

International medical insurance

Membership handbook / European health cover



What you need to know

April 2010



PPP INTERNATIONAL

redefining / standards

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 503 856 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

Tel +44 (0) 1892 503 856 Fax +44 (0) 1892 503 189

Our team are available: day or night, 365 days a year.

Health at Hand

0800 003 004 within the UK and Channel Islands

+44 (0) 1737 815 197 outside the UK and Channel Islands

Available: day or night, 365 days a year.

Our health information service. See page 38.

www.axapphealthcare.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 www.axapphealthcare.com/internationalmember

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

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1. Introduction

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

This handbook sets out the terms of your cover for the European Health Cover 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 46.

Please note:

This handbook contains information on more than one plan within the European Health Cover range.

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

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

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 European Health Cover Plan

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

There are three levels of cover available with varying overall **policy** benefit limits and levels of cover available for certain **treatments**, as shown in your **benefits table**. Subject to these limits your cover includes:

- **in-patient** and **day-patient treatment** and associated **medical practitioners'** charges
- **out-patient surgical procedures**
- radiotherapy and chemotherapy
- **out-patient diagnostic tests**, consultations, physiotherapy and **complementary practitioner** charges
- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans
- **treatment** of psychiatric illness.

Be aware:

Your policy will not cover you for:	For more information:
General dental procedures unless you have Level 3 cover which provides limited cover for dental procedures needed as the result of an accidental injury.	Page 21
Level 3 only: The following dental treatments : <ul style="list-style-type: none">• routine check-ups• scale and polish• cosmetic treatment• dental treatment made necessary as a result of neglect.	Page 21
Routine pregnancy and childbirth	Page 24
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 International Directory of Hospitals .	Page 31
Claims if you have travelled outside of Europe to get treatment or travelled against medical advice.	Page 35
There is a mandatory excess of £20 for each visit for medical practitioner charges for consultations and complementary practitioner charges. This excess means you will have to pay the first £20 for each visit.	

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** fees in full when a **medical practitioner, complementary practitioner** or **clinical practitioner** charges up to the level within our published schedule of procedures and fees. Please see the 'Who we pay for treatment' section of this handbook for full details.

3. European Health Cover benefits table – Level 3

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

Please make sure **you** call **us** on +44 (0) 1892 503 856 prior to **treatment** so **we** can confirm the extent of your cover and any limitations that may apply.

European Health Cover – level 3	
Benefits	Amount payable
Areas of cover.	Europe and other specified countries.
Policy benefit limit. We will pay up to the maximum amount shown each year for each of you .	£100,000
In-patient & day-patient treatment	
1. Hospital charges: ie charges for in-patient or day-patient treatment made by a hospital including charges for psychiatric treatment , accommodation, diagnostic tests , operating theatre charges, physiotherapy, nursing care, drugs and dressings, and surgical appliances used by the medical practitioner during surgery. Out-patient diagnostic tests and physiotherapy are payable under benefit 7, even if they are related to in-patient or day-patient treatment .	Up to £40,000 each year . We will pay this benefit when you have treatment in your principal country of residence or within your area or in any UK hospital or day-patient unit listed in the UK section of the International Directory of Hospitals .
For more information on the above please see:	Page 31
2. Surgeons', anaesthetists' and physicians' charges. This includes pre- and post-operative consultations whilst an in-patient or day-patient and includes intensive care. Related out-patient consultations are payable under benefit 5. Please note: 'Consultation' means a consultation with a second medical practitioner arranged by the medical practitioner treating you .	No annual maximum within your policy benefit limit.
For more information on the above please see:	Page 33
3. 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.	Paid in full provided treatment is in your principal country of residence or within your area or in any UK hospital listed in the UK section of the International Directory of Hospitals .

European Health Cover – level 3

Benefits	Amount payable
Out-patient treatment	
<p>4. Surgical procedures. We will pay the surgeons' and anaesthetists' charges and the appropriate hospital charges. We will pay for pre- and post-operative consultations under benefit 5.</p>	<p>No annual maximum within your policy benefit limit.</p>
<p>For more information on the above please see: Page 33</p>	
<p>These five benefits (5, 6, 7, 8 and 9) have a combined overall limit of £2,500 each year.</p>	
<p>5. Medical practitioner charges for consultations – we will pay under this benefit for all consultations, including those related to in-patient or day-patient treatment.</p>	<p>There is also a £20 excess for each visit for benefits 5, 6 and 9. This excess means you will have to pay the first £20 for each visit.</p>
<p>For more information on the above please see: Page 33</p>	
<p>6. Consultations and treatment for psychiatric illness.</p>	
<p>For more information on the above please see: Page 26</p>	
<p>7. Diagnostic tests and physiotherapy (including diagnostic tests or physiotherapy related to in-patient or day-patient treatment)</p>	
<p>For more information on the above please see: Page 20</p>	
<p>8. Vaccinations administered by a medical practitioner</p>	
<p>9. Complementary practitioner charges</p>	<p>Benefit 9 is limited to £300 each year.</p>
<p>For more information on the above please see: Page 33</p>	
<p>10. Radiotherapy (the use of radiation to treat cancers) and chemotherapy (the use of drugs to treat cancers).</p>	<p>No annual maximum within your policy benefit limit</p>
<p>For more information on the above please see: Page 27</p>	
<p>11. (i) Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).</p> <p>(ii) 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 section of the International Directory of Hospitals.</p>	<p>Paid in full when you have treatment in your principal country of residence or within your area or in a scanning centre listed in the UK section of the International Directory of Hospitals.</p> <p>£100 each visit.</p>
<p>For more information on the above please see: Page 31</p>	

European Health Cover – level 3

Benefits	Amount payable
<p>12. Out-patient drugs and dressings – this is for charges for out-patient drugs and dressings prescribed for you by a medical practitioner. This benefit does not apply to out-patient drugs and dressings prescribed for you by a general practitioner in the UK.</p>	<p>Up to £100 each year.</p>
<p>Other benefits</p>	
<p>13. Ambulance transport – this is to pay for a road ambulance for emergency transport to or between hospitals, or when the medical practitioner says it is medically essential.</p>	<p>Up to £500 each year.</p>
<p>14. Evacuation or repatriation service.</p>	<p>Paid in full.</p>
<p>For more information on the above please see:</p>	<p>Page 35</p>
<p>15. Hospital-at-home. This is for treatment at home or another clinically appropriate setting for the administration of intravenous chemotherapy for the treatment of cancer or intravenous antibiotics which otherwise would require you to be admitted for in-patient or day-patient treatment.</p>	<p>Paid in full up to 14 days a year whilst in your principal country of residence or within your area.</p> <p>Paid in full within the UK when treatment:</p> <ul style="list-style-type: none"> • is provided by a qualified nurse under the control of a medical practitioner; and • is provided through a healthcare services supplier which we have a contract with for such services; and • has been agreed by us before the treatment begins.
<p>16. 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.</p>	<p>£50 a day up to £2,000 a year.</p>
<p>For more information on the above please see:</p>	<p>Page 27</p>
<p>17. Accidental damage to teeth.</p>	<p>Paid in full up to £5,000 for each year</p>
<p>For more information on the above please see:</p>	<p>Page 21</p>
<p>18. Additional costs incurred for the treatment of medical conditions when they occur during pregnancy or childbirth.</p>	<p>Benefits can be claimed under items 1-14</p>
<p>For more information on the above please see:</p>	<p>Page 24</p>

European Health Cover benefits table – Level 2

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

Please make sure **you** call **us** on +44 (0) 1892 503 856 prior to **treatment** so **we** can confirm the extent of your cover and any limitations that may apply.

European Health Cover – level 2	
Benefits	Amount payable
Areas of cover.	Europe and other specified countries.
<p>Policy benefit limit.</p> <p>We will pay up to the maximum amount shown each year for each of you.</p>	£50,000
In-patient & day-patient treatment	
<p>1. Hospital charges: ie charges for in-patient or day-patient treatment made by a hospital including charges for psychiatric treatment, accommodation, diagnostic tests, operating theatre charges, physiotherapy, nursing care, drugs and dressings, and surgical appliances used by the medical practitioner during surgery.</p> <p>Out-patient diagnostic tests and physiotherapy are payable under benefit 6, even if they are related to in-patient or day-patient treatment.</p>	<p>Up to £20,000 each year.</p> <p>We will pay this benefit when you have treatment in your principal country of residence or within your area or in any UK hospital or day-patient unit listed in the UK section of the International Directory of Hospitals.</p>
For more information on the above please see:	Page 31
<p>2. Surgeons', anaesthetists' and physicians' charges.</p> <p>This includes pre- and post-operative consultations whilst an in-patient or day-patient and includes intensive care.</p> <p>Related out-patient consultations are payable under benefit 4.</p> <p>Please note: 'Consultation' means a consultation with a second medical practitioner arranged by the medical practitioner treating you.</p>	No annual maximum within your policy benefit limit.
For more information on the above please see:	Page 33

European Health Cover – level 2

Benefits	Amount payable
Out-patient treatment	
<p>3. Surgical procedures. We will pay the surgeons' and anaesthetists' charges and the appropriate hospital charges. We will pay for pre- and post-operative consultations under benefit 4.</p>	<p>No annual maximum within your policy benefit limit.</p>
<p>For more information on the above please see: Page 33</p>	
<p>These five benefits (4, 5, 6, 7 and 8) have a combined overall limit of £1,750 each year.</p>	
<p>4. Medical practitioner charges for consultations – we will pay under this benefit for all consultations, including those related to in-patient or day-patient treatment.</p>	<p>There is also a £20 excess for each visit for benefits 4, 5 and 8. This excess means you will have to pay the first £20 for each visit.</p>
<p>For more information on the above please see: Page 33</p>	
<p>5. Consultations and treatment for psychiatric illness.</p>	
<p>For more information on the above please see: Page 26</p>	
<p>6. Diagnostic tests and physiotherapy (including diagnostic tests or physiotherapy related to in-patient or day-patient treatment)</p>	
<p>For more information on the above please see: Page 20</p>	
<p>7. Vaccinations administered by a medical practitioner</p>	
<p>8. Complementary practitioner charges</p>	<p>Benefit 8 is limited to £200 each year.</p>
<p>For more information on the above please see: Page 33</p>	
<p>9. Radiotherapy (the use of radiation to treat cancers) and chemotherapy (the use of drugs to treat cancers).</p>	<p>No annual maximum within your policy benefit limit</p>
<p>For more information on the above please see: Page 27</p>	
<p>10. (i) Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET). (ii) 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 section of the International Directory of Hospitals.</p>	<p>Paid in full when you have treatment in your principal country of residence or within your area or in a scanning centre listed in the UK section of the International Directory of Hospitals. £100 each visit.</p>
<p>For more information on the above please see: Page 31</p>	

European Health Cover – level 2

Benefits	Amount payable
Other benefits	
11. Ambulance transport – this is to pay for a road ambulance for emergency transport to or between hospitals , or when the medical practitioner says it is medically essential.	Up to £200 each year .
12. Evacuation or repatriation service.	Paid in full.
For more information on the above please see:	Page 35
13. Hospital-at-home. This is for treatment at home or another clinically appropriate setting for the administration of intravenous chemotherapy for the treatment of cancer or intravenous antibiotics which otherwise would require you to be admitted for in-patient or day-patient treatment .	Paid in full up to 7 days a year whilst in your principal country of residence or within your area . Paid in full within the UK when treatment : <ul style="list-style-type: none"> • is provided by a qualified nurse under the control of a medical practitioner; and • is provided through a healthcare services supplier which we have a contract with for such services; and • has been agreed by us before the treatment begins.
14. 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 .	£50 a day up to £2,000 a year .
For more information on the above please see:	Page 27
15. Additional costs incurred for the treatment of medical conditions when they occur during pregnancy or childbirth.	Benefits can be claimed under items 1-12
For more information on the above please see:	Page 24

European Health Cover benefits table – Level 1

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

Please make sure **you** call **us** on +44 (0) 1892 503 856 prior to **treatment** so **we** can confirm the extent of your cover and any limitations that may apply.

European Health Cover – level 1	
Benefits	Amount payable
Areas of cover.	Europe and other specified countries.
<p>Policy benefit limit.</p> <p>We will pay up to the maximum amount shown each year for each of you.</p>	£20,000
In-patient & day-patient treatment	
<p>1. Hospital charges: ie charges for in-patient or day-patient treatment made by a hospital including charges for psychiatric treatment, accommodation, diagnostic tests, operating theatre charges, physiotherapy, nursing care, drugs and dressings, and surgical appliances used by the medical practitioner during surgery.</p> <p>Out-patient diagnostic tests and physiotherapy are payable under benefit 6, even if they are related to in-patient or day-patient treatment.</p>	<p>Up to £7,500 each year.</p> <p>We will pay this benefit when you have treatment in your principal country of residence or within your area or in any UK hospital or day-patient unit listed in the UK section of the International Directory of Hospitals</p>
For more information on the above please see:	Page 31
<p>2. Surgeons', anaesthetists' and physicians' charges.</p> <p>This includes pre- and post-operative consultations whilst an in-patient or day-patient and includes intensive care.</p> <p>Related out-patient consultations are payable under benefit 4.</p> <p>Please note: 'Consultation' means a consultation with a second medical practitioner arranged by the medical practitioner treating you.</p>	<p>No annual maximum within your policy benefit limit.</p>
For more information on the above please see:	Page 33

European Health Cover – level 1

Benefits	Amount payable
Out-patient treatment	
<p>3. Surgical procedures. We will pay the surgeons' and anaesthetists' charges and the appropriate hospital charges. We will pay for pre- and post-operative consultations under benefit 4.</p>	<p>No annual maximum within your policy benefit limit.</p>
<p>For more information on the above please see: Page 33</p>	
<p>These five benefits (4, 5, 6, 7 and 8) have a combined overall limit of £1,000 each year.</p>	
<p>4. Medical practitioner charges for consultations – we will pay under this benefit for all consultations, including those related to in-patient or day-patient treatment.</p>	<p>There is also a £20 excess for each visit for benefits 4, 5 and 8. This excess means you will have to pay the first £20 for each visit.</p>
<p>For more information on the above please see: Page 33</p>	
<p>5. Consultations and treatment for psychiatric illness.</p>	
<p>For more information on the above please see: Page 26</p>	
<p>6. Diagnostic tests and physiotherapy (including diagnostic tests or physiotherapy related to in-patient or day-patient treatment).</p>	
<p>For more information on the above please see: Page 20</p>	
<p>7. Vaccinations administered by a medical practitioner.</p>	
<p>8. Complementary practitioner charges.</p>	<p>Benefit 8 is limited to £100 each year.</p>
<p>For more information on the above please see: Page 33</p>	
<p>9. Radiotherapy (the use of radiation to treat cancers) and chemotherapy (the use of drugs to treat cancers).</p>	<p>No annual maximum within your policy benefit limit</p>
<p>For more information on the above please see: Page 27</p>	
<p>10. (i) Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).</p> <p>(ii) 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 section of the International Directory of Hospitals.</p>	<p>Paid in full when you have treatment in your principal country of residence or within your area or in a scanning centre listed in the UK section of the International Directory of Hospitals.</p> <p>£100 each visit.</p>
<p>For more information on the above please see: Page 31</p>	

European Health Cover – level 1

Benefits	Amount payable
Other benefits	
11. Ambulance transport – this is to pay for a road ambulance for emergency transport to or between hospitals , or when the medical practitioner says it is medically essential.	Up to £150 each year .
12. Evacuation or repatriation service. For more information on the above please see:	Paid in full Page 35
13. Hospital-at-home. This is for treatment at home or another clinically appropriate setting for the administration of intravenous chemotherapy for the treatment of cancer or intravenous antibiotics which otherwise would require you to be admitted for in-patient or day-patient treatment .	Paid in full up to 5 days a year whilst in your principal country of residence or within your area . Paid in full within the UK when treatment : <ul style="list-style-type: none"> • is provided by a qualified nurse under the control of a medical practitioner; and • is provided through a healthcare services supplier which we have a contract with for such services; and • has been agreed by us before the treatment begins.
14. 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 .	£50 a day up to £2,000 a year .
For more information on the above please see:	Page 27
15. Additional costs incurred for the treatment of medical conditions when they occur during pregnancy or childbirth.	Benefits can be claimed under items 1-12
For more information on the above please see:	Page 24

4. Arranging treatment and making a claim

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

When you have paid the bill

If **you** have already paid the bill and need to claim the expense back then the following procedure applies:

Step One	Request a claim form* from AXA PPP healthcare; to do this you need to call us on +44 (0) 1892 503 856. You can also complete an on-line form by visiting our website at www.axapphealthcare.com .
Step Two	Complete the claim form* and ask your medical practitioner to complete the relevant section. 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 original bills. We recommend you keep a copy for your own records.
Step Three	Send your completed claim form* and bills to: International Customer Service, AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL, UK.
Step Four	Your claim will be assessed by one of our Personal Advisers and all eligible payments will be made.
Step Five	AXA PPP healthcare will send you a claims benefit statement confirming the amount of benefit paid for each claim.

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

When you can have the bill settled directly with the hospital

The procedure to follow for direct settlement. If **you** are referred for **in-patient treatment**, **we** can arrange to settle the bill directly with the **hospital** if they are included in the **International Directory of Hospitals**.

Step One	Two weeks prior to admittance (whenever possible) contact our team of Personal Advisers on +44 (0) 1892 503 856 Fax +44 (0) 1892 503 189. Provide us with the hospital name, telephone number, fax number, contact name at the hospital and the name of the medical practitioner .
Step Two	Either: complete and fax a claim form* to us ; or take a claim form* with you and ask the hospital to complete it and fax it to us .
Step Three	Cover will be confirmed up to a maximum of 10 days, after which we will require further medical details.
Step Four	On admission show your membership card and ask the hospital to arrange direct settlement with AXA PPP healthcare.
Step Five	On departure ask the hospital to send the original claim form* and account to AXA PPP healthcare. Payment will be made direct to the hospital within 14 days of receipt.
Step Six	If you need on-going out-patient treatment – We can, in some instances, continue to settle bills direct, eg for courses of radiotherapy no further claim form is required. If you need repeat in-patient/day-patient treatment – A new claim form* is required for each and every stay, even if it for the same condition.

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

For **in-patient treatment**, **day-patient treatment** or major **out-patient treatment**, **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**.

What happens if I require emergency treatment?

If the **treatment** is given as an emergency then **you** will 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?

In-patient treatment outside the **UK**.

The **International Directory of Hospitals** includes a list of **hospitals** worldwide where AXA PPP healthcare has a Direct Settlement agreement.

This means that if **you** require **in-patient treatment** and it is received at one of the named **hospitals**, then **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.

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

AXA PPP healthcare has a Direct Settlement Desk which is dedicated to assisting **you** with the direct settlement procedures.

Direct Settlement Desk:

Tel +44 (0) 1892 503 915

Fax +44 (0) 1892 503 189

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.

Claims reimbursements will be paid through a local bank in the same currency as the claim using the exchange rate published in the Financial Times Guide to World Currencies current when **we** assess the claim, so long as that currency is one of the following:

Denmark (Krone)*; Europe (Euro); Norway (Krone); Sweden (Krona)*; Switzerland (Franc); United Kingdom (Pound)*.

* At the time of going to print, these countries are not transacting financial arrangements in the Euro currency, although this position may be subject to change. If **you** have any queries regarding claims payment in Euro currency, please call **us**.

In-patient treatment and **day-patient treatment** within the **UK**.

AXA PPP healthcare 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** section of the **International 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.

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 original 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 claim form (or patient's declaration and consent form) alone. In such situations **we** may require additional information and it is your responsibility to provide any reasonable additional information to enable **us** to assess your claim.

Be aware:

In order to establish the eligibility of any claim, **we** may request access to your medical records including medical referral letters. If **you** 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 I have cover on another insurance policy?

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

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

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

4.5 **You** must tell **us** on the claim form (if applicable) or patient's declaration and consent form if **you** can claim any of the cost from anyone else. If benefits are claimed for **treatment** to **you** when the injury or **medical condition** was caused by some other person (the 'third party'), **we** will pay those benefits **you** can claim under the **policy**. If another insurance policy covers those benefits then **we** will only pay **our** proper share of the benefits. However, in paying those benefits, **we** obtain both through the terms of the **policy** and by law a right to recover the amount of those benefits from the third party.

In this case, the following shall apply:

- **you** must tell **us** as quickly as possible if **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 outcome of any action or settlement (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 **you** recover only a percentage of your claim for damages **you** must repay the same percentage of **our** outlay to **us**; or
 - if your claim is repaid 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 13.2(d) 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.

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

Please note:

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

We will pay for vaccinations administered by a **medical practitioner** 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) Routine childhood vaccinations and vaccinations for the purpose of travel when they are administered by a **medical practitioner** in their place of practice. **We** will only pay for vaccinations if they are recommended by the World Health Organisation as appropriate for the country **you** are travelling to.
- (c) Initial reconstructive surgery to restore function or appearance after an accident or following surgery for a **medical condition**, provided that:
 - **we** have covered **you** continuously under a **policy** of **ours** since before the accident or surgery happened
 - **we** agree the cost of the **treatment** in writing before it is done (see also 6.2(f)).
- (d) **Treatment** of astigmatism where the astigmatism arises from the surgical replacement of the lens of the eye (see also 6.2(h)).

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) Vaccinations, routine preventive examinations or preventive screening (except as allowed in 6.1(b)).

- (c) Preventive **treatment**.
- (d) **Level 1 and Level 2 members: Out-patient drugs or dressings.**
- (e) The costs of providing or fitting any external prosthesis or appliance.
- (f) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment**. (See also 6.1(c)).
- (g) 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).
- (h) Any other **treatment** of astigmatism or any other refractive errors. (See also 6.1(d)).
- (i) Any **treatment** to correct long or short-sightedness (except as detailed in the **benefits table**).
- (j) **Treatment** directed towards developmental delay in children whether physical or psychological or due to learning difficulties.
- (k) Any charges which **you** incur for social or domestic reasons (such as travel or home help costs) or for reasons which are not directly connected with **treatment**.
- (l) 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.

- (m) **Treatment** of injuries sustained from playing professional sport or 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, hangliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

Will my policy cover me for dental treatment?

There is limited cover as detailed below:

6.3 We pay for eligible:

- (a) Level 3 members: **Treatment** made necessary by an accidental injury caused by an extra-oral impact, up to the limits shown on 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) Level 1 and 2 members: any dental **treatment**
- (b) Level 3 members: 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**).
- (c) 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.
- (d) Any telephone or travelling expenses incurred in seeking dental advice or **treatment**.
- (e) 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 healthcare website: www.axapphealthcare.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 healthcare at the time the operations are carried out and both have been members since before the recipient developed the **medical condition** requiring the transplant. (See also 6.6(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 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) **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 and/or approved by The National Institute for Health and Clinical Excellence 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 only pay for **eligible** additional **treatment** made necessary by a **medical condition** that is experienced during that pregnancy and/or childbirth. Your **policy** is not intended to provide cover for preventive **treatment**, monitoring or screening. **We** do not pay for the normal interventions required during pregnancy or childbirth as they are not **treatments** of a **medical condition**.

Be aware:

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

6.7 **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**
 - failure to progress in labour.

6.8 **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) **Treatment** of sexually transmitted diseases.
- (e) Gender re-assignment operations or any other surgical or medical **treatment** including psychotherapy or similar services which arise from, or are directly or indirectly associated with gender re-assignment.

7. Recurrent, continuing and long-term treatment

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

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

We define a **chronic condition** in the glossary on page 46 as:

A disease, illness or injury that has one or more of the following characteristics:

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

Please note:

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

- the initial investigations to establish a diagnosis
- **treatment** for a period of a few months following diagnosis to allow the **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: www.axapphealthcare.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 27.

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 it is an integral part of **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 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 for the **treatment** of menopause resulting from 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 **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.
- (g) Any hormone replacement therapy (HRT) except for the **treatment** of menopause resulting from medical intervention.

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 treatment is received outside the UK

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 treatment is received in the UK

Should **you** require **in-patient treatment** of a psychiatric illness, 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. Any cover for **treatment** of psychiatric illness will be subject to **our** rules on **chronic conditions**.

7.3 We pay for eligible:

- (a) **Treatment** of psychiatric illness. **We** have an agreement with psychiatric **hospitals** in the **UK** regarding **in-patient treatment** of psychiatric illness under which the **hospital** will contact **us** directly to confirm whether cover is available.

7.4 What we do not pay for:

- (a) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.
- (b) **Treatment** of, or **treatment** which arises from or is in any way connected with, alcohol abuse, drug abuse or substance abuse.
- (c) Benefits for more than 100 days in your lifetime for **in-patient treatment** of psychiatric illness.

Will my policy cover me 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 the section 'Existing medical conditions' on page 19 for further information on your cover for pre-existing **medical conditions**.

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

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

Please note:

This cover is 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 treatment for free?

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

Summary of cancer cover for European Health Cover		
	Cover	
Where am I covered for treatment?	✓	Treatment of cancer at a hospital in your principal country of residence or within your area , or in any UK hospital, day-patient unit or scanning centre listed in the UK section of the International Directory of Hospitals .
	x	Charges made for the treatment of cancer in the UK at a hospital, day-patient unit or scanning centre not listed in the UK section of the International Directory of Hospitals .
	✓	Intravenous chemotherapy received at home in the circumstances shown on the benefits table .
	x	Treatment received at a hospice.
What cover do I have for diagnostic procedures?	✓	Consultations with a medical practitioner, diagnostic tests ordered by a medical practitioner , CT, MRI and PET scans and surgical procedures , subject to any out-patient benefit limits.
	x	Genetic screening required to establish a genetic predisposition to certain forms of cancer .
What cover do I have for surgical treatment?	✓	Surgical procedures for the treatment or diagnosis of cancer , as shown on page 23 when that treatment has been established as being effective.
	x	Experimental or unproven surgery. Please refer to the 'Your cover for certain types of treatment' section on page 20 for further information.

Summary of cancer cover for European Health Cover

<p>Am I covered for preventive treatment?</p>	<p>x</p>	<p>Preventive treatment, for example:</p> <ul style="list-style-type: none"> • Screening undertaken as a preventive measure where there are no symptoms of cancer. For example, if you receive genetic screening, the result of which shows a genetic predisposition to breast cancer, you would not be covered for the screening or a prophylactic mastectomy to prevent the development of breast cancer in the future. • Vaccines to prevent the development or recurrence of cancer, for example vaccinations for the prevention of cervical cancer.
<p>What cover do I have for drug therapy?</p>	<p>✓</p>	<p>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 or the Medicines and Healthcare products Regulatory Agency and is used within the terms of that licence.</p>
	<p>✓</p>	<p>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).</p> <p>The cover provided by this policy for such prolonged cancer drug 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).</p> <p>These drug treatments will be covered for up to:</p> <ul style="list-style-type: none"> • one year of such treatment; or • the period of the drug licence whichever is the shorter. <p>The time limit starts from when you first started receiving that drug, however it may have been funded.</p> <p>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.</p>

Summary of cancer cover for European Health Cover

		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.
	✓ Level 3 members only	Out-patient drugs and drugs prescribed by your medical practitioner , subject to the limits in the benefits table .
	✗ Level 1 and 2 members only	Out-patient drugs and drugs prescribed by your medical practitioner . For example, hormone therapy tablets (such as Tamoxifen) are out-patient drugs and therefore are not covered by our policies.
	✗	Except for the cover provided for chemotherapy drugs and biological therapies previously described there is no cover for drug treatment given to prevent a recurrence of cancer , for the maintenance of remission or where its use is continuing without a clear end date. Such ongoing treatments are not eligible although, if they are given by injection, for example goserelin (Zoladex), we would pay for up to three months to allow the treatment to be established.
Am I covered for radiotherapy?	✓	Radiotherapy, including when used to relieve pain.
Am I covered for terminal care?	✗	There is no cover for terminal care, wherever carried out.
Am I covered for monitoring?	✓	Follow up consultations and reviews of cancer will be covered for 10 years from your last surgery, chemotherapy or radiotherapy for that cancer , subject to any out-patient benefit limits.
Am I covered for bone marrow or stem cell treatment?	✓	Stem cell treatment and bone marrow treatment , including the reasonable costs incurred for a live donor to donate bone marrow or stem cells as shown in section 6.5(b).
	✗	Any related administration costs (such as, but not limited to, transport costs and the cost of a donor search).

8. Where you are covered for treatment

Which hospitals do I have cover for?

You can use any **hospital** in your **principal country of residence** or within your **area** and **we** will pay the reasonable charges. However, **we** cannot settle bills for **in-patient treatment** directly with all **hospitals**; please refer to ‘How are my medical bills settled?’ on page 14 and the **International Directory of Hospitals**.

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** section of the **International Directory of Hospitals**.

We have chosen **hospitals** for inclusion in the **UK** section in the **International 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** section of the **International Directory of Hospitals** to protect the interests of all **our** customers. In such an event **we** will indicate the suspension on **our** website www.axapphealthcare.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.

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 your GP refers **you** directly to a **facility** with which **we** have an agreement to provide cataract **surgical procedures**.

Please note:

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

8.1 We pay for eligible:

- (a) Charges made by, or incurred in, a **hospital** in your **principal country of residence** or within your **area**. **We** will pay the reasonable charges for the use of a single en-suite room.
- (b) Charges made by, or incurred in, a **hospital, day-patient unit** or **scanning centre** listed in the **UK** section of the **International Directory of Hospitals**.
- (c) Cataract **surgical procedures** in the **UK** following referral by a GP to a **facility** in the **UK** with which **we** have an agreement for the provision of cataract **surgical procedures**.
- (d) 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).

8.2 What we do not pay for:

- (a) Any charges from health hydros, spas, nature cure clinics or any similar place, even if it is registered as a **hospital**.
- (b) Special nursing in **hospital** unless **we** have agreed beforehand that it is necessary and appropriate.
- (c) **In-patient treatment** charges for any **hospital** outside the **UK** which are unreasonable or excessive.

9. Who we pay for treatment

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

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

Medical practitioner's fees for consultations, **diagnostic tests**, vaccinations, **treatment** in **hospital** and **surgical procedures** 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**. **We** do not pay charges for administration costs or written reports.

Will treatment charges 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**, 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. This is available on **our** website:

www.axapphealthcare.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**, from the schedule of procedures and fees. **We** have identified **medical practitioners, physiotherapists** and **complementary practitioners** in the **UK** whose fees **we** pay in full, and these make up the majority of all practitioners.

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

Before receiving surgical **treatment** 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.

9.1 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.

9.2 What we do not pay for:

- (a) Charges made by a **medical practitioner, physiotherapist** or **complementary practitioner** when **you** have been referred by a member of your family, or if that **medical practitioner, physiotherapist** or **complementary practitioner** is a member of your family.
- (b) **Treatment** charges made when they are above the level set out in **our** schedule of procedures and fees.
- (c) **Treatment** charges made by a **medical practitioner, complementary practitioner** or **clinical 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**.
- (d) Charges in Great Britain and Northern Ireland, including the Isle of Man made by a general practitioner
- (e) Charges for general chiropody or foot care even if this is carried out by a surgical podiatrist.
- (f) Any charges made for written reports or any other administrative costs.

10. Emergency treatment abroad

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.

However 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 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 control 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 10.1 and 10.2.

Specific terms relating to the overseas evacuation or repatriation service

10.1 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** whilst in your **principal country of residence** then, if in the opinion of the **appointed doctor** the medical facilities in the **principal country of residence** 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 healthcare 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 your **home country**.

10.2 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 or an attempt at suicide.
- (c) Any costs incurred which arise from or are in any way connected with, alcohol abuse, drug abuse or substance abuse.
- (d) Any costs incurred as a result of engaging in any sports or activity as a professional or taking part in base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hanggliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.
- (e) Moving **you** from a ship, oil-rig platform or similar off-shore location.

- (f) Any costs 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).
- (g) **Treatment** costs other than for the necessary **treatment** administered by the international assistance company appointed by **us** whilst they are moving **you**.
- (h) 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**.
- (i) 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.
- (j) Any costs incurred if at the time of travel **you** are travelling to a country or area that the UK Foreign and Commonwealth Office lists as a place which they either advise against:
 - all travel to; or
 - all travel on holiday or non essential business.This exclusion applies whatever your reason for travel.

10.3 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.

11. Health at Hand

How could Health at Hand help me?

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

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

Please note:

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

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

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

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

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

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

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

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

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

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

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

Health at Hand – +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: www.axapphealthcare.com

If calling from the UK and Channel Islands please dial 0800 003 004 – calls are free.

12. Additional information

When can I add other members or change my cover?

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

Can I add my new baby to my policy?

You can apply to add newborn babies (who are born to the **policyholder** or the **policyholder's** partner) to the **policy** from their date of birth. This can normally be done without filling out details of their medical history, provided **you** add them within three months of their date of birth. However, **we** will require details of the baby's medical history if the baby has been adopted, or was born as the result of any method of assisted conception. In such circumstances **we** reserve the right to apply particular restrictions to the cover **we** will offer, and **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 13.1(g) 'Your rights and responsibilities'.

How can I pay my premium?

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

13. 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, Kent TN1 2PL, UK

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, Kent TN1 1BJ, UK

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 within the UK and Channel Islands

Telephone: +44 (0) 20 7964 0198 outside the UK and Channel Islands

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

Website: www.financial-ombudsman.org.uk

The Ombudsman will review complaints about:

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

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

The Ombudsman will also not usually review a complaint where:

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

None of these procedures affect your legal rights.

What regulatory protection do I have?

The Financial Services Authority (FSA)

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

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

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

This information can be checked by visiting the FSA register which is on their website: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234 within the **UK** and **Channel Islands** or +44 (0) 20 7066 1000 if **you** are calling from outside the **UK** and **Channel Islands**.

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

How is my personal data protected?

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

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

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

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

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

13.1 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) This **policy** is available only to people living outside the **UK** so **you** must tell **us** immediately if **you** or any **family member** has gone to live in the **UK** – which means they will be in the **UK** for more than six months in the **year**. **You** must tell **us** if **you** change your **principal country of residence** even if **you** are staying in the same **area**. If **you** don't tell **us** **we** can refuse to pay benefits.
- (e) Only the **policyholder** and **we** have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including any **family member**.
- (f) **You** must pay your premium when it is due and in pounds sterling. **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.
- (g) The **policyholder** may cancel this **policy** by contacting **us** during the 14 day cooling off period. The 14 day cooling off period commences on the day that the contract is concluded or the day that full **policy** terms and conditions are received, whichever is the later. The 14 day cooling off period also applies from each renewal date. If the **policy** is cancelled during the 14 day cooling off period **we** will return any premium paid for the **policy** providing no claims have been made on the **policy** in relation to the period of cover before cancellation (being no more than 14 days' cover). If **you**

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

- (h) **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.
- (i) 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.

13.2 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. **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) If **you** break any of the terms of the **policy** which **we** reasonably consider to be fundamental, **we** may (subject to 13.2(e)) 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.
- (e) 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**.
- (f) **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.
- (g) 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.

14. 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 **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** section of the **International 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 –

Europe and other specified countries – Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Channel Islands, Croatia, Republic of Cyprus (including Akrotiri and Dhekelia SBAs), Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, FYR Macedonia, Malta, Moldova, Monaco, Netherlands, Norway, Poland, Portugal (including Madeira), Romania, Russian Federation, San Marino, Serbia and Montenegro, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkey, Turkish Republic of Northern Cyprus, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan, Vatican City State.

area of cover – the **area** your **principal country of residence** is situated in.

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 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** section of the **International 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** section of the **International 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** section of the **International Directory of Hospitals**.

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

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** section of the **International Directory of Hospitals**.

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

International Directory of Hospitals – a document **we** publish which lists those **hospitals** where **we** have a direct settlement agreement. It also 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**.

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. There is no cover in the **UK** for general practitioner services.

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.

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**
- the **International Directory of Hospitals**.

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 must be outside the **UK** and will be shown as your address in **our** records.

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** section of the **International 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.

we/us/our – AXA PPP healthcare.

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

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

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