bold type** to indicate they have a special medical or legal meaning. **You** will find a glossary of these words on pages 37–40.

## 2 Your child's cover

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

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

### Summary of the First Healthcare Plan

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

Your **child's** cover includes:

- **in-patient** and **day-patient treatment** and associated **specialists'** charges.

First Healthcare provides cover for the following **out-patient treatments** when they are performed before diagnosis:

- **out-patient** consultations and **diagnostic tests**
- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans.

In addition, it provides cover for the following **out-patient treatments** when they are performed after diagnosis provided they are performed within three months immediately following related **eligible in-patient** or **day-patient treatment**. This includes:

- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans
- **diagnostic tests**; and
- **out-patient consultations**
- **clinical practitioner** charges (including physiotherapy).

Further to this, **out-patient** radiotherapy and chemotherapy are also covered when they follow related **eligible in-patient** or **day-patient treatment**. The three month time limit does not apply in this case.

With First Healthcare, if the NHS can give your **child** the **in-patient treatment, day-patient treatment** or **out-patient treatment** following diagnosis that they need, within six weeks of the date on which the **treatment** should be undertaken, then they must use the NHS.

## Be aware:

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Your <b>policy</b> will not cover <b>you</b> for:	For more information:
General dental procedures.	Page 25
Routine pregnancy and childbirth.	Pages 19–20
Complementary practitioner <b>treatment</b> .	Pages 16–20
Psychiatric <b>treatment</b> .	Page 16
Emergency or urgent <b>treatment</b> .	Page 9

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

## Please note:

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

## 3 Benefits tables

The table on the following few pages shows the benefits available for your **child** together with the monetary limits on this **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 the telephone number on your membership card and membership statement so **we** can confirm the extent of the cover and any limitations that may apply.

### **Please note:**

This **policy** will cover the costs of **in-patient** or **day-patient treatment** – or **out-patient surgical procedures** performed after diagnosis – if the National Health Service could not provide that **treatment** within six weeks after the date on which the **treatment** should be undertaken.

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

At the time of going to print the NHS was commonly providing **treatment** of **cancer** within six weeks and therefore it is unlikely that there will be cover on this **policy** for such **treatment**.

<b>FIRST HEALTHCARE COVER</b>	
<b>Benefits</b>	<b>Amount payable</b>
<b>In-patient &amp; day-patient treatment</b>	
1. <b>Private hospital</b> and <b>day-patient unit</b> charges. Including charges for accommodation, <b>diagnostic tests</b> , operating theatre charges, nursing care, drugs and dressings, physiotherapy, and surgical appliances used by the <b>specialist</b> during surgery.	Paid in full in a <b>private hospital</b> or <b>day-patient unit</b> that is listed in the <b>Directory of Hospitals</b> and paid up to the normal daily rates for a private hospital or <b>day-patient unit</b> not listed in the <b>Directory of Hospitals</b> .
For more information on the above please see:	Pages 24–25
2. <b>Specialists'</b> fees. (Surgeons', anaesthetists' and physicians').	No annual maximum
For more information on the above please see:	Pages 26–28

*continued overleaf*

**FIRST HEALTHCARE COVER** (continued)

Benefits	Amount payable
<b>In-patient &amp; day-patient treatment continued</b>	
3. <b>In-patient</b> consultations. Benefit for a consultation with a second <b>specialist</b> arranged by the treating <b>specialist</b> .	No annual maximum
For more information on the above please see:	Pages 26–28
4. Parent accommodation. This benefit is for the cost of one parent staying in hospital with a <b>child</b> under 11 years old while the <b>child</b> is receiving <b>eligible</b> private <b>treatment</b> .	Paid in full
5. <b>Surgical procedures</b> to establish diagnosis.	No annual maximum
<b>Out-patient treatment</b> – up to diagnosis	
6. <b>Specialist</b> consultations to establish diagnosis.	No annual maximum
For more information on the above please see:	Pages 16–18
7. <b>Diagnostic tests</b> on <b>specialist</b> referral to establish diagnosis.	No annual maximum
For more information on the above please see:	Pages 16–18
8. Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) to establish diagnosis.	Paid in full in a <b>scanning centre</b> listed in the <b>Directory of Hospitals</b> and paid up to the normal rates for a <b>scanning centre</b> not listed in the <b>Directory of Hospitals</b> .
For more information on the above please see:	Pages 24–25
<b>Out-patient treatment</b> – after diagnosis	
9. <b>Surgical procedures</b>	No annual maximum
For more information on the above please see:	Pages 16–18
10. <b>Specialist</b> consultations.	No annual maximum provided such <b>treatment</b> follows within three months of related <b>in-patient</b> or <b>day-patient treatment</b> covered by the <b>policy</b> .
11. <b>Diagnostic tests</b> on <b>specialist</b> referral.	
12. <b>Clinical practitioner</b> charges (including physiotherapy).	
For more information on the above please see:	Pages 26–28

**FIRST HEALTHCARE COVER** (continued)

Benefits	Amount payable
<b>Out-patient treatment continued</b>	
13. Radiotherapy (the use of radiation to treat <b>cancers</b> ) and chemotherapy (the use of drugs to treat <b>cancers</b> ).	No annual maximum provided such <b>treatment</b> follows related <b>in-patient</b> or <b>day-patient treatment</b> covered by the <b>policy</b> .
For more information on the above please see: Pages 22–23	
14. Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).	Paid in full in a <b>scanning centre</b> listed in the <b>Directory of Hospitals</b> and paid up to the normal rates for a <b>scanning centre</b> not listed in the <b>Directory of Hospitals</b> provided such <b>treatment</b> follows within three months of related <b>in-patient</b> or <b>day-patient treatment</b> covered by the <b>policy</b> .
For more information on the above please see: Pages 24–26	
<b>Other benefits</b>	
15. Ambulance transport. When your <b>child</b> is receiving private <b>in-patient</b> or <b>day-patient treatment</b> and it is medically necessary to use a road ambulance to transport them between a hospital and another medical <b>facility</b> .	Paid in full
16. Hospital-at-home. This is for <b>treatment</b> provided at home or another clinically appropriate setting for the administration of intravenous chemotherapy for the <b>treatment of cancer</b> or intravenous antibiotics which otherwise would require your <b>child</b> to be admitted for <b>in-patient</b> or <b>day-patient treatment</b> .	Paid in full when <b>treatment</b> : <ul style="list-style-type: none"> <li>• is provided by a <b>nurse</b> under the control of a <b>specialist</b>; and</li> <li>• is provided through a healthcare services supplier which <b>we</b> have a contract with for such services; and</li> <li>• has been agreed by <b>us</b> before the <b>treatment</b> begins.</li> </ul>
17. Health at Hand. Confidential medical information for the family.	Immediate access 24 hours a day, 365 days a <b>year</b> .
For more information on the above please see: Page 24	

# 4 Arranging treatment and making a claim

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

<b>Step One</b>	Your <b>child's</b> GP refers them to a <b>specialist</b> for private <b>treatment</b> .
<b>Step Two</b>	<b>You</b> need to call <b>us</b> on the telephone number on your membership card and membership statement to check that the <b>treatment</b> is <b>eligible</b> . Please note: there is no cover for urgent or emergency <b>treatment</b> . Please help <b>us</b> by having the following details available: <ul style="list-style-type: none"><li>• <b>Specialist</b> or group practice name.</li><li>• Hospital name and any admission dates.</li><li>• A procedure code if your <b>child</b> is having a <b>surgical procedure</b>.</li></ul>
<b>Step Three</b>	<b>We</b> will then: <ul style="list-style-type: none"><li>• Check that <b>we</b> will pay the <b>specialist's</b> fees in full.</li><li>• Confirm which hospitals, <b>day-patient units</b> and <b>scanning centres</b> are covered.</li><li>• Send <b>you</b> a partially completed claim form (if applicable).*</li></ul>
<b>Step Four</b>	<ul style="list-style-type: none"><li>• Complete your section of the claim form (if applicable).*</li><li>• Take the claim form to your <b>child's</b> first consultation with the <b>specialist</b> and ask the <b>specialist</b> to complete it and return it to AXA PPP healthcare.</li></ul>
<b>Step Five</b>	Send in any outstanding accounts for <b>treatment</b> to AXA PPP healthcare. If your <b>child</b> requires further <b>treatment</b> contact <b>us</b> to confirm the cover.

*\*In many cases a claim form may not be required.*

Please send any correspondence to:

AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

## **Please note:**

There is no cover for urgent or emergency **treatment**.

If **in-patient** or **day-patient treatment** or an **out-patient surgical procedure** performed after diagnosis is necessary **you** will need to establish that **treatment** is not available within the next six weeks on the NHS after the date on which the **treatment** should be undertaken.

## **Be aware:**

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

## What happens if my child requires emergency treatment?

This **policy** will only provide benefit for **in-patient** or **day-patient treatment** and **out-patient surgical procedures** performed after diagnosis if the NHS cannot provide that **treatment** within six weeks after the date on which the **treatment** should be undertaken.

### **Be aware:**

This means that conditions for which urgent or emergency **treatment** is needed are not covered by the **policy**. As **you** will appreciate, if your **child** has a serious or life threatening condition which needs urgent **treatment**, the NHS will treat that condition within six weeks. This **policy** therefore will not cover it because of its urgent or emergency nature.

## How are medical bills settled?

**We** normally receive accounts for **treatment** directly from **specialists** or hospitals.

However, if **you** receive an account for payment, please forward it to **us**. **We** can settle **eligible** bills direct with the hospital or **specialist**. If **you** have paid the accounts, then **we** will reimburse **you**.

## What must I provide when making a claim?

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

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

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

## Do I need to provide any other information?

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

### **Be aware:**

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

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

### What should I do if my child has cover on another insurance policy?

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

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

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

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

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

In this case, the following shall apply:

- **you** must tell **us** as quickly as possible if a third party caused the injury or **medical condition** or if they were at fault. **We** may then write to **you** if **we** require further information; and
- **you** (or your solicitors) must keep **us** fully informed about the progress and outcome of any action; and
- **you** must include all monies paid by **us** in respect of the injuries (and interest on those monies) in your claim against the third party ('**our** outlay'); and
- if **you** decide to claim for damages and have received benefit under this **policy** as a result of any alleged negligence or action of a third party **we** will charge **you** an administration fee of up to £400, excluding VAT. **We** will include the administration fee in the summary of **our** outlay submitted to your opponents.

**You** must use all reasonable endeavours to recover the administration fee within your claim; and

- should **you** successfully recover any monies from the third party (whether in full or part settlement) **you** will pay **our** outlay or in the event that **you** recover only a percentage of your claim for damages the same percentage of **our** outlay directly to **us** within 21 days of the recovery. If **you** do not repay to **us** such monies (and any interest), **we** shall be entitled to recover the same from **you**; and
- any global settlement will be deemed to include recovery of **our** outlay in the same proportion as the global settlement bears to the total claim for damages.

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

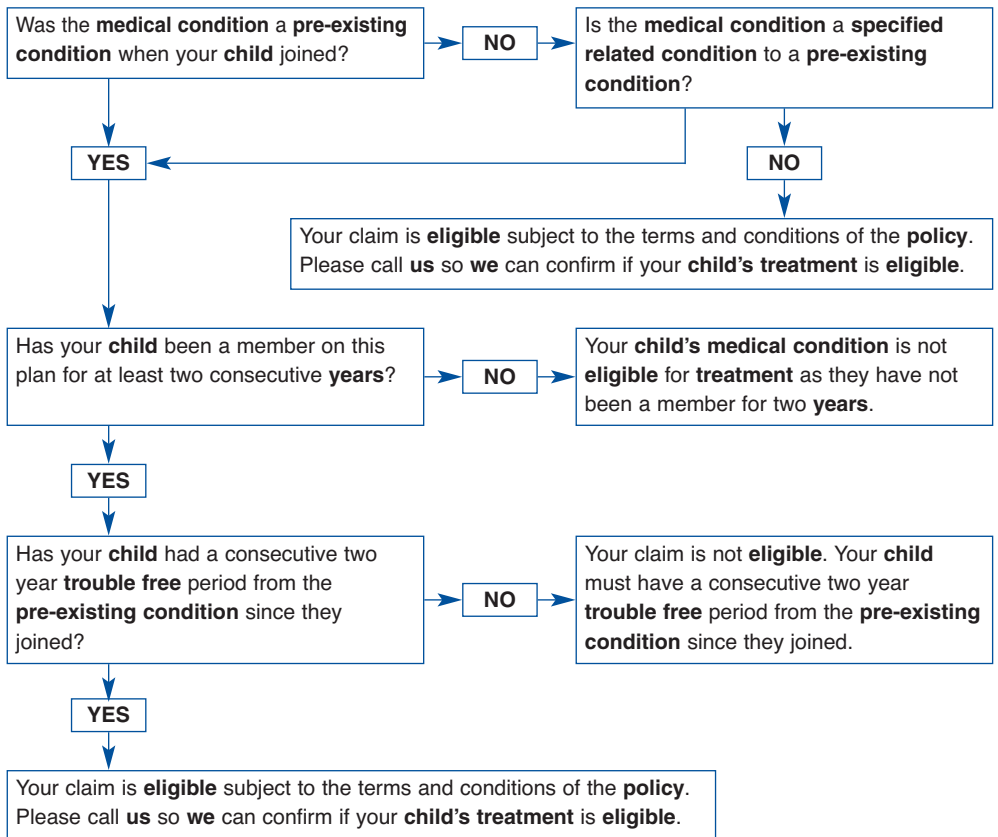
# 5 Existing medical conditions

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

Medical insurance is designed primarily to provide cover for **treatment** of new **medical conditions** that arise after joining. This is the usual position. However, **you** may have joined on a different basis in which case that fact will be shown on your membership statement.

If **you** completed a medical history declaration when your **child** joined, your membership statement will show the **medical conditions** or **specified related conditions** for which **we** will not cover your **child** for **treatment** and whether **we** can review that exclusion.

If **you** did not provide your **child's** medical history when your **child** joined, the following diagram shows how your **policy** works and the process **we** go through when assessing your claim. The **policy** terms are shown on the following page.



## **Please note:**

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The following defined terms apply to this section:

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

**pre-existing condition** – any disease, illness or injury for which:

- your **child** has received medication, advice or treatment; or
- your **child** has experienced symptoms;

whether the condition has been diagnosed or not in the five years before the start of your **child's** cover.

**specified related condition** – the **medical conditions** listed in the table below that are associated with the following **pre-existing** conditions: diabetes, raised blood pressure (hypertension) or undergoing monitoring as a result of Prostate Specific Antigen (PSA) test.

**trouble free** – when your **child**:

- has not had any medical opinion from a medical practitioner including GPs or **specialists**; or
- has not taken any medication (including over the counter drugs) or followed a special diet; or
- has not had any medical **treatment**; or
- has not visited a **clinical practitioner** or **complementary practitioner**;

for the **medical condition**.

**We** will provide cover for **treatment** of **medical conditions** that arise after your **child** joined. However, in the first two **years** of cover there is no cover for the **treatment** of **pre-existing conditions** or for **treatment** of **specified related conditions** where that **pre-existing condition** is one of those shown in the table on the following page.

If your <b>child</b> has the following <b>pre-existing condition</b> :	<b>We</b> will not pay for <b>treatment</b> of the following <b>specified related conditions</b> :
has been diagnosed with diabetes	<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Ischaemic heart disease</li> <li>• Cataract</li> <li>• Diabetic retinopathy</li> <li>• Diabetic renal disease</li> <li>• Arterial disease</li> <li>• Stroke</li> </ul>
is currently undergoing <b>treatment</b> for raised blood pressure (hypertension)	<ul style="list-style-type: none"> <li>• Raised blood pressure (hypertension)</li> <li>• Ischaemic heart disease</li> <li>• Stroke</li> <li>• Hypertensive renal failure</li> </ul>
is under investigation, having <b>treatment</b> or undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test	<ul style="list-style-type: none"> <li>• Any disorder of the prostate</li> </ul>

Once your **child** has been a member for two consecutive **years**, **you** may be able to claim for **treatment** of **pre-existing conditions** and **specified related conditions** as long as your **child** has had a **trouble free** period of two consecutive years for the **pre-existing condition** since they became a member.

There are some **medical conditions** – those that continue or keep recurring – that **you** will never be able to claim for. This is because your **child** will never be able to have a consecutive two year **trouble free** period.

### What happens when I want to make a claim?

If **you** completed a medical history declaration when your **child** joined, your membership statement will show any specific exclusions that apply to your **policy**. **You** should call **us** to confirm that the **treatment** your **child** needs is **eligible**.

If **you** did not provide your **child's** medical history when they joined, **we** will need to assess your **child's** medical history before **we** can authorise their **treatment**. **We** may do this by asking for a medical information form or claim form from your **child's** GP or **specialist**, or by asking for their GP notes.

### **Be aware:**

Because **we** need to assess your **child's** medical history, it is possible that **we** will not be able to authorise their **treatment** straight away. There may be a short delay before **we** can confirm if their **treatment** is **eligible**.

## 5.1 We pay for eligible:

- (a) **Treatment** of a new **medical condition** that arises after your **child** joins.
- (b) **Treatment** of **pre-existing conditions** and where applicable, their **specified related conditions**, once your **child** has been a member for at least two consecutive **years** and has had a consecutive two year **trouble free** period.

## 5.2 What we do not pay for:

- (a) **Treatment** of **pre-existing conditions** and **specified related conditions** where that **pre-existing condition** is diabetes, raised blood pressure (hypertension) or **you** have been undergoing monitoring as a result of Prostate Specific Antigen (PSA) test for the first two **years** after your **child** joins.
- (b) If **you** completed a medical history declaration when your **child** joined: **we** will not pay for **treatment** of any **medical condition** which your **child** already had when they joined and which **you** or your **child** should have told **us** about but did not tell **us** at all or did not tell **us** everything. This includes any such **medical condition(s)** or symptoms, whether or not being treated and any previous **medical condition(s)** which recurs or which **you** should reasonably have known about even if **you** had not consulted a doctor.
- (c) **Treatment** of any other **medical condition** detailed on your membership statement as excluded for benefit.

## 6 Your child's cover for certain types of treatment

### Will my policy cover my child 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:**

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

### What other treatments are not covered?

There is no cover under this **policy** for **treatment** of psychiatric illness. There are also a number of other **treatments** (listed below) that your **policy** does not cover. These include **treatments** that may be considered a matter of personal choice (such as cosmetic **treatment**) and other **treatments** that are excluded from cover to keep premiums at an affordable level (such as **out-patient** drugs and dressings).

In addition, when the following are performed after diagnosis as **out-patient treatment**, benefit is only available if they relate to, and follow within three months of, **eligible in-patient** or **day-patient treatment**:

- **out-patient specialist** consultations;
- **clinical practitioner** charges;
- **diagnostic tests** on **specialist** referral; and
- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).

When radiotherapy and chemotherapy are performed as **out-patient treatment** after diagnosis, they are only covered if they relate to **eligible in-patient** or **day-patient treatment**.

## 6.1 We pay for eligible:

- (a) **Diagnostic tests** ordered by a **specialist**.
- (b) Oral **surgical procedures** listed below following referral by a dentist:
  - replantation of your **child's** own teeth following a trauma
  - surgical removal of impacted teeth, buried teeth and complicated buried roots
  - enucleation (removal) of cysts of the jaw.
- (c) Initial reconstructive surgery to restore function or appearance after an accident or following surgery for a **medical condition**, provided that:
  - **we** have covered the **child** continuously under a **policy** of **ours** since before the accident or surgery happened
  - **we** agree the cost of the **treatment** in writing before it is done (see also 6.2(m)).
- (d) **Treatment** of astigmatism where the astigmatism arises from the surgical replacement of the lens of the eye (see also 6.2(o)).

## 6.2 What we do not pay for:

- (a) **Diagnostic tests** ordered by anyone other than a **specialist**.
- (b) Any general dental procedure or for orthodontics.
- (c) Any **treatment** costs incurred as a result of engaging in any sport as a professional.
- (d) **Treatment** which is not medically necessary or which may be considered a matter of personal choice.
- (e) Anything outside the terms of cover, which for clarity includes any urgent or emergency **treatment**. **We** also do not pay for **in-patient** or **day-patient treatment** or **out-patient surgical procedures** performed after diagnosis of any **medical condition** unless recommended **treatment** is not available under the NHS within six weeks after the date on which the required **treatment** should be undertaken.
- (f) Any **treatment** of warts of the skin.
- (g) Vaccinations, routine preventive examinations or preventive screening.
- (h) Preventive **treatment**.
- (i) **Out-patient specialist** consultations, **clinical practitioner** charges, **diagnostic tests** on **specialist** referral, computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) performed after diagnosis, when they do not follow within three months of related **in-patient** or **day-patient treatment** which is covered by the **policy**.
- (j) **Out-patient** radiotherapy or chemotherapy performed after diagnosis when they do not relate to **eligible in-patient** or **day-patient treatment**.
- (k) **Out-patient** drugs or dressings.
- (l) The costs of providing or fitting any external prosthesis or appliance.
- (m) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment** (see also 6.1(c)).

## 6.2 What we do not pay for:

- (n) 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).
- (o) Any other **treatment** of astigmatism or any other refractive errors. (See also 6.1(d)).
- (p) Any **treatment** to correct long or short-sightedness.
- (q) **Treatment** directed towards developmental delay whether physical or psychological or due to learning difficulties.
- (r) Any charges which are incurred for social or domestic reasons (such as travel or home help costs) or for reasons which are not directly connected with **treatment**.
- (s) Any **treatment** needed as a result of nuclear contamination, biological contamination or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed. Please note, for clarity: There is cover for **treatment** required as a result of a **terrorist act** providing that **terrorist act** does not result in nuclear, biological or chemical contamination.
- (t) Claims on this **policy** if your **child** lives outside the **United Kingdom** or any **treatment** received outside the **United Kingdom**.
- (u) Any **treatment** of psychiatric illness.
- (v) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.

### Will my policy cover my child for new or experimental treatments?

Your **policy** only covers your **child** for established medical **treatments**.

#### **Be aware:**

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

## 6.3 We pay for eligible:

- (a) **Surgical procedures** listed in a technical document, called the schedule of procedures, which **we** make available to **specialists** and which lists the **surgical procedures we** pay benefits for. **We** will pay for **treatment** not listed if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body and **we** have agreed with the **specialist** and the hospital what the fees will be. If **you** would like a copy of the schedule of procedures please refer to the AXA PPP healthcare website: [www.axapphealthcare.co.uk](http://www.axapphealthcare.co.uk).
- (b) Reasonable costs incurred for a live donor to donate an organ or tissue provided that:
  - the operations to both the donor and the recipient are carried out simultaneously; and either
  - both the donor and the recipient are immediate relatives (ie parent, child or sibling) and either the donor or the recipient is covered on this **policy**; or
  - both the donor and the recipient are members of AXA PPP healthcare at the time the operations are carried out and both have been members since before the recipient developed the **medical condition** requiring the transplant.

## 6.4 What we do not pay for:

- (a) The use of a drug or **treatment** which has not been established as being effective or which is experimental. For drugs this means they must be licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and be used within the terms of that licence.
- (b) The cost of collecting donor organs or tissue or for any related administration costs (such as, but not limited to, the cost of a donor search).

## Childbirth, pregnancy and sexual health

**Our** policies are designed to provide cover for necessary and active **treatment** of a **medical condition** (which **we** define as a disease, illness or injury). This means for pregnancy and childbirth that **we** will only pay for **eligible** additional **treatment** made necessary by a **medical condition** that is experienced during that pregnancy and/or childbirth. This **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 your **child** undertakes any **treatment**.

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

- (a) Additional costs incurred for the **treatment of medical conditions** when they occur during that pregnancy or childbirth. As an illustration **we** would consider **treatment** of the following:
- ectopic pregnancy (where the foetus is growing outside the womb)
  - hydatidiform mole (abnormal cell growth in the womb)
  - retained placenta (afterbirth retained in the womb)
  - placenta praevia
  - eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
  - diabetes (if your **child** has exclusions because of your past medical history which relate to diabetes, then they will not be covered for any **treatment** for diabetes during pregnancy)
  - post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
  - miscarriage requiring immediate surgical **treatment**
  - failure to progress in labour.

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

- (a) Any costs related to pregnancy or childbirth except the additional costs incurred for **eligible treatment** of a **medical condition**.
- (b) Investigations into and **treatment** of infertility, contraception, assisted reproduction, sterilisation (or its reversal) or any consequence of any of them or of any **treatment** for them.
- (c) **Treatment** of impotence or any consequence of it.
- (d) Gender re-assignment operations or any other surgical or medical **treatment** including psychotherapy or similar services which arise from, or are directly or indirectly associated with gender re-assignment.

## 7 Recurrent, continuing and long-term treatment

### Will my policy cover my child 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**. This **policy** is not intended to cover against the costs of recurrent, continuing or long-term **treatment** of **chronic conditions**.

**We** define a **chronic condition** in the glossary on page 37 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 **child's** rehabilitation or to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

### **Please note:**

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

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

### What happens if my child requires recurrent or long-term treatment?

In the unfortunate event that the **treatment** your **child** is 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.

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

**We** publish a leaflet which explains how **we** deal with payment for **treatment** of **chronic conditions**. This is available on **our** website: [www.axapphealthcare.co.uk](http://www.axapphealthcare.co.uk) and can also be obtained from **us**. **You** will also find further explanation of how **we** deal with payment for **cancer treatments** on page 22.

## 7.1 We pay for **eligible**:

- (a) **Treatment** of an **acute condition** and the short-term **in-patient treatment** intended to stabilise and bring under control a **chronic condition**.
- (b) Kidney dialysis for up to six weeks during preparation for kidney transplant.
- (c) Initial diagnosis and immediate **treatment** of HIV infection, when **we** will pay **in-patient treatment** benefit for one stay of up to 28 days.
- (d) **In-patient** rehabilitation of up to 28 days when it is an integral part of **treatment**; and
  - it immediately follows **eligible treatment**
  - it is carried out by a **specialist** in rehabilitation
  - it is carried out in a recognised rehabilitation hospital or unit which is either listed in the **Directory of Hospitals** or which **we** have written to confirming it is recognised by **us**
  - the costs have been agreed by **us** before the rehabilitation begins.

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

## 7.2 What **we** do not pay for:

- (a) Ongoing, recurrent or long-term **treatment** of any **chronic condition**.
- (b) The monitoring of a **medical condition**.
- (c) Any **treatment** which only offers temporary relief of symptoms rather than dealing with the underlying **medical condition**.
- (d) Routine follow-up consultations.
- (e) Regular or long-term kidney dialysis in the case of chronic kidney failure.
- (f) **Treatment** of any **medical condition** which arises in any way from HIV infection once the initial diagnosis has been made.
- (g) Any hormone replacement therapy (HRT).

## Will my policy cover my child for cancer treatment?

Your **policy** covers the investigation and active **treatment** of **cancer**, whether this is a new **cancer** or a recurrence of an earlier one. This includes surgery, radiotherapy or chemotherapy, alone or in combination.

### **Please note:**

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This cover is subject to the restrictions on this **policy** on:

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

At the time of going to print the NHS was commonly providing **treatment** of **cancer** within six weeks and therefore it is unlikely that there will be cover on this **policy** for such **treatment**.

In order to treat your **child's cancer** they may need surgery, radiotherapy or chemotherapy repeated as part of the initial **treatment** or for recurrences. These claims will be **eligible** provided they are actively treating the **cancer** and the **treatment** is for a limited period.

**We** do not pay benefit where the **treatment** is preventive, for maintenance purposes or is continuing without a clear end date. For example, in some **cancers** hormone **treatment** is given every month for many years to help prevent recurrence. Such ongoing **treatments** are not **eligible** although, if they are given by injection, **we** would pay for up to three months to allow the **treatment** to be established.

In addition there are some chemotherapy **treatments** that are given for prolonged periods of time eg Herceptin for some types of breast **cancer**. Such prolonged **treatment** normally falls outside benefit but in the case of **cancer we** make an exception and the use of such drugs will be covered (subject to the limits detailed below).

The cover provided by this **policy** for prolonged chemotherapy **treatment** is payable once per course of **cancer treatment**. By 'course of **cancer treatment**' **we** mean from diagnosis of a primary or secondary **cancer** (whichever occurs first) through to the final surgery, radiotherapy or chemotherapy for that primary or secondary **cancer** (whichever occurs last).

These drug **treatments** will be covered for up to:

- one **year** of such **treatment**; or
- the period of the drug licence

whichever is the shorter.

The time limit starts from when your **child** first started receiving that drug, however it may have been funded.

In any event, these drugs will only be **eligible** for benefit when they are used within the terms of their licence and in circumstances where they are proven to be effective **treatments**.

### **Please remember:**

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- If your **child** has exclusions because of their past medical history which relate to **cancer**, then **they** will not be covered for any reoccurrence of **cancer**.
- Your **policy** does not cover your **child** for **treatment** which is experimental or which has not been proven to be effective. For drugs this means they must be licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency.
- **We** do not pay for temporary relief of symptoms under your **policy**.

## 8 Where your child is covered for treatment

### Which hospitals and day-patient units does my child have cover for?

It is important that your **child** is treated in the most appropriate setting and this may be in a **private hospital** or as a private patient in an NHS hospital. For children under three, this is likely to be as a private patient in an NHS hospital.

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

### **Please note:**

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

As your **child** has cover level one, they can use any of the hospitals or **day-patient units** in the **Directory of Hospitals** and **we** will pay their charges in full.

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

### What happens if it is medically necessary or if I choose, for my child to have treatment at a hospital which is not in the Directory of Hospitals?

As your **child** has cover level one, they can use any hospital or **day-patient unit** in the **United Kingdom** and **we** will pay their charges up to the normal daily rates published and charged by the hospital or **day-patient unit**.

**You** and the **specialist** should consider when choosing a **hospital** whether it has the appropriate facilities for your **child's treatment**, including where appropriate a dedicated paediatric unit.

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

Your **policy** includes cover for computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET). If your **child** requires CT, MRI or PET they can use any **scanning centre** in the **United Kingdom** and **we** will pay their charges up to the normal daily rates published and charged by the **scanning centre**.

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

As your **child** has cover level one **we** will pay for such **eligible treatment** charges whether or not **we** have an agreement and **we** will pay up to the normal daily rates published and charged.

### Where can my child receive eligible oral surgical and cataract surgical treatment?

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

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

As your **child** has cover level one, they can use any hospital or **day-patient unit** in the **United Kingdom** for those oral **surgical procedures** detailed in 6.1(b) and cataract **surgical procedures** and if it is not a recognised oral or cataract network **facility** **we** will pay their charges up to the normal daily rates published and charged by the hospital or **day-patient unit**.

#### **Please note:**

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

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

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

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

- (a) Any charges from health spas, nature cure clinics or any similar place, even if it is registered as a hospital.
- (b) Special nursing in hospital unless **we** have agreed beforehand that it is necessary and appropriate.
- (c) Any charges made by, or incurred in an NHS hospital for ITU **treatment**, except as allowed for by 8.1(a).

## 9 Who we pay for treatment

Your **policy** provides benefit for **eligible treatment** provided by **specialists** and **clinical practitioners** subject to the restrictions of this **policy** on **out-patient treatment**.

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

**You** need to ring **us** before your **child** receives any **treatment**. This will allow **us** to check **our** database and confirm whether the person your **child** has been referred to is **eligible** for benefit.

In addition, **you** could check the AXA PPP healthcare website: [www.axapphealthcare.co.uk](http://www.axapphealthcare.co.uk) which provides relevant information about the **specialists we** recognise.

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

**Specialists'** fees for consultations, **diagnostic tests**, **treatment** in hospital and **surgical procedures** are **eligible** for benefit, subject to any limits of this **policy**.

**Clinical practitioners'** charges for **treatment** are only covered if your **child** is referred to them by the **specialist** for **eligible treatment**.

*Will treatment charges be met in full?*

**We** pay in full the fees of most **specialists** and **clinical practitioners**, as they charge fees within the range that is usual for the **treatment** they provide. **We** will continue to pay these fees in full provided that the **specialist** or **clinical practitioner** continues to charge fees within the range that is usual. **You** can telephone **our** team of Personal Advisers for confirmation that the person **you** want your **child** to see will have their **eligible** charges met in full. **You** may also check **our** website: [www.axapphealthcare.co.uk](http://www.axapphealthcare.co.uk) which provides information on the **specialists** that **we** recognise. In order to ensure cover remains affordable, **we** have identified those **specialists** and **clinical practitioners** who make charges to **our** customers that exceed the range that is usual and **we** treat them as 'capped practitioners'. If your **child** receives **eligible treatment** from a **capped practitioner we** will limit benefit to the average **we** have been charged for that **treatment**.

To calculate the average charge, **we** add together all charges for that type of **treatment** made by all the **specialists** and **clinical practitioners** that **we** recognise and divide that total amount by the number of such charges.

## Will I have to pay towards the treatment if my child receives treatment from a capped practitioner?

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

## What if an anaesthetist becomes involved in my child's treatment?

When **you** tell **us** which **specialist** your **child** intends to see **we** will make every effort to notify **you** whether they commonly work with an anaesthetist who is a **capped practitioner**.

If this is the case **you** should establish which anaesthetist the **specialist** intends to use so **we** can tell **you** how much **we** will pay towards the **child's treatment** charges of that anaesthetist.

### 9.1 We pay for eligible:

- (a) **Treatment** charges made by a **specialist** only when your **child** is referred to one by a GP or dentist.
- (b) **Treatment** charges made by a **clinical practitioner** when your **child** is referred to one by the treating **specialist**.
- (c) **Treatment** charges made by a **capped practitioner** at the average charge or at the amount charged if lower than the average. The average charge is the sum of all charges for that type of **treatment** made by all the **specialists** and **clinical practitioners**, divided by the number of such charges.
- (d) **Treatment** charges in full when they are made by a **specialist** or **clinical practitioner** not referred to in 9.1(c) as long as they charge fees within the range that is usually charged by **specialists** or **clinical practitioners** for that **treatment**.

## 9.2 What we do not pay for:

- (a) Charges made by **specialists** unless your **child** has been referred to one by a GP or dentist.
- (b) Charges made by a **specialist** when your **child** has been referred to them by a member of their family or if that **specialist** is a member of their family.
- (c) Charges made by anyone other than a **specialist** or **clinical practitioner** including charges for primary care services, such as any services of a GP or dentist.
- (d) Charges made by a **clinical practitioner** unless referred by a **specialist**.
- (e) **Treatment** charges made by a **capped practitioner** above the average amount charged by **specialists** or **clinical practitioners** for that **treatment**.
- (f) **Treatment** charges made by a **specialist** or **clinical practitioner** (not referred to in 9.1(c)) in excess of the usual amount charged by **specialists** or **clinical practitioners** for that **treatment**.
- (g) Charges for general chiropody or foot care even if this is carried out by a surgical podiatrist.
- (h) Any charges made for written reports or any other administrative costs.

# 10 Health at Hand

## How could Health at Hand help me?

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

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

### **Please note:**

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

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

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

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

Family Clinic – babies, toddlers, teenage trouble, pregnancy or retirement.

Care and Counselling Clinic – stress, addiction, depression or bereavement.

Healthy Living Clinic – exercise, diet, drinking, smoking and cholesterol control.

Travel Clinic – inoculations, taking children abroad and medical advice by country.

Pills and Prescriptions Clinic – medicines, side effects and pain relief.

Women's Health Clinic – fertility, screenings, menopause and osteoporosis.

Men's Health Clinic – prostate issues, testicular cancer, impotence and fertility.

### Health at Hand – 0800 003 004

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

You can also email Health at Hand by going to our website: [www.axapphealthcare.co.uk](http://www.axapphealthcare.co.uk).

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

# 11 Additional information

## When can I add additional children or change my child's cover?

**You** can apply to add additional children who are under 18 to your **policy** at any time. 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.

## How can I enrol my new born baby?

**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. Initially, there is no cover for any pre-existing **medical conditions** (or **related conditions**) that **you** were aware of before the **child** was added to the **policy**. This would include any **medical condition** (or **related conditions**) which **you** were aware of during the pregnancy or at the time of birth. At the end of two **years** **you** would be able to claim for **eligible treatment** of those conditions but only if your **child** has not had any medical **treatment** or any medical advice, or taken any drugs or medicines, or followed any special diets in respect of that pre-existing condition for the period of two consecutive years. If your **child** has had such **treatment** within the period of two **years** then **you** won't be able to claim for those pre-existing conditions or **related conditions** until such time as your **child** has gone for a period of two consecutive years without any **treatment** or advice or help or drugs. If the baby has been adopted or was born as the result of any method of assisted conception, **we** will require details of the baby's medical history. In such circumstances **we** reserve the right to apply particular restrictions to the cover **we** will offer, and may decline to offer cover in the first three months following birth for babies born as the result of any method of assisted conception.

## What will happen when my child reaches 18?

At age 18, cover for your **child** can continue on the existing **policy** however at each renewal following their 18th birthday your **child** will be charged a premium which will reflect their age.

Options available to **you** and your **child** when your **child** reaches 18 include:

- Your **child** can remain on the existing **policy** and **you** can continue to be the **policyholder**.
- If the **child** reaching 18 is the only **child** covered on the **policy** they can take over from **you** as the **policyholder** of the existing **policy** and change payment details as required.
- Your **child** can take out a new **policy** for themselves.

Please call **our** team of Personal Advisers if **you** wish to discuss any of the options made available above.

## Can my child stay on the policy if they go to live abroad?

Your **child** will not be covered by this **policy** if they go to live abroad or if they stay, or intend to stay, outside the **United Kingdom** for a total of more than six months in a **year**.

## How can I pay my premium?

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

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

### **Please note:**

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

### **Be aware:**

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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**.

## 12 Complaint and regulatory information

### What should I do if I have reason to complain?

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

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

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

#### Step one

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

#### Step two

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

**Customer Relations Executive**

**AXA PPP healthcare**

**Phillips House**

**Crescent Road**

**Tunbridge Wells TN1 2PL**

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

#### Step three

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

**The Operations Director**

**AXA PPP healthcare**

**PPP House**

**Vale Road**

**Tunbridge Wells TN1 1BJ**

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

### **Step four**

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

**The Financial Ombudsman Service**

**South Quay Plaza, 183 Marsh Wall, London E14 9SR**

**Telephone: 0845 080 1800**

**Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)**

**Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)**

The Ombudsman will review complaints about:

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

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

The Ombudsman will also not usually review a complaint where:

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

None of these procedures affect your legal rights.

### *What regulatory protection do I have?*

#### **The Financial Services Authority (FSA)**

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

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

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

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

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

## The Financial Services Compensation Scheme (FSCS)

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

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

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

Further information about the operation of the scheme is available on the FSCS website: [www.fscs.org.uk](http://www.fscs.org.uk).

## How is my personal data protected?

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

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

**We** will hold and use information about **you** and any **child** covered by your **policy**, supplied by **you**, those **children**, 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 your **child** **we** will take this as confirmation that **you** have their consent to do so. As the **policyholder** is acting on behalf of any **child** covered by this **policy**, **we** will send all correspondence about the **policy**, including any claims correspondence, to the **policyholder** unless **we** are advised to do otherwise.

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

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

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

## Legal rights and responsibilities

### 12.1 Your rights and responsibilities

- (a) The **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** have is still available. If **we** do not hear from the **policyholder** in response **we** will renew the **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, your **child** will not be covered. If the **policy you** had is no longer available **we** will do **our** best to offer cover on an alternative **policy**.
- (b) **You** must make sure that whenever **you** are required to give **us** any information all the information **you** give **us** is sufficiently true, accurate and complete so as to give **us** a fair presentation of the risk **we** are taking on. If **we** discover later it is not, then **we** can cancel the **policy** or apply different terms of cover in line with the terms **we** would have applied had the information been presented to **us** fairly in the first place.
- (c) **You** and **we** are free to choose the law that applies to this **policy**. In the absence of an **Agreement** to the contrary, the law of England and Wales will apply.
- (d) **You** must write and tell **us** if **you** or your **child** changes address.
- (e) Only the **policyholder** and **we** have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including any **child**.
- (f) **You** must pay your premium when it is due.

## 12.1 Your rights and responsibilities (continued)

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

If **eligible** claims costs are incurred 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**.

## 12.2 AXA PPP healthcare's rights and responsibilities

- (a) **We** will tell the **policyholder** in writing the date the **policy** starts and any special terms which apply to it.
- (b) **We** can refuse to add a **child** to the **policy** and **we** will tell the **policyholder** if **we** do.
- (c) **We** will pay for **eligible** costs incurred during a period for which the premium has been paid.
- (d) If **you** break any of the terms of the **policy** **we** can:
- refuse to make any benefit payment or if **we** have already paid benefits **we** can recover from **you** any loss to **us** caused by the break; and
  - refuse to renew the **policy**; or
  - impose different terms to any cover **we** are prepared to provide; or
  - end the **policy** and all cover under it immediately.
- (e) **We** can change all or any part of the **policy** from any renewal date. **We** will give **you** reasonable notice of changes to the **policy** terms.
- (f) This **policy** is written in English and all other information and communications to **you** relating to this **policy** will also be in English.

# 13 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.

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

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

**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.

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

**child** – the person entitled to **cover** under the **policy** and named on the **policyholder's** membership statement. More than one **child** may be included on the **policy**.

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

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

**clinical practitioner** – a practising member of certain professions allied to medicine who, in all cases, meets **our** recognition criteria for benefit purposes in their field of practice and who **we** have told in writing that **we** currently recognise them as a **clinical practitioner** for benefit purposes. However, **we** will only pay **out-patient treatment** benefits for such services when a **specialist** refers your **child** to them. When such persons provide such services to your **child** as part of their **in-patient** or **day-patient treatment**, those services will form part of the **private hospital** charges.

The professions concerned are dieticians, **nurses**, orthoptists, physiotherapists, psychologists, psychotherapists and speech therapists. A full explanation of the criteria **we** use to determine these matters is available on request.

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

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

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

**Directory of Hospitals** – a document **we** publish which lists the **private hospitals**, **day-patient units** and **scanning centres** in the **United Kingdom** covered by the **policy**.

The facilities listed may change from time to time so **you** should always check with **us** before arranging **treatment**.

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

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

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

**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.

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

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

**policy** – the insurance contract between **policyholder** and **us**. Its full terms are set out in the current versions of the following documents as sent to **you** from time to time:

- any application form **we** ask **you** to fill in
- these terms and the **benefits table** setting out your cover
- your membership statement and **our** letter of acceptance
- any Statements of Fact **we** have sent **you**
- the **Directory of Hospitals**.

**policyholder** – the person who is named as the **policyholder** on the **policy** membership statement. Where the **policyholder** is the parent/guardian of a **child** covered by the **policy** the **policyholder** will not be entitled to cover under this **policy**.

**private hospital** – a hospital listed in the current **Directory of Hospitals** or an NHS private ward.

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

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

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

For **out-patient treatment** only:

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

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

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

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

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

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

**we/us/our** – AXA PPP healthcare.

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

**you** – the **policyholder** named on the membership statement.



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

**At AXA PPP healthcare we are dedicated to supporting you.**

- INDIVIDUAL MEDICAL INSURANCE**
- COMPANY MEDICAL INSURANCE**
- INTERNATIONAL MEDICAL INSURANCE**
- OCCUPATIONAL HEALTH**
- HEALTH AND SAFETY**
- EMPLOYEE ASSISTANCE PROGRAMMES**
- DENTAL COVER**
- TRAVEL INSURANCE**

[www.axapphealthcare.co.uk/members](http://www.axapphealthcare.co.uk/members)



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