AXA Health

BNP PARIBAS

BNP Paribas
Healthcare Trust Scheme
Advance Membership handbook
January 2024

Contents

Personal Advisory team

0800 068 6255

Monday to Friday 8am to 8pm and Saturday 9am to 5pm

For queries or claims pre-authorisation including Working Body and Stronger Minds. Remember a GP referral may not be needed for some conditions.

Find out about our Fast Track Appointments service in Section 2 – 'Making a claim and using your Advance services'.

To contact us by Relay UK on any of the numbers listed in this handbook just prefix the number listed with 18001.

Overseas emergency control centre

+44(0) 1892 513 999

Health information

axahealth.co.uk/health

Access to our on-line health centres

Leaving your employer

Stay covered with the same personal medical underwriting

Call us on 0800 028 2915

Monday to Friday 8am to 7pm and Saturday 9am to 1pm

Wellbeing Services

Please visit your Wellbeing Hub for all the details of your Wellbeing services.

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

1 Quick start guide to your membership

Your **company** has set up a trust (referred to in these **rules** as the '**healthcare scheme'**) to provide funds to pay for private medical **treatment** costs and the **trustee** of that trust have asked us to administer the **healthcare scheme** for them. All claims will be paid from the trust and so the amount available will depend on the extent to which your **company** funds it.

This quick guide explains the basics of the benefit provided under your **healthcare scheme**. It also tells you some of the key things that are not paid for too.

This handbook sets out the **rules** that apply to the **healthcare scheme**. Reading this will help you to understand the benefits available. These **rules** are part of the **trust deed** governing the **healthcare scheme**. In the event of any inconsistency between these **rules** and the remainder of the **trust deed** the provisions in the remainder of the **trust deed** shall apply. The tables in this quick start guide give you an outline of your benefits. For full details, please read the rest of your handbook too.

To make the handbook easier for you to use, we've added in links to all contents pages and anywhere we mention another section for more information. To go to a particular section from a contents page, simply click on the title of the section you need. Sections referenced for more information through the rest of the handbook are underlined so you know if you click on the underlined area, you'll go straight to that section

Words and phrases in bold type

Some of the words and phrases we use have a specific meaning. For example, when we talk about **treatment**.

We've highlighted these words in bold. You can find their meanings in the glossary section of your handbook.

You and your

When we use you and your, we mean the **eligible employee** and any **family members** on the **healthcare scheme**.

We, us and our

When we use we, us and our, we mean AXA Health Services Limited appointed by the **trustee** and acting as administrator on behalf of the **trustee**.

1.1 Your benefits

This section shows you the benefit your membership gives you.

Please make sure you call us before each stage of your **treatment** so we can let you know the extent of the benefit available.

If you're an **in-patient** or **day-patient**		
Private hospital and **day-patient unit** fees	Paid in full so long as you use a hospital or **day-patient unit** in your **Directory of Hospitals**	Including fees for **in-patient** or **day-patient**: • accommodation • **diagnostic tests** • using the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the **specialist** uses during **surgery**. >> For more information, see Section 3 – 'Paying the places where you're treated'
Cash payment if you use a hospital or **day-patient unit** that's not in your **Directory of Hospitals**	£100 a night for **in-patient treatment**, £100 a day for **day-patient treatment**	If you have private **in-patient treatment** or **day-patient treatment** at a hospital or **day-patient unit** that is not in your **Directory of Hospitals**.
Hospital accommodation for one parent while a child is in hospital	Paid in full	Benefit towards the cost of one parent staying in hospital with a child. The child must be on your membership and having **treatment** paid for by it.
Hotel accommodation for one parent while a child is in hospital	Up to £100 a night up to £500 a **scheme year**	Benefit towards the costs for one parent to stay near to the **private hospital** where a child is having **treatment**. The child must be on the membership and having **treatment** paid for by it.
Specialist fees	No yearly limit	Includes fees for: • surgeons • anaesthetists • physicians. >> For more information, see Section 3 – 'Paying the specialists, practitioners and therapists who treat you'

If you're an **out-patient**		
Access to Working Body: For muscle, bone and joint pain – No **GP** referral needed - Call us on 0800 068 6255		
Surgery	No yearly limit	
CT, MRI or PET scans	Paid in full at a **scanning centre**, or hospital listed as a **scanning centre**, in your **Directory of Hospitals**	>> For more information, see Section 3 – 'Paying the places where you're treated'
Cash payment if you have a private CT, MRI or PET scan at a hospital or **day-patient unit** that is not in your **Directory of Hospitals**	£100 each visit	If you have a CT, MRI or PET scan at a **scanning centre** that is not in your **Directory of Hospitals.**
Specialist consultations **Diagnostic tests** performed by your **specialist** or when your **specialist** refers you **Practitioner** fees when your **specialist** refers you	No yearly limit	**Practitioners** are **nurses**, dieticians, orthoptists, speech therapists, psychotherapists or psychologists and audiologists. This includes remote consultations by telephone or via a video link instead of you going to an **out-patient** clinic. >> For more information, see Section 3 – 'Paying the specialists, practitioners and therapists who treat you'
Fees for **out-patient treatment** by physiotherapists, **acupuncturists**, osteopaths or chiropractors	Up to a combined overall maximum of 10 sessions in a **scheme year** on **GP** referral or when you have physiotherapy or osteopathy **treatment** through our Working Body team Further sessions when your **specialist** or our Working Body team refers you as long as we agree them first	We call physiotherapists, osteopaths and chiropractors **therapists**.
Chiropody and podiatry charges for gait analysis	Paid in full	This benefit is available for specific conditions only and so long as your chiropodist or podiatrist is qualified. >> For more information, see Section 4 – 'Chiropody and foot care'
Routine follow up consultations, associated **diagnostic tests** and **conventional treatment** with a **specialist** for the on-going control of a **chronic condition**	Up to a combined limit of £2,000 in a **scheme year**	
Consultations and associated **diagnostic tests** for **medical conditions** that can be treated by your **GP** but they refer you to a **specialist**		

Mental Health If you're an **in-patient** or **day-patient**		
Private hospital and **day-patient unit** fees for mental health **treatment**	Paid in full up to 45 days a **scheme year.**	So long as you use a hospital or **day-patient unit** in your **Directory of Hospitals**. Including fees for: • accommodation • **diagnostic tests** • drugs. >> For more information, see Section 3 – 'Paying the places where you're treated'
Cash payment if you use a hospital or **day-patient unit** that is not in your **Directory of Hospitals**	£100 a night for **in-patient treatment** £100 a day for **day-patient treatment** Up to a combined maximum of 45 days a **scheme year**	If you have private **in-patient** or **day-patient treatment** for a mental health condition at a hospital or **day-patient unit** that is not in your **Directory of Hospitals**.
Specialist fees for mental health **treatment**	No yearly limit	

Mental Health - If you're an **out-patient**		
Access to Stronger Minds: For any mental health concerns – No **GP** referral needed - Call us on 0800 068 6255		
Counselling sessions through Stronger Minds	Sessions with a counsellor when this is directed by, and arranged through, the Stronger Minds service	This could be face to face, email or telephone counselling. The type and amount of counselling will be arranged as clinically appropriate by the Stronger Minds service. Only counselling arranged through Stronger Minds is paid for by your **healthcare scheme**. Over 18s only.
Specialist consultations for mental health **treatment**	No yearly limit	This includes remote consultations by telephone or via a video link instead of you going to an **out-patient** clinic.
Mental health **treatment** by psychologists and psychotherapists	No yearly limit	>> For more information, see Section 4 – 'Mental Health'
Routine monitoring and/or **treatment** needed for the on-going control of a chronic mental health condition	No yearly limit	**Treatment** with **specialists**, psychologists or psychotherapists.

Additional benefits		
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	Paid in full	The **trustee** will pay for **treatment**: • at home; or • somewhere else that is appropriate. The **trustee** will pay for a **nurse** to give you chemotherapy or antibiotics by intravenous drip. This is so long as: • the **trustee** has agreed the **treatment** beforehand; and • you would otherwise need to be admitted for **in-patient** or **day-patient treatment**; and • the **nurse** is working under the supervision of a **specialist**; and • the **treatment** is provided through a healthcare services supplier that we have a contract with for this kind of service.
Cash payment when you have free **treatment** under the NHS	£200 per night up to £5,000 each **scheme year**	The **trustee** will pay this when: • you are admitted for **in-patient treatment** before midnight; and • the **trustee** would have paid for your **treatment** if you had had it privately. You can also receive this cash payment if you have **treatment** in an NHS Intensive Therapy or Intensive Care unit, whether it follows private **treatment** or not.
Oral **surgery**	Paid in full so long as you use a **facility** that we have an agreement with covering oral **surgery**	So long as your dentist refers you, the **trustee** will pay for: • reinserting your own teeth after a trauma; or • surgical removal of impacted teeth, buried teeth and complicated buried roots; or • removal of cysts of the jaw (sometimes called enucleation). To check if we have an agreement with a facility for oral surgery, search your Directory of Hospitals at axahealth.co.uk/hospitals

Additional benefits		
Ambulance transport	Paid in full	If you are having private **in-patient** or **day-patient treatment** and it is medically necessary to use a road ambulance to transport you to another medical **facility**.
Treatment of gender dysphoria	Private diagnosis	Where available, the **trustee** will pay for the private diagnosis of gender dysphoria. Available to members 18 and over. >> For more information, see Section 4 – 'Gender re-assignment or gender confirmation'
	Consultations and associated blood tests with an endocrinologist who specialises in gender dysphoria	Where available, the **trustee** will pay for private consultations and associated blood tests with an endocrinologist as part of the **treatment** of gender dysphoria. Available to members 18 and over. >> For more information, see Section 4 – 'Gender re-assignment or gender confirmation'
	Pelvic **surgery** paid in full	This will be paid provided the member has undergone preliminary **treatment** in line with NHS guidelines. The **trustee** will pay for the equivalent pelvic **surgery** that would be available if you had your **treatment** on the NHS. Available to members 18 and over. >> For more information, see Section 4 – 'Gender re-assignment or gender confirmation'
Infertility investigations	Paid in full	Initial investigations including **diagnostic tests** necessary to diagnose the underlying cause of infertility. >> For more information, see Section 4 – 'Infertility and assisted reproduction'
Assisted fertility **treatment**	£20,000 per registration for the lifetime of your membership	Benefit is available when you are referred by a **GP** to a **specialist** or fertility clinic for **treatment** of infertility. >> For more information, see Section 4 – 'Infertility and assisted reproduction'

Additional benefits		
Cryopreservation and storage of egg, ovary or testicular tissue when a **specialist** has referred you for **treatment** that is toxic to ovaries or testicles or you have a condition which is detrimental to egg or sperm production. By this we mean: • You have been diagnosed with polycystic ovary syndrome (PCOS) or endometriosis. • You are in the process of transitioning from one gender to another (adults 18 years plus). • You have Hypogonadotropic Hypogonadism (HH) and are receiving treatment with hormones (gonadotrophins) to induce spermatogenesis. • You have planned **surgery** which may impact testicular or ovarian function (e.g. **surgery** for malignancy).	One successful stimulation and harvesting of eggs, or preparation of sperm. Storage for up to three consecutive **scheme years** per lifetime membership	We will ask you to provide confirmation of your diagnosis from your **GP** or **specialist**. You will need to set up an agreement for storage with the provider yourself, pay them directly and claim the cost back from us. After the three years, you will be responsible for paying the full cost of storage yourself. Transportation, thawing or disposal of tissue is not included. You may wish to check the position on entitlement to future NHS fertility treatment with your **specialist** or clinic.
Treatment of menopausal symptoms	No yearly limit	The **trustee** will pay if you need to be referred to a **specialist** by your **GP** for the **treatment** of menopausal symptoms. We recommend referral to a **specialist** accredited by the British Menopause Society (BMS). Please ask your **GP** for an open referral and we can support you in finding a BMS **specialist**, either nearby, or one who commonly offers online appointments.
Assessment, diagnosis and initial support for specified neurodiverse conditions through our selected provider	Supporting you through our online Neurodiversity Assessment and Support Service as follows: • An initial needs assessment • Online assessment(s) and diagnosis • Group sessions following diagnosis of ADHD and/or Autism to better understand your condition(s) • Sessions with an educational expert (Education Navigator) to provide information on how to access local support • Sessions with the medicine review team after a diagnosis of ADHD	Benefit is available for the following neurodiverse conditions when you are referred by your **GP** for suspected: Autism, Attention Deficit Hyperactivity Disorder (ADHD) and the following learning difficulties: Dyslexia, Dysgraphia and Dyscalculia. The referral can be from any **GP**. However, some online **GPs** are not able to support ongoing prescriptions, so you may wish to speak to your practice **GP**. Because of the online nature of the support, benefit is available for adults and children aged 7 and over. >> For more information, see Section 4 – 'Learning and Developmental disorders'

Additional benefits		
Diagnosis of learning and developmental disorders that fall outside the Neurodiversity Assessment and Support Service	Up to £2,000 each **scheme year**	Benefit is towards the costs of diagnosis only, when referred by a **GP**. >> For more information see Section 4, 'Learning and Developmental disorders'
Overseas evacuation and repatriation	Service available	Our **evacuation or repatriation service** is available to move you to another hospital which has the necessary medical facilities to treat your medical condition if the **appointed doctor** establishes the local hospitals are inadequate or the appropriate treatment is unavailable locally. You will be moved either to a hospital in the country where you are taken ill or in another nearby country (evacuation) or brought back to the **United Kingdom** (repatriation). >> For more information, see Section 4 – 'Treatment abroad'
Immediate emergency **in-patient treatment** received while travelling abroad which relates to an evacuation or repatriation we have arranged for you		
External prosthesis	Up to £5,000 each **scheme year**	The **trustee** will pay this benefit towards the cost of providing an **external prosthesis**. >> For more information, see Section 4 – 'External prosthesis or appliances'

Cancer cover and care

For details, see Section 4 – 'Cancer'.

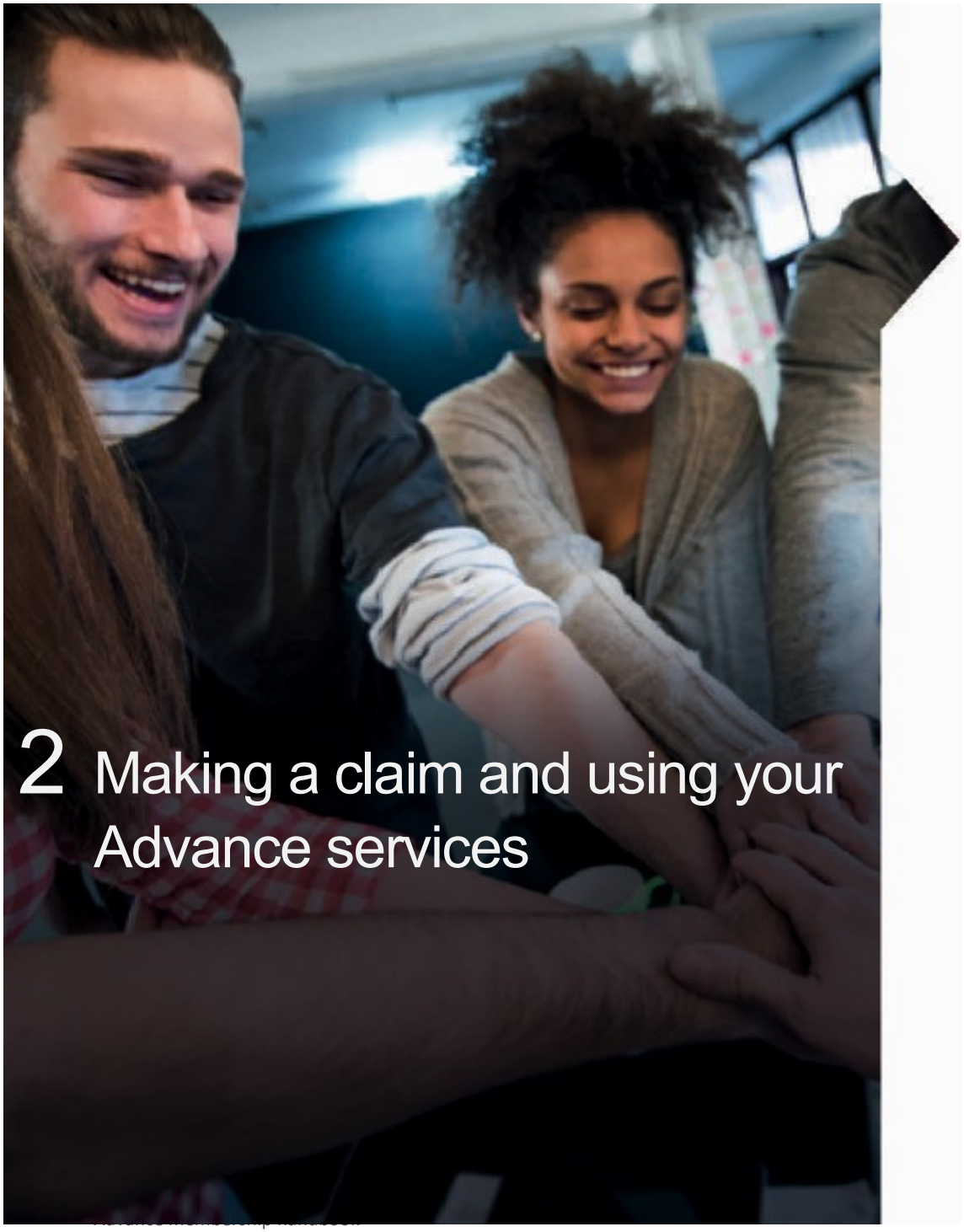
1.2 > The main things your healthcare scheme doesn't pay for

As you would expect, there are a few things that are not paid for. We've listed the most significant things here, but please also see the detail later in your handbook.

Does my membership mean I don't need to use the NHS?

No. Your **healthcare scheme** is not designed to provide benefit for every situation. It is designed to add to, not replace, the NHS. There are some conditions and **treatments** that the NHS is best at handling – emergencies are a good example.

Your healthcare scheme does not pay for:	For more information	Notes
Routine pregnancy and childbirth	>> For more information, see Section 4 – 'Pregnancy and childbirth' or call us on 0800 068 6255	
Treatment of ongoing, recurrent and long-term conditions (**chronic conditions**) except as allowed for in the benefits table	>> For more information, see Section 3 – 'How your membership works with conditions that last a long time or come back (chronic conditions)'	
Fees if you choose to use a hospital that is not in your **Directory of Hospitals**	>> For more information, see Section 3 – 'Paying the places where you're treated'	If you choose to use a different hospital, the **trustee** may pay you a small cash payment. We use a **Directory of Hospitals** as it helps us to keep subscriptions affordable. Search your Directory of Hospitals at axahealth.co.uk/hospitals



2 Making a claim and using your Advance services

- **Muscle, bone and joint conditions**
  Working Body
- **Mental health concerns**
  Stronger Minds
- **Self-referral service**
- **Neurodiversity Assessment and Support Service**
- **Claiming for other conditions**
  Benefit for treatment, tests and diagnoses
- **Expert Help**
  Health at Hand
  Health information
  Dedicated nurses

Find out more at your Wellbeing Hub

For more information on all the services and offers available to you with your membership, head to your Wellbeing Hub.

To log in, simply go to our website www.axahealth.co.uk click log in and use your email address and membership number.

Please call us on 0800 068 6255 if you have any queries about the hub.

Working Body

for muscle, bone and joint conditions

0800 068 6255

Your benefit includes direct access to physiotherapy or osteopathy advice and **treatment**, without the need for a **GP** referral.

If you have a muscle, bone or joint problem:

- log into your wellbeing hub (you can do this any time)
- select support for muscles, bones and joints
- register for the online assessment service
- answer some clinical questions.

Your answers will be used to direct you to one of the following options:

- Self-management – you'll be given easy-to-follow guidance on how to manage your condition.
- Further assessment – if needed, you'll be able to access a team of experts – including physiotherapists, advanced level practitioners, or specialists – who'll further assess your condition and recommend next steps.
- **Treatment** – with a physiotherapist or osteopath – we'll put you in touch with a selected provider.
- Referral on to a **specialist** – we can arrange for you to see a private specialist through our Fast Track Appointments service.

With our online service, you can also:

- access your reports and images to take to appointments
- book, move or cancel appointments yourself.

Members under the age of 18 will need a **GP** referral for these types of conditions as the Working Body service is not available to them.

Stronger Minds

for mental health concerns

0800 068 6255

Stronger Minds provides prompt access to mental healthcare and support.

You don't even need to get a referral from your **GP** first.

Call us on 0800 068 6255 - If you experience stress, anxiety or any mental health concerns, call your Personal Advisory team to check your benefits. They'll pass you straight through to the Stronger Minds team to speak to a trained counsellor or psychologist.

Initial clinical needs assessment - One of the team will talk things through, make an initial assessment and then direct you to the **treatment** that's right for you.

After the assessment

The counsellor or psychologist will recommend **treatment**, which could include:

- Counselling – Face to face, by email or over the telephone.
- **Treatment** with a psychologist – we'll put you in touch with a selected provider.
- Referral on to a **specialist** – we can arrange for you to see a private **specialist**.
- Self Help.

Only counselling arranged through Stronger Minds is paid for by your **healthcare scheme**. Members under the age of 18 will need a **GP** referral for these types of conditions as the Stronger Minds service is not available to them.

Self-referral service

0800 068 6255

There are some conditions that we offer a self-referral service for. This means you do not need a **GP** referral. If you are concerned about:

- any marks or moles on your skin
- symptoms or changes in your breast(s)
- raised prostate specific antigen test (PSA)

Call us on 0800 068 6255 - We will check your benefits and take you through some questions designed to show whether the service can help. If your answers show the service can help and you decide to use it, we'll refer you. We'll ask for your consent before transferring you and the service will take things from there. They will be responsible for making a diagnosis.

If the service isn't suitable for you, or you decide you'd rather not use it, it's best to make an appointment with your **GP** as soon as possible for further advice.

Members under the age of 18 will need a **GP** referral for these types of conditions as the self-referral service is not available to them.

Neurodiversity Assessment and Support Service

If you or any of your **family members** over the age of 7 are referred by a **GP** for suspected Autism, Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Dysgraphia or Dyscalculia, you have access to assessment, diagnosis and initial support through the specialist service provided by our selected provider. The referral can be from any **GP**. But, as ADHD is usually managed by ongoing medication and some online **GPs** are not able to support this, you may wish to speak to your practice **GP** if ADHD is suspected.

Call us on 0800 068 6255 **-** As soon as you have a **GP** referral you can call your Personal Advisory team. We'll discuss the service with you and send a link to register with our selected provider's online portal so you can book an initial needs assessment.

Assessments are available from 8 am to 7pm, Monday to Friday (subject to appointment availability and excluding Bank Holidays).

Assessment and support - The service gives you access to the following:

- An initial needs assessment to determine the required assessment(s).
- Online assessment(s), a feedback discussion and a downloadable report on the assessment findings.
- Group sessions following diagnosis of ADHD and/or Autism to better understand your condition(s).
- Sessions with an educational expert (Education Navigator). They will provide information on the support available in your local area and how best to access it. This does not include supporting Educational Health Care Plan (EHCP) applications, further reports or attendance at meetings.
- A medication service when medication is recommended following a diagnosis of ADHD by our selected provider. The aim of the service is to find the best dose for you. There is no benefit for the cost of **out-patient** drugs so you will have to self-pay for a private prescription which could be a significant monthly amount. After an initial period to monitor your response to the medication, your care will need to be transferred to your **GP**. Our selected provider will support with this process. Alternatively, you can pay for ongoing reviews yourself. Our selected provider will be able to explain this if the option of medication is discussed with you.

If your, or your **family member's** circumstances or condition falls outside the Neurodiversity Assessment and Support service, you have benefit for diagnosis only as shown in the benefit table.

This Neurodiversity Assessment and Support Service is not available to children under 7 years old.
Members will need online access and an email address to use this service.
Our selected provider will be responsible for your assessment, diagnosis and any support given. They will decide which post diagnosis support services are suitable for you and the number of sessions.

» For more information, see Section 4 – 'Learning and Developmental disorders'

Making a claim for all other conditions
0800 068 6255

1 Ask your GP for an open referral

If your **GP** says you need specialist **treatment**, tell them you want to go private and ask for an 'open referral'.

With an open referral your **GP** doesn't name a particular specialist but instead gives you the type of specialist you need to see, for example, a cardiologist. This means our Fast Track Appointments service can help you find a suitable **specialist** and make a convenient appointment for you. Occasionally the NHS will be best placed to provide care locally (for example specialist paediatric (children's) care at a NHS centre of excellence). When this is the case we will talk to you about your NHS options as well.

2 Call us before you see the specialist

Call us as soon as you've seen your **GP**.

It's important you call us before you see the **specialist** or have any **treatment** so that we can tell you what benefit is available. This will mean you don't end up having to pay for costs that you're not expecting.

Please help us by having the open referral information from your **GP** to hand when you call. Occasionally, if we don't have enough information to choose a **specialist**, we may ask for additional information from your **GP** and/or a copy of the open referral letter.

3 We'll check your benefit and let you know what happens next

We'll check the **treatment** is paid for by your **healthcare scheme**, help you find a suitable **specialist** and offer to make the appointment for you.

To book the appointment, we'll need to share some personal information with the **specialist** including medical information. In some circumstances, you may prefer to make the appointment yourself.

We may ask you to provide more information, for example from your **GP** or **specialist**. You, your **GP** or your **specialist** must provide us with the information we ask for by the date that we ask for it or there may be no benefit for your claim.

If you need further treatment, please call us first.

Fast Track Appointment service

We have a team who can help you find a **specialist**. Our service is available to you if your **GP** has given an 'open referral', meaning they don't give a specialist's name, just the type of specialist you need to see.

What if your GP refers you to a named specialist?

Simply give us a call and we'll help from there.

Second opinion service

If you would like a second opinion from another specialist, please call us and we can discuss the options with you.

In all cases we may record and/or monitor calls for quality assurance, training and as a record of our conversation.

Expert Help

Have you ever wished a friend or someone in your family was a medical expert? You'd be able to talk to them whenever you liked and they'd have time to listen, reassure and explain in words you understand.

Being there to help with your health questions is just what our Expert Help services are here for. Our medical teams including nurses and a wide variety of healthcare professionals can answer the questions you might often wish you could ask.

Our Expert Help services do not diagnose or prescribe and are not designed to replace your GP. Any information you share with us is confidential and will not be shared with other parts of our business, like our claims department.

Health at Hand

Call 0800 003 004
with your health queries – any time

Our medical team is ready to help – day or night – whether you want to talk about a specific health worry, medication and treatment or simply need a little guidance and reassurance.

Open 24 hours a day, 365 days a year

Midwife and pharmacist services:
Monday to Friday 8am to 8pm
Saturday 8am to 4pm
Sundays 8am to 12pm.

- Nurses
- Counsellors
- Midwives
- Pharmacists

Health information you can trust

axahealth.co.uk/health

Our online Health Centres bring together the latest information from our own experts, specialist organisations and NHS resources.

You can also put your own questions to our panel of experts at our regular live online discussions.

Alternatively you can e-mail your question through our Ask the Expert online panel and an appropriate medical professional will respond to you.

- Extensive panel, including doctors, psychologists, nurses, physiotherapists and dieticians

24/7 support for cancer and heart

Speak to our specialist cancer and heart nurses

Dedicated Heart Nurse

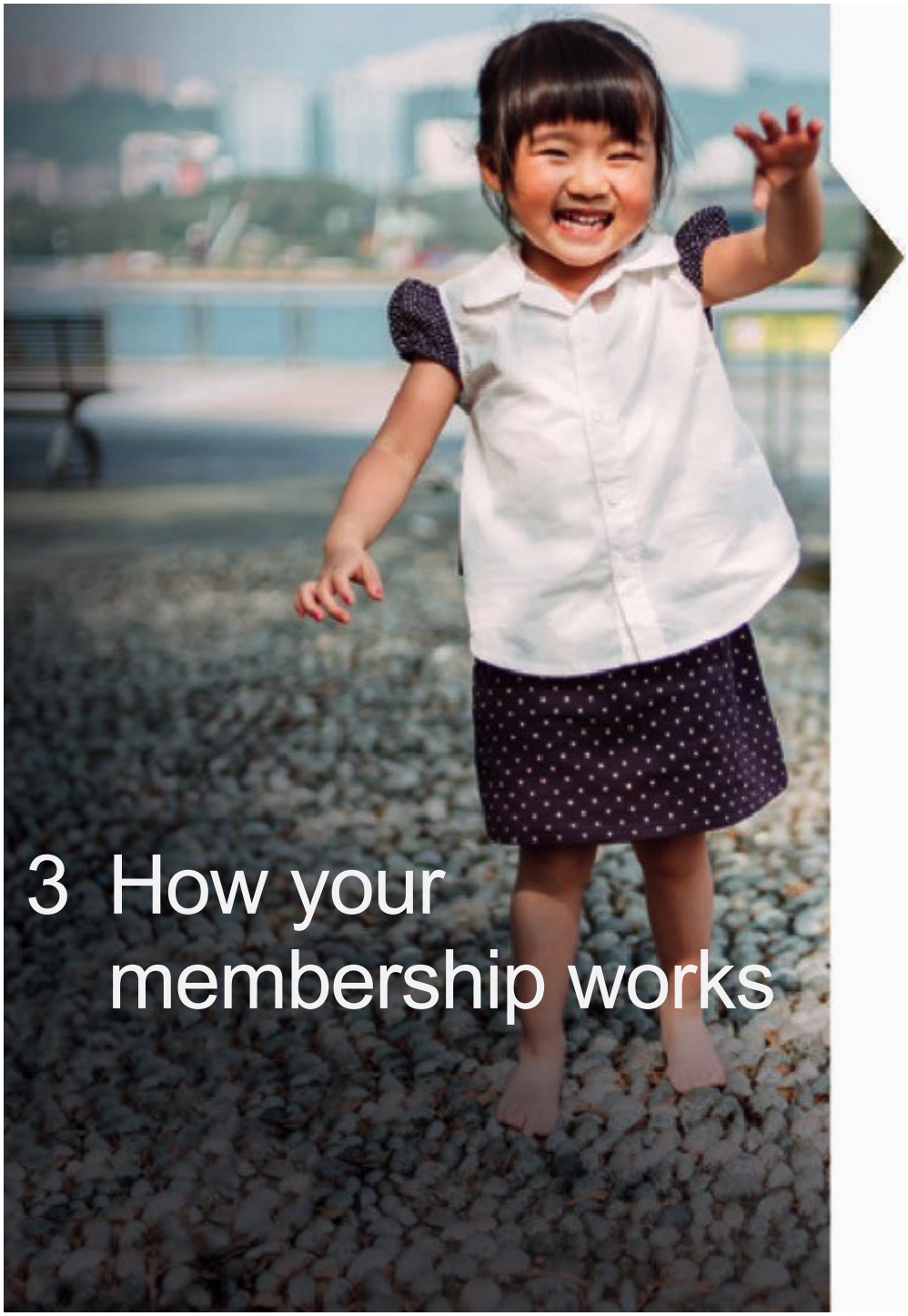
0800 2182 303

Dedicated Cancer Nurse
0800 1114 811

9am to 5pm Monday to Friday

Outside of these hours our experienced nurses and counsellors provide round the clock support by phone

0800 003 004



3 How your membership works

Please read all of your handbook

For full details of how your membership works, please read the rest of your handbook too.

Any questions?

If you're unsure how something works, just call 0800 068 6255 and we'll be very glad to explain. It's often quicker and easier than working it out from the handbook alone.

3.1 >How we pay claims

We normally settle any bills directly with the **specialist** or the hospital where you've had your **treatment**. If there is no benefit for your **treatment** for any reason, we will let you know.

How do you pay my medical bills?

Specialists and hospitals normally send their bills to us, so we can pay them directly.

>> For more information, see Section 3 – 'Paying the specialists, practitioners and therapists who treat you'

Do I need to tell the place where I have my treatment that my healthcare scheme is administered by AXA Health Services Limited?

Yes, this will mean that the fees charged for your **treatment** are those we have agreed with the hospital or centre.

What happens if I've paid the bills myself already or if I receive a bill?

If you paid your medical bills yourself and there is benefit for your **treatment**, we will refund you the rates we have agreed with the hospital or centre. Please send the original, itemised receipts from the **specialist** or hospital to AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE.

You should send us any receipts for **treatment** within 6 months after you've had your **treatment**, unless this is not reasonably possible.

If you receive a bill, please call us and we'll explain what to do next

What should I do if I need further treatment?

If you need further **treatment**, please call us first to confirm your benefit.

The information we may need when you make a claim

When you call us, we'll explain if your **treatment** is paid for and normally you won't need to fill in any forms.

Usually, this all happens very quickly. However, sometimes we need more detailed medical information, including access to your medical records.

What does 'more detailed' mean?

We may need more detailed information in any of the following ways:

We may need your **GP** or **specialist** to send us more details about your **medical condition**. Your **GP** may charge you for providing this information. This charge is not paid for by your **healthcare scheme**.

We may also ask you to give us consent to access your medical records.

In some cases, we may also ask you to complete additional forms. We will need you to complete these forms as soon as possible, but no later than six months after your **treatment** starts (unless there is a good reason why this is not possible).

Very rarely, we may have to ask a specialist to advise us on the medical facts or examine you. In these cases, the **trustee** will pay for the specialist to do this and will take your personal circumstances into account when choosing the specialist.

What happens if I don't want to give the information you've asked for?

If you do not give us the information we ask for, or do not consent to our accessing your medical records when we ask, the **trustee** will not be able to assess your claim and so will not be able to pay it. The **trustee** may also ask you to pay back any money that we have previously paid to do with this **medical condition**.

What if there's no benefit for my treatment?

If your **healthcare scheme** doesn't pay for your **treatment**, we'll explain this and also tell you about what we can do to support you through your NHS **treatment**.

What if I want to see a specific specialist?

We always recommend that you ask your **GP** for an open referral. That's a referral that doesn't name a specialist. With an open referral, you'll have a choice of **specialist** and we can make your appointment for you.

However, if you would prefer to use a specific specialist, or if your **GP** has already named a specialist, simply call us as soon as you can and we can tell you whether the **trustee** pays that specialist's fees. If it doesn't, we can suggest an alternative and make the appointment for you if you wish.

Where can I find more information about the quality and cost of private treatment?

You can find independent information about the quality and cost of private **treatment** available from doctors and hospitals from the Private Healthcare Information Network: www.phin.org.uk

What happens if I need emergency treatment in the UK?

In an emergency, please call for an NHS ambulance or go to a hospital A&E department. Most **private hospitals** are not set up for emergency **treatment**.

If you need further **treatment** after your emergency **treatment**, please call us, as the **trustee** may be able to pay for this.

If you have free **treatment** on the NHS that would have been paid for by the **healthcare scheme**, the **trustee** will pay you a cash payment. This includes **treatment** in an NHS Intensive Therapy or Intensive Care Unit.

>> For more information on emergencies abroad, see Section 4 – 'Treatment abroad'

3.2 >Looking at who should provide treatment

Your **healthcare scheme** does not pay for primary care services such as any service that could be provided by **GPs**, dentists and opticians. This includes drugs and **treatment**.

When **diagnostic tests** are routinely required as part of your referral to a **specialist** we may arrange these for you. We do this to help assist the **specialist** to quickly and effectively diagnose or identify what **treatment** may be required.

If you use your **company's** private **GP** services, there may be other arrangements in place for some **diagnostic tests** paid for by the **healthcare scheme**.

3.3 >Eligible treatment

Your **healthcare scheme** pays for '**eligible treatment**'.

You will need to read all sections of this handbook to understand whether **treatment** is **eligible treatment**.

'**Eligible treatment**' is **treatment** of a disease, illness or injury where that **treatment**:

- falls within the benefits of this **healthcare scheme** and is not excluded from benefit by any term in this handbook; and
- is of an **acute condition** (for details see Section 3 – 'How your membership works with conditions that last a long time or come back'); and
- is **conventional treatment** (for details see Section 3 – 'Benefit for treatment and surgery'); and
- has been proven to be effective and safe (for details see Section 3 – 'Benefit for treatment and surgery'); and
- is not preventative (for details see Section 4 – 'Preventative treatment and screening tests'); and
- does not cost more than an equivalent **treatment** that delivers a similar therapeutic or diagnostic outcome; and
- Is not provided or used primarily for the convenience or financial or other advantage of you or your **specialist** or other health professional.

Treatment needs to meet all of these requirements. There are some exceptions which will be described in the relevant sections of this handbook. For example there are times when the **trustee** does pay for **treatment** of **chronic conditions** or **unproven treatment**. You will find more details of when that is the case in sections 3.6 and 3.4.

If we are not sure whether your **treatment** meets these requirements we may need a second medical opinion. We may ask a different specialist to give us a second opinion and they may need to examine you to confirm that your **treatment** is **eligible treatment**. In these cases, the **trustee** will pay for the specialist to do this.

3.4 >Benefit for treatment and surgery

The **trustee** pays for **treatment** and **surgery** that is **conventional treatment**.

What do you mean by conventional treatment?

We define **conventional treatment** as **treatment** that is established as best medical practice, and is practised widely in the **UK**. It must also be clinically appropriate in terms of necessity, type, frequency, extent, duration and the **facility** or location where the **treatment** is provided.

In addition, to meet our definition it must be approved by NICE (The National Institute for Health and Care Excellence) or the US Food and Drug Administration (FDA) as a **treatment** which may be used in routine practice. Otherwise, it must have high quality clinical trial evidence proving it is effective and safe for the **treatment** of your **medical condition** (full criteria available on request).

Are there any additional requirements for drug treatments?

If the **treatment** is a drug, the drug must be:

- licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency or the US Food and Drug Administration (FDA); and
- used according to that licence.

Are there any additional requirements for surgical treatments?

If the **treatment** is a **surgical procedure** it must also be listed and identified in our schedule of procedures and fees.

You can find our schedule at axahealth.co.uk/fees or call us on 0800 068 6255 and we'll send you a copy

Are there any additional requirements for medical devices?

If the **treatment** involves a medical device (including surgical devices and implants), it must be approved by current EU Medical Device Regulation. When we say medical device we mean any instrument, implant or other item that the manufacturer intended to be used for humans.

Medical devices must have moderate or high-quality evidence that they are safe and effective from either:

- systematic reviews of randomised controlled trials; or
- clinical trial evidence with three years of follow-up data.

What happens if my specialist says I need treatment that is not conventional treatment?

We know you may wish to have access to developing **treatments** as they become available. Our general position is there is no benefit for **treatments** or **surgery** that are not **conventional treatment**. We call this **unproven treatment**.

In some cases the **trustee** will consider paying for **surgery** not listed in the schedule of procedures and fees. The **trustee** may also consider other **treatments** and **diagnostic tests** carried out by a **specialist** which are not **conventional treatments**. We must agree to the **treatment** before you have it, including what costs (if any) the **trustee** will pay.

The benefit for **unproven treatment** is more restrictive than for **conventional treatment**. The **trustee** will only pay for **treatment** that we agree is a suitable equivalent to **conventional treatment**. **Unproven treatment** must have high quality evidence of its safety and take place in the **UK**.

Are there restrictions on what the trustee pays for unproven treatment?

If there is no suitable equivalent **conventional treatment**, there won't be any benefit for the **unproven treatment**.

There is no benefit for any costs if you are having **treatment** as part of a registered clinical trial.

If the **trustee** agrees to pay for your **unproven treatment**, the most the **trustee** will pay is up to the amount it would pay for the equivalent **conventional treatment**.

The **trustee** will pay up to the amount it would have paid a fee-approved **specialist** and hospital in the **Directory of Hospitals**. A fee-approved **specialist** is a **specialist** who routinely charges in line with our schedule of procedures and fees. To understand what the equivalent **conventional treatment** is, we will look at the **treatment** other patients with the same **medical condition** and prognosis would be given.

Do I need to let you know if I want unproven treatment?

Yes, you or your **specialist** must contact us at least 10 working days before you have **unproven treatment**. This is so we can get the full details of the **treatment** and the clinical evidence. We can also support you with additional information and questions for your **specialist**, before you have **treatment**.

There will be no benefit for **unproven treatment** if you do not contact us at least 10 days before you book your **treatment**. You cannot pay for **unproven treatment** yourself and reclaim the costs from us.

We recommend you check with the hospital, **specialist,** anaesthetist and other providers how much they will charge for your **treatment**. Some **unproven treatments** can be expensive and it will be your responsibility to pay any shortfall.

To check whether the trustee will agree to pay for a treatment, please call us on 0800 068 6255 before you book your treatment

3.5 >How your membership works with pre-existing conditions and symptoms of them

Your **healthcare scheme** pays for **treatment** of conditions that you were aware of or already had when you joined.

What if you didn't tell us about a condition, symptom or treatment you knew about when we asked?

Whatever underwriting style your **company** has chosen, we may have asked you some medical questions before agreeing benefit for you or your **family members**. If we did, we worked out your terms based on your answers. If you did not answer accurately, even if this was by accident, the **trustee** may not pay for **treatment** for the condition.

This includes any pre-existing condition, whether you had **treatment** for it or not. It also includes any previous **medical condition** that comes back and any **medical condition** you should reasonably have known about. It doesn't matter if your condition has been diagnosed or not.

Whenever you claim, we may ask your **GP**, **specialist** or **practitioner** for more information to confirm whether the **trustee** will pay for your claim.

If we need to look at your medical history, we will need some time to do this before we can confirm whether the **trustee** will pay for your claim.

3.6 >How your membership works with conditions that last a long time or come back (chronic conditions)

What are acute conditions and chronic conditions?

Acute conditions

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

Chronic conditions

A **chronic condition** is 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 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.

Does my healthcare scheme provide benefit for conditions that last a long time or come back (chronic conditions)?

Your **healthcare scheme** is designed to provide benefit for unexpected illness and conditions that respond quickly to **treatment** (**acute conditions**).

Your **healthcare scheme** also provides benefit for routine **out-patient** consultations and associated **diagnostic tests** with a **specialist** to monitor the ongoing control of **chronic conditions**.

Your **healthcare scheme** also provides benefit for routine **out-patient** monitoring or **out-patient treatment** with a **specialist**, psychologist or psychotherapist needed for the ongoing control of a chronic mental health condition.

Except as described in this section, the **trustee** does not pay for ongoing, recurring long-term **treatment** for **chronic conditions**, this means the **trustee** will not pay for:

- monitoring of a **medical condition**; or
- any **treatment** that only offers temporary relief of your symptoms, rather than dealing with the underlying condition; or
- routine follow up consultations.

However, please see the notes on **treatment** for **cancer** and heart conditions as there are some exceptions to these rules.

What happens if a condition I have is a chronic condition?

If your condition is chronic, other than the **treatment** already described there will be a limit to how long the **healthcare scheme** will provide benefit for your **treatment**. If the **trustee** is not able to continue to provide benefit for your **treatment**, we will tell you beforehand so you can decide whether to start paying for the **treatment** yourself, or to transfer to the NHS.

How does this affect my benefit for cancer treatment?

There is a full explanation of your benefit for **cancer treatment** in Section 4 of this handbook.

How does this affect my benefit for treatment of heart conditions?

If you have any of the following **surgery** on your heart, the **trustee** will carry on paying for long-term monitoring, consultations, check-ups and examinations related to the **surgery**. The **trustee** will continue to pay for this while you are still a member and have **out-patient** benefit.

- coronary artery bypass
- cardiac valve **surgery**
- implanting a pacemaker or defibrillator
- coronary angioplasty.

The **trustee** will not pay for routine checks that a **GP** would normally carry out, such as anticoagulation, lipid monitoring or blood pressure monitoring.

Are there any conditions that are always regarded as chronic?

Yes. Some conditions are likely to always need ongoing **treatment** or are likely to recur. This is particularly the case if the condition is likely to get worse over time. An example is Crohn's disease (inflammatory bowel disease).

If you have one of these conditions, we will contact you to tell you when the **trustee** will stop paying for **treatment** of the condition. We will contact you so that you can then decide whether to start paying for the **treatment** yourself, or to transfer to the NHS.

What other treatment for chronic conditions does the healthcare scheme provide benefit for?

There are other particular situations where benefit is paid for **treatment** of **chronic conditions**.

- The initial investigations to diagnose your condition.
- **Treatment** for a few months so that your **specialist** can start your **treatment.**

Unless we've contacted you to say the **trustee** will stop paying for **treatment** for your condition, the **trustee** will pay for short-term **in-patient treatment** to take your condition back to its controlled state if your condition flares up or you develop complications.

To check whether the trustee will agree to pay for a treatment, please call us on 0800 068 6255 before you book your treatment

3.7 >Paying the specialists, practitioners and therapists who treat you

Does the healthcare scheme pay for the full fees charged by specialists?

If there is benefit for your **treatment**, the **trustee** will pay recognised **specialists** in full.

There are some specialists who are not recognised and so the **trustee** will not pay any of their fees or any fees for **treatment** under their direction. If you do not want to pay for **treatment** call us before you start your **treatment.** We will be happy to find a **specialist** whose fees the **trustee** will pay for.

Recognised specialists – what the trustee pays

Call us as soon as you have seen your **GP**, and our Fast Track Appointments team can make your appointment with a recognised **specialist** for you.

This will mean that so long as there is benefit for your **treatment**, the **trustee** will pay for the following:

- consultations (including remote consultations by telephone or via a video link. These will be paid for under the **out-patient** consultation benefit if we have agreed with the **specialist** that he/she is recognised by us to carry out remote consultations for our members)
- **diagnostic tests**
- hospital **treatment**
- **surgery**.

This is so long as your **GP**, a dentist or a medical professional that we recognise and we have approved to make referrals, refers you for **treatment** with that type of **specialist**.

Specialists the trustee does not recognise

The **trustee** will not pay any of their costs, so you will need to pay all their costs yourself.

What about anaesthetists?

If you think that your **treatment** will involve an anaesthetist, please check with your **specialist** which anaesthetist they will use and let us know before your **treatment** starts. We will then be able to tell you whether the **trustee** pays their fees.

If you don't know which anaesthetist your **specialist** will use, we will do everything we can to let you know if they often use an anaesthetist that the **trustee** does not recognise.

As with other **specialists**, if the anaesthetist is a specialist that the **trustee** does not recognise, you will have to pay all of the fees yourself.

Who will be paid under the benefit for practitioners?

The **trustee** will pay for the **out-patient treatment** you need with a **practitioner**. By **practitioners** we mean a:

- nurse
- dietician
- orthoptist
- speech therapist
- audiologist
- psychologist
- psychotherapist.

The **trustee** will pay so long as your **specialist** refers you and is directing your **treatment**.

Who will be paid under the benefit for therapists?

The **trustee** will pay **outpatient treatment** fees up to the levels shown in the benefits table for **treatment** with physiotherapists, osteopaths and chiropractors.

You need to see a **therapist** we recognise. The **trustee** will pay as long as there is benefit for your **treatment** and your **GP** or **specialist** refers you. Our Working Body team can also refer you for physiotherapy or osteopathy **treatment**.

The **trustee** pays physiotherapists, osteopaths and chiropractors in full if we recognise them. All physiotherapists and osteopaths used by our Working Body team will be recognised.

If you choose to use a **therapist** we do not recognise, the **trustee** will not pay for your **treatment**.

Acupuncturists

The **trustee** will pay **out-patient treatment** fees up to the levels shown in the benefits table for **acupuncturists** we recognise. The **trustee** will pay as long as there is benefit for your **treatment** and your **GP** or **specialist** refers you.

Who will be paid for mental health treatment?

If there is benefit for your **treatment**, the **trustee** will pay for **in-patient** or **day-patient** mental health **treatment**, including **specialist** fees as shown in the benefits table. If you need to go into hospital for **in-patient** or **day-patient treatment** of a mental health condition, the hospital will contact us to check your benefit before you go in.

The **trustee** will pay for **out-patient treatment** by any of the following:

- mental health **specialist** (psychiatrist)
- a psychologist or psychotherapist, so long as a **specialist** in our 'fee approved' category oversees your **treatment** or you have been referred through Stronger Minds.

The **trustee** will pay for counselling arranged by the Stronger Minds team. These payments will be made direct to the provider.

3.8 Paying the places where you're treated

Where can I have treatment?

If your **treatment** is something your **healthcare scheme** provides benefit for, the **trustee** will pay your hospital fees in full. This is so long as a **specialist** is overseeing your **treatment** and you use one of the following listed in your **Directory of Hospitals**:

- a hospital
- a **day-patient unit**
- a **scanning centre** (for CT, MRI or PET scans).

In-patient and **day-patient** hospital fees include costs for things like:

- accommodation
- **diagnostic tests**
- using the operating theatre
- nursing care
- drugs
- dressings
- radiotherapy and chemotherapy
- physiotherapy
- surgical appliances that the **specialist** uses during **surgery**.

» For more information about how the trustee pays for treatment, see Section 3 – 'Paying the specialists, practitioners and therapists who treat you'

There are special rules about the following kinds of **treatment**:

- **out-patient treatment**
- intensive care
- cataract **surgery**
- oral **surgery**.

Please also see the rest of this section for more details about these.

What must you tell the place where you have your treatment?

You must tell the place where you have your **treatment** that your **healthcare scheme** is administered by AXA Health Services Limited. This will help to ensure that the fees charged for your **treatment** are those we have agreed with the hospital or centre.

You can search your Directory of Hospitals at axahealth.co.uk/hospitals

What happens if you use a different hospital or scanning centre?

If you have private **in-patient** or **day-patient treatment** at a hospital, **day-patient unit** or use a **scanning centre** that is not in your **Directory of Hospitals**, the **trustee** will pay £100 a day for **day-patient treatment** or £100 a night for **in-patient treatment** or £100 a visit to a **scanning centre**. You will need to pay the majority of the cost yourself. This could be a significant amount.

Where can I have out-patient treatment?

The **trustee** will pay fees at an authorised **out-patient** facility in full. The **trustee** will pay these so long as:

- there is benefit on your **healthcare scheme** for your **treatment**; and
- a **specialist** is overseeing it; and
- the facility is recognised by us to provide **out-patient** services.

Please always check with us beforehand to make sure the facility you want to go to is recognised.

CT, MRI or PET scans received as an **out-patient** will be paid in full at a **scanning centre** listed in your **Directory of Hospitals**.

The **trustee** does not pay for **out-patient** drugs or dressings.

What about intensive care?

If you have private intensive care **treatment** in a **private hospital** or in an NHS Intensive Therapy or Intensive Care unit, the **trustee** will pay for this so long as:

- you are already having private **treatment** that is paid for by the **healthcare scheme** and the intensive care **treatment** immediately follows the private **treatment** that your **healthcare scheme** provided benefit for; and
- you or your next of kin have asked for you to have the intensive care **treatment** privately; and
- we have agreed the costs before you start the intensive care **treatment**.

If you need intensive care **treatment**, you or your **specialist** should call us on 0800 068 6255 before you are admitted to intensive care so we can tell you if there is benefit available.

Where can I have cataract surgery?

If you need cataract **surgery**, the **trustee** will pay for your **treatment** at any **facility** where we have an agreement covering cataract **surgery**. These are shown in your **Directory of Hospitals**. If your **GP** or optician says you need cataract **surgery**, you need to contact us to find an appropriate **facility** for your **treatment**. The **facility** will put you in contact with one of their specialists.

Where can I have oral surgery?

The **trustee** will pay for oral **surgery** at any **facility** that we have an agreement with covering oral **surgery**. These are shown in your **Directory of Hospitals**. Your dentist will need to refer you for the **treatment**.

Please contact us to find an appropriate specialist and facility for your treatment

What about treatment on the NHS?

If you have free **treatment** on the NHS that would have been paid for by your membership, the **trustee** will pay you a cash payment. This includes **treatment** in an NHS Intensive Therapy or Intensive Care unit, or **treatment** received in a private facility paid for by the NHS.

>> For more information, see Section 1 – 'Your benefits'

Does the healthcare scheme pay for treatment anywhere else?

The **trustee** only pays for **treatment** at the places listed. For example, the **trustee** does not pay anything for **treatment** at a health hydro, spa, nature cure clinic or any similar place, even if it is registered as a hospital.

3.9 >General restrictions

High charges

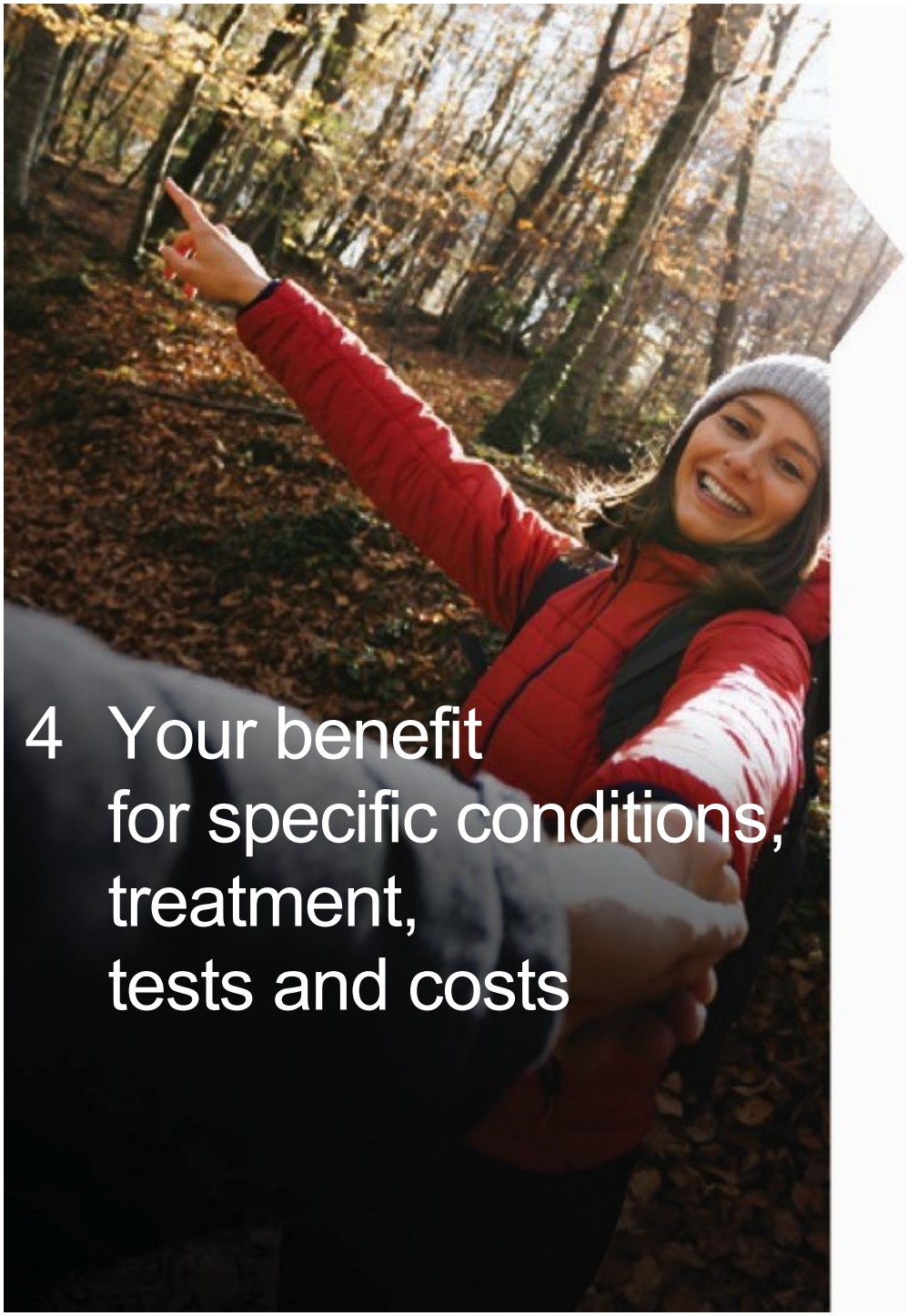
The **trustee** will not pay if any of the following charge a significant amount more than they usually do, unless we have agreed this beforehand:

- a **specialist**
- a physiotherapist
- an osteopath
- a chiropractor.

Treatment and referrals by family members

The **trustee** will not pay for drugs or **treatment** if:

- the person referring you is a member of your family
- the person who treats you is a member of your family.



4 Your benefit for specific conditions, treatment, tests and costs

There are particular rules about the benefit provided for some conditions, **treatments**, tests and costs. This section explains what these are. Where it is in the best interest of the **healthcare scheme**, the **trustee** may pay an alternative or replacement benefit provided it is shown to be medically appropriate, has been agreed by us in advance and in line with the **trustee's** position on conventional **treatment** and the rules concerning trust administration.

You should read this section alongside the other sections of this handbook as the other rules will also apply, for example the rules about **chronic conditions** and who the **trustee** pays.

Any questions?

If you're unsure how something works, just call 0800 068 6255 and we'll be very glad to explain. It's often quicker and easier than working it out from the handbook alone.

4.1 >Cancer

Due to the nature of **cancer**, it is treated a little differently to other conditions. This section explains the differences. If a specific aspect of your benefit is not mentioned here, the standard benefit described elsewhere in your handbook applies.

About the benefit provided for cancer treatment

The **trustee** will pay for investigations into **cancer** and **treatment** to kill **cancer** cells.

Experienced nurses and case managers

Our registered nurses and case managers provide support over the phone and have years of experience of supporting **cancer** patients and their families. When you call, we'll put you in touch with a nurse or case manager who will then support you throughout your **treatment**.

Your nurse or case manager will be happy to speak to your **specialist** or doctor directly if you need them to check any details. They can also give you guidance on what to expect during **treatment** and how to talk about your illness to friends and family.

Alternative support if you choose to have your treatment on the NHS

If you are diagnosed with cancer – please call us on 0800 068 6255 so we can explain how we can support you

There are alternative methods of using your **healthcare scheme** following a diagnosis of **cancer**. If you should decide to have your **treatment** on the NHS instead of using this **healthcare scheme** to have private **treatment**, there are options available to you which provide financial assistance.

Please call us, so we can discuss your options and agree the assistance available to you, before your **treatment** begins.

If you have **day-patient** or **out-patient** radiotherapy or chemotherapy on the NHS, and your **healthcare scheme** would have paid for that **treatment**, the **trustee** will make a cash payment of £200 a day up to £5,000 per **scheme year**.

The **trustee** will also make a cash payment for **in-patient treatment** on the NHS (as well as **out-patient** and **day-patient** radiotherapy or chemotherapy).

>> For more information, see Section 1 – 'Your benefits'

Health coaching

You can claim for health coaching through an AXA Health Coach. This service is there to help and support you in managing your health and wellbeing goals while having **cancer treatment**. This service is available if you have **treatment** to kill or remove **cancer** cells, either on the NHS or privately if your **healthcare scheme** would have provided benefit for this.

>> For more information, see the end of this section

Do the rules about chronic or recurring conditions apply to cancer?

The **trustee** doesn't apply the rules about chronic or recurring conditions to cancer. Please carefully read all of this section to find out what benefit is provided for the **treatment** for **cancer**.

To help make your **cancer** benefit clearer, the following information is a summary of the benefits provided by the **healthcare scheme**.

Place of treatment	Is benefit provided?
Private hospitals, **day-patient units** or **scanning centres** listed in your **Directory of Hospitals**	Yes
Chemotherapy by intravenous drip at home	Yes

Diagnostic	Is benefit provided?
Whether you're an **in-patient**, **day-patient**, or **out-patient**	
Surgery as shown below under '**Surgery**'	Yes
CT, MRI and PET scans	Yes
Genetic testing proven to help choose the best **eligible treatment**	Yes >> For more information, see Section 4 – 'Genetic tests'
Genetic testing to work out whether you have a genetic risk of developing **cancer**	No
If you're an **in-patient** or **day-patient**	
Specialist fees for the **specialist** treating your **cancer** when you are an **in-patient** or **day-patient**.	Yes
Diagnostic tests as an **in-patient** or **day-patient**	Yes
If you're an **out-patient**	
Specialist consultations with the **specialist** treating your **cancer** when you are an **out-patient**	Yes
Diagnostic tests as an **out-patient** when ordered or performed by the **specialist** treating your **cancer**	Yes

Surgery	Is benefit provided?
Whether you're an **in-patient**, **day-patient** or **out-patient**	
Surgery for the **treatment** or diagnosis of **cancer**, so long as it is **conventional treatment**	Yes >> See Section 7 – 'Glossary' for how we define surgery >> See Section 3 – 'Benefit for treatment and surgery' for more information about conventional treatment and unproven treatment

Reconstructive surgery following breast cancer	Is benefit provided?
The first reconstructive **surgery** following **surgery** for breast **cancer**. The **trustee** will pay for: • one planned **surgery** to reconstruct the diseased breast • nipple tattooing, up to 2 sessions • one planned **surgery** to reconstruct the nipple	Yes The **trustee** will pay so long as we agree the method and cost of the **treatment** in writing beforehand.
After the completion of your first reconstructive **surgery**, the **trustee** will also pay for: • one further planned **surgery** to the other breast, when it has not been operated on, to improve symmetry • two planned fat transfer **surgeries**. The fat must be taken from another part of your body and cannot be donated by anyone else • one planned **surgery** to remove and exchange implants damaged by radiotherapy treatment for breast **cancer**.	Yes Symmetry and fat transfer operations must take place within three years of your first reconstructive **surgery**. The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy **treatment**. The **trustee** will only pay for each of these operations once (or two fat transfer surgeries), regardless of how long you remain a member of AXA Health.
If you choose not to have reconstructive **surgery** following **treatment** of breast **cancer**, the **trustee** will pay the cost of one planned **surgery** to the unaffected breast to improve symmetry.	Yes There will be no benefit for further reconstructive **surgery** on either the diseased breast or the unaffected breast.
The **trustee** does not pay for **treatment** that is connected to previous reconstructive **surgery** or any cosmetic operation to a reconstructed breast.	No >> For more information, see Section 4 – 'Cosmetic treatment, surgery or products'

Preventative	Is benefit provided?
Preventative treatment, such as: • screening when you do not have symptom(s) of **cancer**. For example, if you had a screen to see if you have a genetic risk of breast **cancer**, the **trustee** would not pay for the screening or any **treatment** to reduce the chances of developing breast **cancer** in future • vaccines to prevent **cancer** developing or coming back– such as vaccinations to prevent cervical **cancer**	No

Drug Therapy	Is benefit provided?
Out-patient drugs or other drugs that a **GP** could prescribe or could be bought over the counter. This includes drugs or prescriptions you are given to take home if you have had **in-patient**, **day-patient** or **out-patient treatment**	No – Please call us about these drugs. The **trustee** doesn't pay for them, but we can help you apply to get these paid for by the NHS. Call us on 0800 068 6255 and we can talk you through this.
Drug **treatment** to kill **cancer** cells – including: • biological therapies, such as Herceptin or Avastin • chemotherapy	Yes There is no time limit on how long the **trustee** pays for these drugs. The **trustee** will pay if: • they have been licensed by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency or the US Food and Drug Administration (FDA), and • they are used according to their licence, and • they have been shown to be effective. Because drug licences change, this means that the drugs the **trustee** pays for will change from time to time. Please call us once you know your treatment plan
Advanced therapy medicinal products (ATMPs)	Yes There is benefit for a small number of approved ATMPs. Please see axahealth.co.uk/atmps for the list of ATMPs the **trustee** pays for, or call us. >> For more information, see Section 4 – 'Advanced therapy medicinal products'
Unproven drugs	No. There is no benefit for unproven drugs or drugs that are being used outside of their licence. >> For more information about conventional treatment and unproven treatment, see Section 3 – 'Benefit for treatment and surgery'

Drug Therapy	Is benefit provided?
Other Drugs The **trustee** pays for drugs you need to support you whilst you are having chemotherapy or biological therapy to kill **cancer** cells. For example: • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex)	Yes. There will be benefit available so long as you have them at the same time as you are having chemotherapy or biological therapy to kill **cancer** cells paid for by the **healthcare scheme**.
Antivirals, antibiotics, antifungals, antisickness and anticoagulant drugs	Yes, while you are having chemotherapy that is paid for by the **healthcare scheme**.
The **trustee** will also pay for bone strengthening drugs such as bisphosphonates or Denosumab that are: • licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and used according to that licence; or • being used as recommended by the National Institute for Health and Care Excellence (NICE) as a **treatment** that may be used in routine practice	Yes The **trustee** will only pay for these drugs when they can't be prescribed by a **GP**.
Drugs for treating conditions secondary to **cancer** such as erythropoietin (EPO)	Yes, while you are having chemotherapy that is paid for by the **healthcare scheme**.

Radiotherapy	Is benefit provided?
Radiotherapy, including when it is used to relieve pain	Yes
Proton beam therapy (PBT)	Yes The **trustee** will pay for PBT for **cancer** when it is in line with **treatment** that is routinely commissioned by the NHS. The **trustee** will not pay for PBT in any other circumstances. As PBT is a developing area of medicine there are only a limited number of facilities that provide this **treatment**. Please contact us before you have your treatment
Accelerated charged particle therapies, except as described above.	No. However, there is limited benefit for Proton Beam Therapy in the circumstances shown above.

Palliative and end of life care	Is benefit provided?
Care to relieve pain or other symptoms rather than cure the **cancer**	The **trustee** will provide benefit and support throughout your **cancer treatment** even if it becomes incurable. The **trustee** will pay for radiotherapy, chemotherapy and **surgery** (such as draining fluid or inserting a stent) to relieve pain.
Donation to a hospice where you are having end of life care, or a donation to a service providing hospice at home care. Donation to a registered hospice charity that is providing you with end of life care, either at a hospice or for hospice at home care	£200 for each night. This is a charitable donation paid direct to a registered hospice charity when you are provided free **treatment** in a hospice. £200 for each day. This is a charitable donation paid direct to a registered hospice charity when you are provided free hospice at home care **treatment** instead of having **treatment** in a hospice. Up to a combined overall maximum of £5,000 a **scheme year**.

Monitoring	Is benefit provided?
Follow ups – benefit for follow up consultations and reviews for **cancer**	Yes, so long as you are still a member and have a plan that covers this.
Routine monitoring or checks that a **GP** or someone else in a GP surgery (or other primary care setting) could carry out	No
Follow up procedures that are for monitoring rather than **treatment**. Some **cancer** patients need procedures to check whether **cancer** is still present or has returned. For example, these could include colonoscopies to check the bowel or cystoscopies to check the bladder.	Yes, so long as you are still a member and have a plan that covers this.

Limits	What limits are there?
Time limits on **cancer treatment** Your membership provides benefit you while you are having **treatment** to kill **cancer** cells	None
Money limits on **cancer treatment**	No specific limits – the same rules apply to your **cancer treatment** as for any other **treatment.**

Other benefits	Is benefit provided?
Stem cell or bone marrow transplant	Yes The **trustee** will pay for the reasonable costs for a stem cell or bone marrow transplant as long as: • the stem cell or bone marrow transplant is for the **treatment** of **cancer**; and • it is **conventional treatment** for that **cancer**. It does not include any related administration costs. For example, the **trustee** will not pay for the cost of searching for a donor, the harvesting of cells from a donor or transport costs for tissue or harvested cells. » For more information, see Section 3 – 'Benefit for treatment and surgery' and Section 4 – 'Organ or tissue transplant'
The cost of wigs or other temporary head coverings or external prostheses needed because of **cancer** whilst you are having **treatment** to kill **cancer** cells	Yes – up to £400 a **scheme year** for wigs or other temporary head coverings and up to £5,000 a **scheme year** for prostheses. This is in addition to the annual limit for **external prosthesis**.
Health coaching to support you when you are having **treatment** to kill or remove **cancer** cells	Yes – the **trustee** will pay for a six-month course each **scheme year**, with an AXA Health Coach, via an app on your smart device. They will help you to manage your health and wellbeing goals. This service is available providing your **healthcare scheme** would have provided benefit for your **cancer treatment**.

4.2 >Advanced therapy medicinal products (ATMPs)

Advanced therapy medicinal products (ATMPs) are a complex set of medications defined by the Medicines and Healthcare products Regulatory Authority. ATMPs include things like gene therapies and CAR-T **treatment** for **cancer**.

The **trustee** will only pay for a small number of approved ATMPs under the **healthcare scheme**. You must call us before you start your **treatment** to make sure benefit is available.

For more information and for the current list of the ATMPs the **trustee** pays for please visit www.axahealth.co.uk/atmps or call us.

The **trustee** doesn't pay for any ATMPs which aren't on the list at the time you need the **treatment**, including any associated hospital or **specialist** costs. The list is subject to change so you should always check and call us before you start any **treatment**.

4.3 >Bariatric surgery

The **trustee** does not pay for any fees for any kind of bariatric **surgery**, regardless of why the **surgery** is needed. This includes fitting a gastric band, creating a gastric sleeve, or other similar treatment.

>> See also Section 4 – 'Weight loss treatment'

4.4 >Breast reduction

The **trustee** does not pay for either male or female breast reduction.

4.5 >Chiropody and foot care

The **trustee** does not pay for any general chiropody or foot care, even if a surgical podiatrist provides it. Except for the conditions listed below related to gait analysis, there is no other benefit for gait analysis and no benefit for the assessment, supply or fitting of orthotics:

- Bone deformities
- Imbalance in joint position
- Muscle weakness
- Nerve dysfunction
- Skeletal or joint misalignments
- Following a stroke
- Injury/accident or surgery to lower limb.

4.6 >Contraception

The **trustee** does not pay for contraception or any consequence of using contraception.

4.7 >Cosmetic treatment, surgery or products

The **trustee** does not pay for:

- cosmetic **treatment** or cosmetic **surgery**; or
- **treatment** that is connected to previous cosmetic **treatment** or cosmetic **surgery**; or
- **treatment** that is connected with the use of cosmetic (beauty) products or is needed as a result of using a cosmetic (beauty) product.

>> See also Section 4 – 'Reconstructive surgery'

4.8 >Criminal activity

The **trustee** does not pay for **treatment** you need as a result of your active involvement in criminal activity.

4.9 >Dialysis

The **trustee** does not pay for regular or long term dialysis if you have chronic organ failure.

>> See Section 3 – 'How your membership works with conditions that last a long time or come back (chronic conditions)' to understand your benefits

4.10 Drugs and Dressings

The **trustee** doesn't pay for drugs, dressings or prescriptions that:

- you are given to take home after you have had **in-patient**, **day-patient** or **out-patient treatment**; or
- could be prescribed by a **GP** or bought without a prescription; or
- are taken or administered when you attend a hospital, consulting room or clinic for **out-patient treatment**.

There are some exceptions for drugs given for **cancer treatment**.

» There is a full explanation of your benefit for cancer treatment in Section 4 – 'Cancer'

4.11 External prostheses or appliances

The **trustee** pays the cost of wigs or other temporary head coverings or external prostheses needed because of **cancer** whilst you are having **treatment** to kill **cancer** cells up to the amounts shown in the **cancer** table.

In addition, the **trustee** will pay up to £5,000 each **scheme year** towards the cost of an **external prosthesis** needed following an accident or **surgery** for a **medical condition**.

This is so long as:

- you had a medically documented accident or **medical condition** that has led to the need for the prosthesis; and
- all claims are made within 12 months of the amputation or removal of the body part.

How to claim

If you want to claim this benefit you should call us on 0800 068 6255 and we will explain what to do next. Please remember to ask the provider of your **external prosthesis** for full, itemised receipts as we cannot pay claims without an itemised receipt showing how much you have paid.

As well as the above, if your **specialist** recommends an appliance as an alternative to immediate **surgery**, the **trustee** will pay the cost of the appliance provided we have agreed in advance that it is medically appropriate, **conventional treatment**. Please call us to confirm the benefit available.

What is not paid for?

The **trustee** does not pay for replacement of teeth or hair, including wigs or hair transplants.

The **trustee** does not pay for the costs of the purchase, hire or fitting of an external appliance, such as crutches, joint supports and braces, mechanical walking aids, contact lenses or any external device.

4.12 Eye conditions

The **trustee** does not pay for any **treatment** or investigations to do with:

- refractive errors (this includes long or short sightedness and astigmatism)
- eye co-ordination (convergence insufficiency)
- eye focusing problems (accommodative dysfunctions).

4.13 Fat removal

The **trustee** does not pay for the removal of fat or surplus tissue, such as abdominoplasty (tummy tuck), whether the removal is needed for medical or psychological reasons.

» See also Section 4 – 'Weight loss treatment'

4.14 Gender re-assignment or gender confirmation

For anyone over the age of 18, the **trustee** pays for **treatment** of gender dysphoria as shown in the benefits table.

Gender dysphoria is the medical term given to discomfort or distress caused by a discrepancy between an individual's gender identity and their birth gender. A diagnosis of gender dysphoria may be given if there is a marked difference between an individual's experienced gender and the gender others would assign him or her, which continues for a prolonged period.

The **trustee** pays for pelvic **surgery** needed to treat gender dysphoria provided the member has undergone appropriate preliminary treatment in line with NHS guidelines and has all necessary referrals, prior to seeking **surgery**. Your **specialist** must be recognised by us and any **treatment** must take place at a hospital listed in the **Directory of Hospitals**. There are currently a limited number of facilities available so please call us to pre-authorise all **treatment**.

Please also keep in mind that as facilities are not available in all areas, you may need to travel significant distances to receive your **treatment**. The **trustee** does not pay for any **treatment** received outside the **UK** or any complications or consequences of **treatment** received outside the **UK**.

The pelvic **surgery** the **trustee** will pay for under this benefit is:

Female to male gender re-assignment:

- Hysterectomy (removal of uterus).
- Salpingo-oophrectomy (removal of ovaries and fallopian tubes).
- Vaginectomy (removal of vagina).
- Phalloplasty (creation of penis) either metoidioplasty (creation of micropenis) or using grafts.
- Urethroplasty (creation / joining up of urethra).
- Scrotoplasty (creation of scrotum).
- Placement of penile and testicular prosthesis.

Male to female gender re-assignment:

- Bilateral orchidectomy (removal of testes).
- Penectomy (removal of penis).
- Vaginoplasty (creation of vagina) including penile skin inversion, free skin grafts or pedicled colo-sigmoid transplant.
- Clitoroplasty (creation of clitoris).
- Labiaplasty (creation of labia).

The **trustee** will pay for complications of eligible pelvic **surgery** but there is no benefit for a reversal of any **surgery**.

There is benefit for the private diagnosis of gender dysphoria with a recognised **specialist**. There are currently a limited number of **specialists** available so there may be significant waiting times. However you are diagnosed, it is strongly recommended that you attend an NHS Gender Identity Clinic to ensure you are supported throughout your ongoing requirements for **treatment**.

The **trustee** also pays for consultations and associated blood tests with an endocrinologist who specialises in gender dysphoria, as shown in your benefits table. At the moment, there are very few recognised **specialists** in endocrinology who provide private **treatment** for gender dysphoria, as this is generally provided by the NHS through their Gender Identity Clinics. If you want to explore private options for endocrinology consultations, please call us on 0800 068 6255 and we can discuss the current position.

There is no benefit under the **healthcare scheme** for the cost of hormone therapy drugs. These may be available through your NHS **GP**. However, you may need to pay for a private prescription through your endocrinologist.

The **trustee** does not pay for any other **treatment** associated with gender re-assignment, including:

- any **treatment** received overseas, or any complications or consequences of **treatment** received outside the **UK**; or
- reversal of pelvic **surgery**; or
- any other gender re-assignment operations or surgical, medical or cosmetic **treatment**; or
- hormone replacement therapy at any stage of the transition process; or
- **treatment** of a personal choice; or
- similar services which arise from, or are directly or indirectly associated with gender re-assignment.

4.15 Genetic tests

What the trustee pays for

The **trustee** will pay for genetic testing when it is proven to help choose the best **eligible treatment** for your **medical condition**.

>> See Section 3 – 'Eligible treatment' for how we define eligible treatment

What the trustee does not pay for

The **trustee** does not pay for genetic tests:

- to check whether you have a **medical condition** when you have no symptoms or you have a genetic risk of developing a **medical condition** in the future; or
- to find out if there is a genetic risk of you passing on a **medical condition**; or
- where the result of the test wouldn't change the course of **eligible treatment**. This might be because the course of **eligible treatment** for your symptoms will be the same regardless of the result of the test or what medical condition has caused them; or
- that themselves are not **conventional treatment** or where they are used to direct **treatment** that is not **eligible treatment**.

In addition, genetic tests must be:

- carried out at a testing laboratory which is accredited by the United Kingdom Accreditation Service (UKAS) or an equivalent agreed in advance of testing by AXA Health; and
- listed in the NHS England National genomic test directory and used for the purposes listed in the directory; or
- embedded within care pathways that have prior written agreements between AXA-Health and providers.

>> See also Section 4 – 'Preventative treatment and screening tests'

Please call us before you have any genetic tests to confirm there is benefit for them. Your **specialist** might want to do a variety of tests and they might not all be paid for. The cost to you might be significant if the tests aren't paid for under your **healthcare scheme**.

4.16 >GP and primary care services

The **trustee** does not pay for primary care services or **treatment** that would normally be carried out in a primary care setting, such as the routine management of a **medical condition**. This includes any fees for services that a **GP**, dentist or optician could normally carry out.

4.17 >Infertility and assisted reproduction

The NHS is often able to provide investigations into infertility and assisted reproduction. But, if you decide to have **treatment** privately, the **trustee** pays for investigations into infertility (including investigations into recurrent miscarriage) with a **specialist** we recognise and at a facility within our **Directory of Hospitals**. There is also benefit for associated **surgical procedures** needed for the **treatment** of **medical conditions** found during investigations, for example, ovarian cysts, endometriosis or varicoceles, whether or not the aim of the **treatment** is to aid fertility.

Other than this, all **treatment** of infertility, assisted reproduction or **treatment** designed to increase fertility is paid from the £20,000 per lifetime membership benefit when your **GP** refers you, as detailed in the rest of this section.

What the trustee pays for

The **treatment** the **trustee** pays for includes:

- **treatment** to prevent future miscarriage
- assisted reproduction, for example
  - intrauterine insemination
  - in vitro fertilisation
  - intracytoplasmic sperm injection
  - donor insemination
  - the use of donor oocytes (eggs)
- any **treatment** you need, as a result of these **treatments** or investigations including any **treatment** you need as a result of any complications
- transportation of tissue when this is part of a current cycle of fertility **treatment** and is part of the costs invoiced by your **UK** clinical provider
- cryopreservation, storage or thawing of egg, ovary, testicular tissue or embryos when this is part of a current cycle of fertility **treatment**
- drugs when they are prescribed by a specialist as part of the **conventional treatment**.

What the trustee does not pay for

The **trustee** does not pay for:

- **treatment** that is not **conventional treatment** – see Section 3 – 'Benefit for treatment and surgery' for more details. The **trustee** does not pay for the equivalent cost of **unproven treatment** for this benefit
- surrogacy
- cryopreservation, storage or thawing of egg, ovary, testicular tissue or embryos when not part of a current cycle of fertility **treatment**
- reversal of sterilisation or **treatment** related to sterilisation – see Section 4 – 'Sterilisation' for more details
- any **treatment** for anyone under the age of 18
- any **treatment** of infertility or assisted reproduction/**treatment** designed to increase fertility outside of the assisted fertility benefit

- vitamins, supplements or over the counter drugs
- multiple cycle packages
- any treatment outside the **UK**
- any costs not invoiced by a clinical provider.

Because the initial investigations into infertility are best managed in a primary care setting, there is benefit for **treatment** when you are referred by a **GP** to a **specialist** or fertility clinic for the **treatment** of infertility.

The lifetime benefit is for each registration under the **healthcare scheme** (rather than for each member) and will be paid against the record of the member receiving the **treatment**.

For this benefit, a '**specialist'** means a specialist we already recognise or a specialist that we've decided to recognise for the purposes of **treatment** for infertility and/or assisted reproduction.

Benefit for fertility **treatment** is not typically provided on **UK** healthcare schemes so we won't always have the usual arrangements set up with private hospitals and clinics for direct payment. While we'll liaise with providers to try to arrange direct settlement, there may be some instances when you'll need to pay for the **treatment** yourself and send a claim to us. All invoices should be fully itemised and from the clinical **treatment** provider, together with a full receipt.

Please call us on 0800 068 6255 before starting your **treatment** or if you have any queries on the benefit available.

As shown in your benefits table, the **trustee** also pays for the cryopreservation and storage of egg, ovary or testicular tissue when a **specialist** refers you for **treatment** that is toxic to ovaries or testicles or you have a condition which is detrimental to egg or sperm production, up to three years per lifetime membership. You will need to pay the provider and claim the cost back from us. There is no benefit for the transportation of tissue or thawing of tissue. The **trustee** does not pay for the creation of embryos (or any fertility **treatment**) under this benefit. The benefit will be for cryopreservation and storage only.

4.18 >Learning and developmental disorders

The **trustee** pays for the assessment, diagnosis and initial support for Autism, Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Dysgraphia and Dyscalculia when:

- your **GP** refers you; and
- the member receiving support is aged 7 or over; and
- our selected provider has carried out an initial needs assessment and agreed the service is suitable for you; and
- you use the online Neurodiversity Assessment and Support Service provided by our selected provider for assessment, diagnosis and support.

Your referral can be from any **GP**. However, some online **GPs** are not able to support ongoing prescriptions, so you may wish to speak to your practice **GP**.

What's included

The service gives you access to the following:

- An initial needs assessment to determine the required assessments.
- Online assessment(s), a feedback discussion and a downloadable report on the assessment findings.
- Group sessions following diagnosis of ADHD and/or Autism to better understand your condition(s).
- Sessions with an educational expert (Education Navigator). They will provide information on the support available in your local area and how best to access it. This does not include supporting Educational Health Care Plan (EHCP) applications, further reports or attendance at meetings.
- A medication service when medication is recommended following a diagnosis of ADHD by our selected provider. The aim of the service is to find the best dose for you. There is no benefit for the cost of **out-patient** drugs so you will have to self-pay for a private prescription which could be a significant monthly amount.
- After initial support is provided by the medication service, your care will be transferred to your **GP** for ongoing medical management and prescriptions. Our selected provider will liaise with them during the transfer. Alternatively, you can pay for ongoing reviews yourself. Our selected provider will be able to explain this if the option of medication is discussed with you.

Our selected provider will decide which of the post-diagnosis support services are suitable for you and the number of sessions you need.

What's not included

The service can only be used for the listed neurodiverse conditions.

If you do not use the Neurodiversity Assessment and Support Service with our selected provider, you can only use up to the £2,000 diagnosis only benefit available, as shown in your benefits table.

The service is not suitable for everyone. Our selected provider will discuss your clinical circumstances and advise if the service is appropriate for you.

There is no access to the assessment and support services listed unless our selected provider has agreed they are suitable for you.

The educational expert will give you information on support in your local area. However, you'll need to liaise with local services yourself. There is no benefit for supporting Educational Health Care Plan (EHCP) applications, further reports or attendance at meetings.

There is no benefit for **out-patient** drugs, even if your prescription is being monitored by the medicine review team. You will need to self-fund the cost of a private prescription, which could be a significant monthly amount.

The medicine review is only available following an ADHD diagnosis by our selected provider and not for any other condition.

If your, or your **family member's** circumstances or condition falls outside the Neurodiversity Assessment and Support service, you have benefit for the diagnosis of learning and developmental disorders as shown in the benefits table.

We won't always be able to put you in touch with a recognised **specialist** or **practitioner** that specialises in your needs. We also may not have the usual arrangements set up for direct payment. So there may be some instances when you need to source your specialist or practitioner, pay for the **treatment** yourself and send a claim to us.

In all cases, please make sure you ask your **specialist** to share a copy of your **treatment** plan with your NHS or private **GP** to support your ongoing prescription requirements.

For this benefit, by 'specialist' and 'practitioner' we mean a **specialist** or **practitioner** we already recognise or a practitioner that we've decided to recognise for the purposes of your diagnosis.

Please be aware, where you do not or cannot use our selected provider, private diagnosis of learning and developmental disorders is not available in all areas and may not, in all cases, be accepted by integrated services such as educational support. There may be a significant wait for appointments and assessments may cost more than the £2,000 benefit allowance. You will need to pay any costs over the benefit allowance yourself.

Except as part of the assessment, diagnosis and initial support of the conditions detailed, the **trustee** does not pay for anything to do with:

- speech delay
- learning disorders
- sensory processing disorders
- educational problems
- behavioural problems
- physical development
- psychological development.

4.19 ›Mechanical heart pumps (Ventricular Assist Devices (VAD) and artificial hearts)

There is no benefit for the provision or implantation of a mechanical heart pump. There is also no benefit for the long-term monitoring, consultations, check-ups, scans and examinations related to the implantation or the device.

4.20 ›Mental health

The **trustee** will pay for your **treatment** for mental health conditions up to the levels shown in your benefits table. The Stronger Minds service can help provide access to **treatment** for all mental health concerns (available for over 18s).

Your **healthcare scheme** includes benefit for:

- counselling provided through the Stronger Minds service (for over 18s); and
- **out-patient treatment**; and
- **in-patient** and **day-patient treatment** in hospital paid up to 45 days in a **scheme year** and
- **out-patient** monitoring and/or **treatment** needed for the on-going control of a chronic mental health condition.

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

If you need to go into hospital for **in-patient** or **day-patient treatment** of a mental health condition, the hospital will contact us to check your benefit before you go in. If your **treatment** is paid for by the **healthcare scheme**, the **trustee** will agree to pay the hospital for an initial period of time in hospital. The hospital will tell you how long this period is.

What if my condition goes on for a long time?

The normal rules on **chronic conditions** apply to **in-patient** and **day-patient** mental health **treatment**. So if your mental health condition becomes chronic, unfortunately the **trustee** may no longer be able to pay for your **in-patient** or **day-patient treatment**. If this happens, we will contact you beforehand so that you can decide whether to start paying for the **treatment** yourself, or to transfer to the NHS.

>> For more information, see Section 3 – 'How your membership works with conditions that last a long time or come back (chronic conditions)'

What is not paid for?

The **trustee** does not pay for any **treatment** connected in any way to:

- an injury you inflicted on yourself deliberately; or
- a suicide attempt.

4.21 >Nuclear, biological or chemical contamination and war risks

The **trustee** does not pay for **treatment** you need as a result of nuclear, biological or chemical contamination. The **trustee** does not pay for **treatment** you need as a result of war (declared or not), an act of a foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a lawful government, explosions of war weapons, or any similar event. However if you are an Armed Forces veteran (by this we mean anyone who has served in the Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations and have been discharged from active duty), the **trustee** will pay for the **treatment** you need as a result of your previous active service in line with the benefits and rules of your **healthcare scheme**.

The **trustee** does pay for **treatment** due to a **terrorist act** so long as the act does not cause nuclear, biological or chemical contamination.

4.22 >Organ or tissue transplant

What benefit is there for organ or tissue transplant?

The **trustee** will pay for:

- stem cell or bone marrow transplant when:
  - **treatment** is for the **treatment** of **cancer**; and
  - it is **conventional treatment** for that **cancer**.
- **surgery** using donated stored tissue, where it is integral to the **surgical procedure**, for example ligament reconstruction, replacement heart valve or corneal transplant.

What the trustee does not pay for organ or tissue transplant

The **trustee** does not pay for:

- any **surgery** or **treatment** required to receive an organ for example, the receiving of a heart or lung; or
- any **surgery** or **treatment** required to donate an organ, for example, the giving of a kidney; or
- any **treatment** needed in preparation for a transplant, or as a result of a transplant, for example dialysis; or
- the cost of collecting donor organs, tissue or harvesting cells from a donor; or
- any related administration costs – for example, the cost of searching for a donor or transport costs for tissue or harvested cells.

4.23 >Pregnancy and childbirth

As pregnancy and childbirth are not **medical conditions** and because the NHS provides for them, the benefit is limited.

The **healthcare scheme** does not provide benefit for the checks or other interventions, such as antenatal and postnatal monitoring and screening, which you will have during pregnancy and birth.

What benefit is there during pregnancy and childbirth?

The **trustee** will pay for the additional costs for **treatment** of **medical conditions** that arise during your current pregnancy or childbirth. For example:

- ectopic pregnancy (pregnancy where the embryo or foetus grows outside the womb)

- hydatidiform mole (abnormal cell growth in the womb)
- retained placenta (afterbirth retained in the womb)
- eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
- post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- miscarriage requiring immediate surgical **treatment**.

Because the benefit for pregnancy and childbirth is limited, please call us on 0800 068 6255 to check what benefit is available before starting any private treatment

4.24 >Preventative treatment and screening tests

The **healthcare scheme** is designed to pay for problems that you're experiencing at the moment, so it generally doesn't pay for preventative **treatment** or screening tests including genetic tests.

What the trustee does not pay for preventative treatment and screening

The **trustee** does not pay for:

- preventative **treatment** such as preventative mastectomy (except as described in this section) or a YAG laser iridotomy for narrow angles in isolation; or
- preventative screening costs; or
- routine preventative examinations and check-ups; or
- tests to check whether:
    - you have a **medical condition** when you have no symptoms; or
    - a risk of developing a **medical condition** in the future; or
    - there is a risk of you passing on a **medical condition**.
- tests where the result of the test wouldn't change the course of **eligible treatment**. This might be because the course of **eligible treatment** for your symptoms will be the same regardless of the result of the test or what **medical condition** has caused them; or
- preventative **treatment** or screening tests that themselves are not **conventional treatment** or where they are used to direct **treatment** that is not **eligible treatment**; or
- any other preventative screening or **treatment** to see if you have a **medical condition** if you do not have symptoms; or
- vaccinations.

>> See also Section 4 – 'Genetic tests' and Section 4 – 'Vaccinations'

If you're unsure whether your treatment is preventative or not, please call us on 0800 068 6255 before going ahead with the treatment

When is preventative surgery for breast and ovarian cancer paid for?

The **trustee** will pay for preventative **surgery** for breast and ovarian **cancer** when your **specialist** recommends it, if:

- you are receiving **treatment** for **cancer**; or
- you have a strong family history of **cancer**; or
- you have a positive genetically-based test showing a risk of developing **cancer** such as BRCA 1 or BRCA 2.

In cases where the **trustee** pays for a preventive mastectomy, then the **trustee** will also pay for your first reconstructive **surgery**.

What is not paid for?

The **trustee** does not pay for:

- cosmetic (aesthetic) **surgery** or **treatment** or any further **treatment** relating to previous cosmetic or reconstructive **treatment** unless agreed in advance by AXA Health; or
- screening where there has been no **cancer** diagnosis.

Please contact your Personal Advisory team as we will need full clinical details to let you know what benefit is available before **treatment** takes place.

Please call us on 0800 068 6255 before agreeing to preventative or reconstructive surgery so we can tell you if benefit is available.

4.25 >Reconstructive surgery

The **trustee** will pay for reconstructive **surgery**, but only in certain situations.

What is paid for?

The **trustee** will pay for your first reconstructive **surgery** following a medically documented accident or **surgery** for a **medical condition**.

The **trustee** will do this so long as we agree the method and cost of the **treatment** in writing beforehand.

Please call us on 0800 068 6255 before agreeing to reconstructive surgery so we can tell you if there is benefit available

What is not paid for?

The **trustee** does not pay for **treatment** that is connected to previous reconstructive or cosmetic **surgery**.

>> See also Section 4 – 'Cosmetic treatment, surgery or products'

4.26 >Rehabilitation

The **trustee** does pay for **in-patient** rehabilitation for a short period, but there are some limits to the benefit available.

What benefit is available for rehabilitation?

The **trustee** will pay for **in-patient** rehabilitation for up to 28 days, so long as:

- it follows an acute brain injury, such as a stroke; and
- it is part of **treatment** of an acute condition that is paid for as part of your membership; and
- a **specialist** in rehabilitation is overseeing your **treatment**; and
- you have your **treatment** in a rehabilitation hospital or unit; and that is included in your **Directory of Hospitals**; and
- the **treatment** can't be carried out as a **day-patient** or **out-patient**, or in another suitable location; and
- the **trustee** has agreed the costs before you start rehabilitation.

If you need rehabilitation, please call us on 0800 068 6255, as we will need to confirm that we recognise the hospital or unit where you are having the rehabilitation.

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

4.27 >Self-inflicted injury and suicide

The **trustee** does not pay for **treatment** you need as a direct or indirect result of a deliberately self-inflicted injury or a suicide attempt.

4.28 >Sexual dysfunction

The **trustee** does not pay for **treatment** for sexual dysfunction or anything related to sexual dysfunction.

4.29 >Social, domestic and other costs unrelated to treatment

The **trustee** does not pay for the costs that you pay for social or domestic reasons, such as home help costs. There is no benefit for the costs that you pay for any reasons that are not directly to do with **treatment** such as travel to or from the place you are being treated.

4.30 >Sports related treatment

The **trustee** does not pay for **treatment** you need as a result of training for or taking part in any sport for which you:

- are paid; or
- receive a grant or sponsorship (we don't count travel costs in this); or
- are competing for prize money.

4.31 >Sterilisation

The **trustee** does not pay for:

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

4.32 >Teeth and dental conditions

The **healthcare scheme** does not provide benefit for treating dental problems or any routine dental care including **treatment** of cysts in the jaw that are tooth related or are of a dental nature. This also means the **trustee** will not pay any fees for dental specialists, such as orthodontists, periodontists, endodontists or prosthodontists.

The **trustee** will pay for the following types of oral **surgery** when you are referred for **treatment** by a dentist:

- reinserting your own teeth after an injury
- removing impacted teeth, buried teeth and complicated buried roots
- removal of cysts of the jaw (sometimes called enucleation).

4.33 >Treatment abroad

What benefit is there for overseas treatment?

Your **healthcare scheme** provides benefit for planned **surgical treatment** received outside the **United Kingdom (UK)**. Benefit is limited if you need unplanned **treatment** abroad. Please read this section carefully.

What assistance is available to me if I fall ill overseas?

There is very limited benefit on the **healthcare scheme** for unplanned **treatment** you have outside the **United Kingdom.** We strongly advise you to take out travel insurance when travelling abroad.

If you fall ill abroad you do have access to an overseas medical assistance line. This service is provided by an international assistance company on our behalf. The service provided is not a substitute for full travel insurance and we strongly advise you to take out appropriate travel insurance when travelling abroad.

The overseas medical assistance line is manned around the clock to provide help and assistance in any part of the world. They will normally give immediate advice and can arrange to put you in touch with an English-speaking doctor.

That doctor will help arrange **treatment** locally or, if you have already started **treatment**, will ensure that existing arrangement is satisfactory. Call the emergency control centre on +44 (0) 1892 513 999 to alert the international assistance company who can help you. Please note that in this situation any costs for **treatment** would not be paid for by the **healthcare scheme**.

This **healthcare scheme** also provides an emergency **evacuation or repatriation service** should you be injured or become ill suddenly, and need immediate emergency **in-patient treatment**. The exclusions in the other sections of this handbook don't apply to the **evacuation or repatriation service** but will apply to any **treatment** on return home to the **UK**.

If you need the evacuation or repatriation service, contact the emergency control centre on +44 (0) 1892 513 999 so that immediate help or advice can be given over the phone.

Arrangements may then be made for an **appointed doctor** to liaise with the medical practitioner providing your **treatment**. The **appointed doctor** will advise us on your **medical condition** and the need for the **evacuation or repatriation service**. If it is established that the hospitals locally are inadequate, or the appropriate **treatment** is not available locally, then arrangements will be made to move you or bring you back to the **UK**.

If the **appointed doctor** thinks there is a medical need, then the evacuation or repatriation will include medical supervision. The rules relating to evacuation and repatriation can be found below.

What will the evacuation or repatriation service provide?

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

- 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.
- Benefit 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.
- Benefit for the reasonable additional travelling expenses and accommodation costs, incurred in returning to the **UK** any **family members** covered by an AXA Health plan who are accompanying you on the overseas journey.
- Bringing your body back to a port or airport in the **UK** if you die abroad except if you die as a direct result of a deliberately self-inflicted injury or suicide attempt.

The **trustee** will also pay up to £40,000 a **scheme year** for immediate emergency **in-patient treatment** received while travelling abroad, immediately before or immediately after an evacuation or repatriation we have arranged for you.

What the trustee does not pay for?

Evacuation or repatriation service if you have travelled outside the **UK** to get **treatment** (whether or not that was the only reason) or travelled against medical advice (including the published advice of the Chief Medical Officer of the Department of Health of England).

The overseas evacuation or repatriation service will not be available for:

- Any **medical condition** that does not prevent you from continuing to travel or work and which does not need immediate emergency **in-patient treatment**.
- Any costs incurred which arise from or are directly or indirectly caused by a deliberately self-inflicted injury, suicide or attempt at suicide.
- Any costs incurred which arise from, or are in any way connected with, alcohol abuse, drug abuse or substance abuse.
- Any costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).
- **Treatment** of injuries sustained from base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.
- Moving you from a ship, oil-rig platform or similar off-shore location.
- Any costs that we don't approve beforehand or costs incurred where we haven't 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).
- **Treatment** costs other than for the necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you and immediate emergency **in-patient treatment** received whilst travelling abroad when it immediately precedes or immediately follows an evacuation or repatriation we have arranged for you.
- 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.
- 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 those listed.
- Any costs incurred when you are on a leisure trip and you are travelling to a country or area that the UK Foreign and Commonwealth Office lists as a place which they either advise against:
  - all travel to; or
  - all travel on holiday or non-essential business.

The trustee will not be liable in respect of the overseas evacuation or repatriation service for:

- 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.
- 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 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.
- 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.

There is very limited benefit on the **healthcare scheme** for unplanned **treatment** you have outside the **United Kingdom.** We strongly advise you to take out travel insurance when travelling abroad.

What benefit is available for planned overseas treatment?

Your **healthcare scheme** is designed to provide benefit for **treatment** received in the **UK**. However, the **trustee** will pay for **treatment** outside the **UK**, so long as:

- you are resident in the **UK**; and
- the **treatment** is planned before you go abroad; and
- the **treatment** is carried out by a qualified medical practitioner; and
- the **treatment** would have been eligible for benefit under the **healthcare scheme** in the **UK**; and
- we have agreed fees for **in-patient** and **day-patient treatment** and **surgical procedures**, before you travel abroad (including any consultations and follow up **treatment** for **surgical procedures**); or
- for any other **treatment**, you have contacted us before you travel abroad to receive your **treatment**.

We do not have any arrangements or relationships with providers outside of the **UK**. So, if you choose to use the benefit for planned **treatment** overseas, you will need to pay all costs yourself and claim these back from the **trustee**. You will also need to provide a translated version of all information necessary for the claim to be assessed.

What the trustee will not pay for when treatment takes place overseas

The **trustee** will not pay for:

- any **treatment** not agreed with us before you travel; or
- travelling costs incurred arranging or seeking **treatment**.

4.34 >Treatment that is not medically necessary

The **trustee** only pays for **treatment** that is medically necessary. The **trustee** does not pay for **treatment** that is not medically necessary, or that can be considered a personal choice.

4.35 >Treatments not paid for by your healthcare scheme

The **trustee** does not pay for **treatment** that is connected to anything your **healthcare scheme** doesn't provide benefit for. This means the **trustee** won't pay for further **treatment** or increased **treatment** costs if you have any medical or surgical procedure your **healthcare scheme** doesn't provide benefit for. The **trustee** also won't pay if you need **treatment** as a result of a body modification.

There is no benefit for any costs for investigations, tests or **treatments** which are only needed so you can have **treatment** that your **healthcare scheme** doesn't provide benefit for. There is also no benefit for costs if you are planning to have a medical or surgical procedure or body modification that your **healthcare scheme** wouldn't provide benefit for.

>> See also Section 4 – 'Vaccinations'

4.36 >Vaccinations

What is paid for?

Your **healthcare scheme** will provide benefit for **treatment** you need if you develop a **medical condition** as a result of receiving a vaccination.

Vaccinations must be approved for use by the Medicines and Healthcare products Regulatory Agency and used according to that approval.

What is not paid for?

There is no benefit on your **healthcare scheme** for vaccinations or their administration.

>> See also Section 4 – 'Preventative treatment and screening tests'

There is no benefit for **treatment** that would usually be managed in a **GP** surgery or other primary care setting, including over the counter drugs to manage your symptoms.

>> See also Section 4 – 'GP and primary care services'

4.37 >Varicose Veins

The **trustee** does pay for **treatment** of varicose veins, but only in certain circumstances.

What is paid for?

The **trustee** will pay for one **surgical procedure** per leg to treat varicose veins, for the lifetime of your membership. This may be foam injection (sclerotherapy), ablation or other **surgery**.

The **trustee** will pay for one follow up consultation with your **specialist** and one simple injection sclerotherapy per leg to treat residual or remaining veins when it is carried out in the 6 months after you've had the main **surgical procedure**.

What is not paid for?

The **trustee** does not pay for more than one **surgical procedure** per leg, regardless of how long you stay a member with us.

There is no benefit for the **treatment** of recurrent varicose veins under your **healthcare scheme**.

>> For more information, see Section 3 – 'How your membership works with conditions that last a long time or come back (chronic conditions)'

There is no benefit for the treatment of thread veins or superficial veins.

4.38 >Warts

The **trustee** does not pay for **treatment** of skin warts. However, the **trustee** will pay for **treatment** of verruca or wart of the foot when this is carried out by a chiropodist or podiatrist.

4.39 >Weight loss treatment

The **trustee** does not pay for treatment for weight loss.

What is not paid for?

The **trustee** does not pay for any fees for any kind of bariatric **surgery**, regardless of why the **surgery** is needed. This includes fitting a gastric band, creating a gastric sleeve, or other similar **treatment**.

5 Managing your membership

5.1 Adding a family member or baby

Whether you can add **family members**, including babies, to your **healthcare scheme** will depend on the agreement we have with your employer. Depending on your agreement with your employer, there may be restrictions on when you can add **family members**.

Please call us or speak to your Human Resources Department for details.

Who you can add

You can normally add:

- Your partner. You must either be married, in a civil partnership or living together permanently in a similar relationship.
- Any of your children or your partner's children. For your **healthcare scheme**, 'children' means anyone who is unmarried and lives with you, and who you are the parent of or legal guardian for. Children can stay on the **healthcare scheme** up to the age of 25 when they will come off the **healthcare scheme** at the renewal date following their birthday.

5.2 Paying income tax on your subscription

Membership of the **healthcare scheme** will give rise to a liability for income tax on the contributions made by your **company**.

5.3 Leaving your employer

Call us on 0800 028 2915 when you know you're leaving.
If you leave the employer that provides this **healthcare scheme**, it's quick and easy to transfer to a personal plan.
When you transfer to a personal plan with similar cover we can usually continue to cover any existing **medical conditions** without the need for medical underwriting – so you won't have to fill in any form or have a medical examination.
Call us as soon as you know you're leaving as you may find it difficult to get continued cover for any existing or previous **medical conditions** later.
We'll also try to get in touch with you when we know that you're leaving your employer.

5.4 Making a complaint

Your **healthcare scheme** is provided under our company agreement with your **company**. However, we do give all members full access to the complaint resolution process.

Our aim is to make sure you're always happy with your membership. If things do go wrong, it's important to us that we put things right as quickly as possible.

Making a complaint

This **healthcare scheme** has been set up by your **company** and operates in line with the **trust deed**. This means that the decision made by the **trustee** on any matter involving the scheme is final and binding. So, the **trustee** will decide whether a claim is payable. However, if you feel that a claim you have made has not been fairly or properly considered, please let us know the reasons for this as below.

To help us resolve your complaint, please give us the following details:

- your name and membership number
- a contact telephone number
- the details of your complaint
- any relevant information that we may not have already seen.

Please call us on 0800 068 6255.

Or write to:

AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE

We'll respond to your complaint as quickly as we can.

6 Legal Information

6.1 >Rights and responsibilities

This section sets out the rights and responsibilities you, your employer and we have to each other.

The healthcare scheme

The **healthcare scheme** has been set up by your **company** who selects the level of benefits included.

All benefit ends when the **eligible employee** stops working for the company or if the company decides to end the **healthcare scheme**.

The **trustee** will pay for **treatment** costs under the terms of this **healthcare scheme** when **treatment** takes place in a period for which the **healthcare scheme** is available.

The **trustee** will not pay for **treatment** or services received after the end of your period of cover under the **healthcare scheme** even if we had pre-authorised it during your period of cover under the **healthcare scheme**.

Your **treatment** is provided through a separate agreement between you and your **treatment** provider. The date(s) you receive your **treatment** is part of that agreement.

We will tell the **eligible employee** in writing the date that the **healthcare scheme** starts and ends, and any special terms that apply.

Nothing in the rules shall in any way restrict the right of an employer to terminate the employment of an **eligible employee** in its service and the existence or cessation of any actual prospective or potential benefit under the rules shall not be grounds for increasing damages in any action or counter-claim brought against the employer of the eligible employee in respect of any termination of employment or otherwise.

The **trustee**, in agreement with your **company**, reserves the right at their absolute discretion to terminate your membership upon such terms as it may determine or to refuse payment of any claim or to impose such other terms and conditions as it shall determine if you:

- mislead us, the **trustee** or the **company** by mis-statement or concealment whether by the withholding of information or the provision of false or misleading information in an application for membership of the **healthcare scheme**; or
- knowingly claim benefits for any purpose for which the rules do not provide; or
- agree to or assist any attempt by a third party to obtain an unreasonable pecuniary advantage to the detriment of the **company** or the **trustee**; or
- have otherwise failed to observe the provisions of the rules or failed to act with utmost good faith.

If you move abroad

If you move abroad, you'll no longer be able to stay a member of this **healthcare scheme** and you will not be able to make any claims for **treatment**.

Be aware

The **trustee** shall (save as expressly provided) have full power to determine whether any person is entitled to benefit under the **healthcare scheme** and to determine all questions of interpretation or doubt arising in connection with the **healthcare scheme**, the rules or the benefits under the **benefits table** and such determination shall (in the absence of manifest error) be conclusive and binding on you and your employer.

Providing us with information

Whenever we ask you to give us information, you will make sure that all the information you give us is sufficiently true, accurate and complete for us to be able to work out the risk we are considering. If we later discover that it is not, the **trustee**, in agreement with your **company**, can cancel your right to membership of the **healthcare scheme** or apply different terms relating to benefit in line with the terms the **trustee** would have applied if the information had been presented fairly in the first place.

The trustee's right to refuse to add a family member

The **trustee** can refuse to add a **family member** to the **healthcare scheme**. We will tell the **eligible employee** if we do this.

What happens if you break the terms of the healthcare scheme?

If you break any terms of the **healthcare scheme** that we reasonably consider to be fundamental, the **trustee**, in agreement with your **company** may do one or more of the following:

- refuse to pay any of your claims;
- recover from you any loss caused by the break;
- refuse to renew your membership to the **healthcare scheme**;
- impose different terms to your benefits on the **healthcare scheme**;
- end your membership of the **healthcare scheme** and all benefit immediately.

If you (or anyone acting on your behalf) claim knowing that the claim is false or fraudulent, the **trustee** in agreement with the **company** can refuse to pay that claim and may declare your membership of the **healthcare scheme** void, as if it never existed. If the **trustee** has already paid the claim, the **trustee** can recover what has been paid from you.

If the **trustee** pays a claim and the claim is later found to be wholly or partly false or fraudulent, the **trustee** will be able to recover what has been paid from you.

International sanctions

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

What happens if the company decides to end the healthcare scheme?

If the **company** decides to end the **healthcare scheme**, you can apply to transfer to another plan.

Language for your healthcare scheme

We will use English for all information and communications about the **healthcare scheme**.

6.2 >Your personal information

Your personal information

Here is a summary of the data privacy notice that you can find on our website axahealth.co.uk/privacy-policy.

Please make sure that everyone included in your membership to the **healthcare scheme** reads this summary and the full data privacy notice on our website. If you would like a copy of the full notice, call us on 0800 068 6255 and we'll send you one.

We want to reassure you we never sell personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information as we need. We will get your consent to process information such as your medical information when it's necessary to do so.
We get information about you and your **family members** who are on the **healthcare scheme**. This information can be provided by you, those **family members**, your healthcare providers, your employer, your employer's intermediary (if they have one) and third party suppliers of information, for example, on-line shopping surveys.

We process your information mainly for managing your membership and claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you, statistical analysis, for example to help us decide on premiums and marketing.

We may disclose your information to other people or organisations. For example we'll do this to:

- manage your claims, e.g. to deal with your doctors; or any reinsurers
- manage the scheme with your employer or their intermediary;
- help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- allow other AXA companies in the **UK** to contact you if you have agreed.

Where our using your information relies on your consent you can withdraw your consent, but if you do we may not be able to process your claims or manage your plan properly.

In some cases you have the right to ask us to stop processing your information or tell us that you don't want to receive certain information from us, such as marketing communications. You can also ask us for a copy of information we hold about you and ask us to correct information that is wrong.

If you want to ask to exercise any of your rights just call us on 0800 068 6255 or write to us at Customer Service Data Team,
AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE.

If you want to contact the Data Protection Officer you can do so at Data Protection Team, AXA Health, Jubilee House, Vale Road, Tunbridge Wells, Kent TN1 1BJ.

6.3 >What to do if somebody else is responsible for part of the cost of your claim

You must tell us if you are able to recover any part of your claim from any other party. Other parties would include:

- an insurer that you have an insurance policy with
- a state healthcare system
- a third party that has a legal responsibility or liability to pay. We will pay our proper share of the claim.

6.4 >What to do if your claim relates to an injury or medical condition that was caused or contributed to by another person

You must tell us as quickly as possible if you believe something or someone else contributed to or caused the need for your **treatment**. For example, if you were injured in a road traffic accident that wasn't your fault or potential clinical negligence.

This does not change the benefits you can claim under your **healthcare scheme** (your "Claim"). It also means that you can potentially be repaid for any costs you paid yourself, or if you paid for private treatment that wasn't available on your **healthcare scheme**. Where appropriate, the **trustee** will pay our share of the Claim and recover what we pay from the person or organisation responsible. We may use external legal, or other, advisers to help us do this.

If you decide to take legal action, there are some rules you need to follow and you need to keep us up to date with the case.

The amount you claim through your legal action needs to include the whole amount we have paid for **treatment**, plus 8% interest per year.

The amount we paid for your **treatment** is our 'Outlay' against the person or organisation you're pressing action against. We need to agree if you are claiming less than our Outlay. If we don't and your payment is less than our Outlay, we may ask you to pay the rest of it, plus interest.

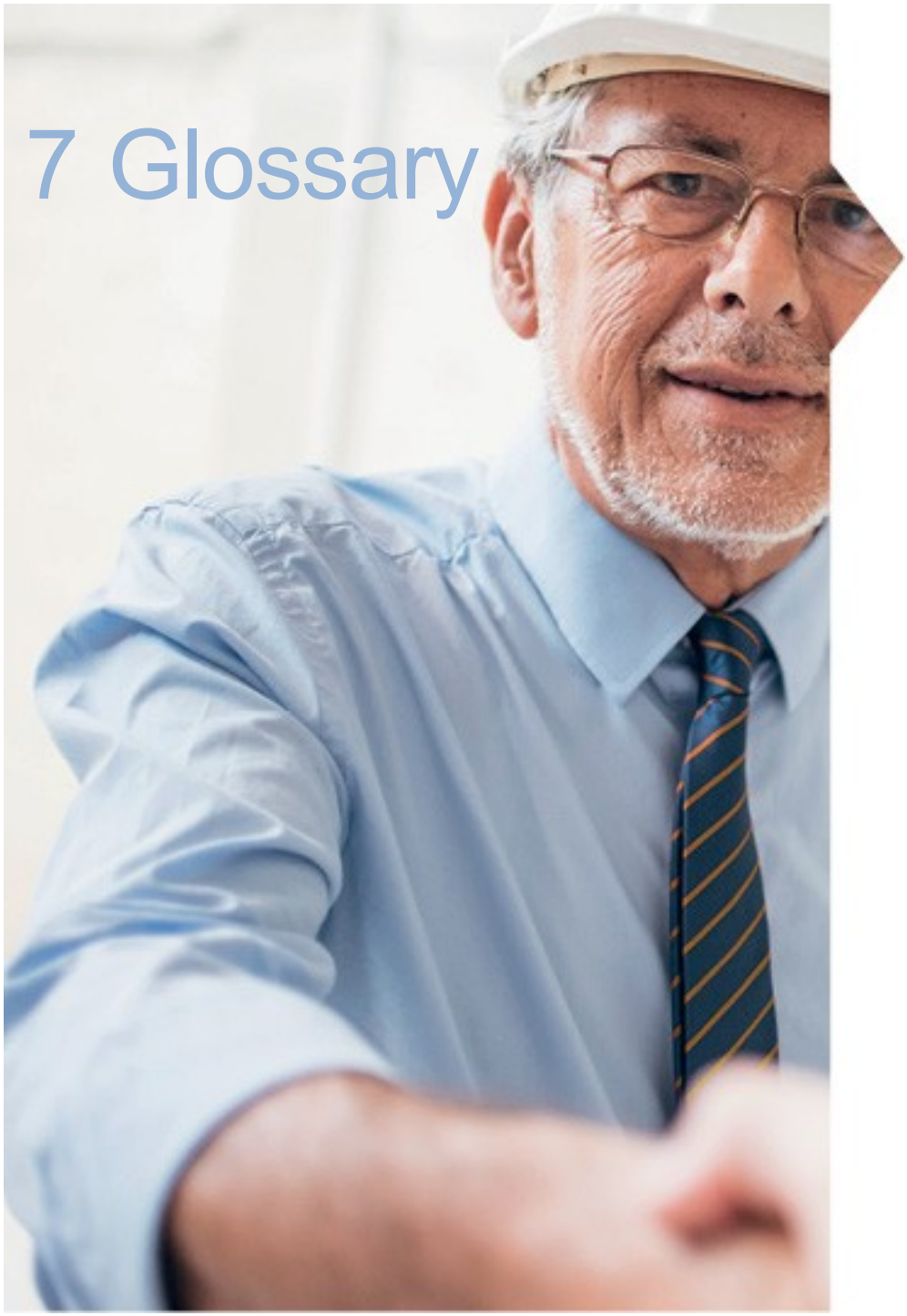
You must pay us our Outlay and interest within 21 days of the settlement date. You also need to provide us full details of the settlement.

Even if you decide not to take legal action, we retain the right (at our own expense) to make a claim in your name for our Outlay and interest. You must cooperate with all reasonable requests to help with this process.

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

If you have any questions please call 0800 068 6255 and ask for the Third Party Recovery team.

7 Glossary



Certain terms in this handbook have specific meanings. The terms and their meanings are listed in this glossary.

Where we've highlighted these terms in **bold** they have a specific meaning.

acupuncturist – a medical practitioner who specialises in acupuncture who is registered under the relevant Act or a practitioner of acupuncture who is registered as a member of the British Acupuncture Council (BAcC). In all cases, the acupuncturist needs to meet our criteria for recognition. We must have told them in writing that we currently recognise them as an acupuncturist to provide **outpatient treatment** only.

The full criteria we use when recognising medical practitioners are available on request

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.

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

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.

company – the **eligible employee's** employer.

conventional treatment – **treatment** that is established as best medical practice, and is practised widely in the **UK**. It must also be clinically appropriate in terms of necessity, type, frequency, extent, duration and the **facility** or location where the **treatment** is provided.

In addition, to meet our definition it must be approved by NICE (The National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice. Otherwise, it must have high quality clinical trial evidence proving it is effective and safe for the **treatment** of your **medical condition** (full criteria available on request).

If the **treatment** is a drug, it must be:

- licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency; and
- used according to that licence.

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 medical unit where **day-patient treatment** is carried out.

The units we recognise are listed in your Directory of Hospitals which you can search at axahealth.co.uk/hospitals

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

Directory of Hospitals – the list of hospitals, **day-patient units** and **scanning centres** that are available for you to use under the terms of your **healthcare scheme**.

The list changes from time to time, so you should always check with us before arranging **treatment**. Some **treatments** are only available in certain facilities.

You can search your Directory of Hospitals at axahealth.co.uk/hospitals

discretionary trust – the BNP Paribas discretionary **healthcare scheme**.

eligible employee – an employee or a director of an employer or retired employee or director of an employer who is eligible to become a member of the **healthcare scheme** under the eligibility condition agreed from time to time between the **company** and the **trustee**.

eligible treatment - treatment of a disease, illness or injury where that **treatment**:

- falls within the benefits of this **healthcare scheme** and is not excluded from benefit by any term in this handbook; and
- is of an acute condition (see Section 3 – How your membership works with pre-existing conditions and symptoms of them); and
- is **conventional treatment** (for details see Section 3.4 – 'Benefit for treatment and surgery'); and
- is not preventative (for details see Section 4 – Preventative treatment and screening tests); and
- does not cost more than an equivalent **treatment** that is as likely to deliver a similar therapeutic or diagnostic outcome; and
- is not provided or used primarily for the convenience of financial or other advantage of you or your **specialist** or other health professional.

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

external prosthesis - an artificial, removable replacement for a part of the body.

facility – a **private hospital**, or unit listed in the **Directory of Hospitals** with which we have an agreement to provide a specific set of medical services.

Some facilities may have arrangements with other establishments to provide **treatment.**

family member – 1) the **eligible employee's** current spouse or civil partner or any person living permanently in a similar relationship with the **eligible employee**; and 2) any of their or the **eligible employee's** children who have been admitted to the membership of the **non-discretionary trust** and is eligible for admission and, if the **trustee** requires, has been admitted to the membership of the **discretionary trust**, whose name has been notified to the **trustee** in writing, who has not elected to withdraw from the **healthcare scheme** and whose membership to the **healthcare scheme** has not been terminated. For your **healthcare scheme**, 'children' means anyone who is unmarried and lives with you, and who you are the parent of or legal guardian for.

Children can stay on the **healthcare scheme** up to the age of 25.

Children will come off the **healthcare scheme** at the renewal date following their birthday.

GP – a general practitioner on the General Medical Council (GMC) GP register.

The **trustee** will only accept referrals from your NHS GP practice unless your **company** provides access to an alternative GP service. In this case the **trustee** will accept referrals from the alternative GP service under your **company's** arrangement.

healthcare scheme – the BNP Paribas Healthcare Trust, comprising the **non-discretionary trust** and, where applicable, the discretionary fund and may refer to one or other of the **non-discretionary** or **discretionary trust,** depending on the context. For the **non-discretionary trust**, the available fund is limited to the extent to which the **company** funds it.

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

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

medical device – any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings.

non-discretionary trust – the BNP Paribas non-discretionary **healthcare scheme**.

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

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

partner – the **eligible employee's** current spouse or civil partner or the person (whether or not of the same sex) with whom an **eligible employee** is living permanently in a similar relationship as husband, wife or civil partner.

practitioner – a dietician, **nurse**, orthoptist, psychotherapist, psychologist, audiologist or speech therapist that we have recognised. The **trustee** will pay for **treatment** by a **practitioner** if both the following apply:

- a **specialist** refers you to them
- the **treatment** is as an **out-patient**.

If the **treatment** is as an **in-patient** or **day-patient**, that **treatment** will be included as part of your **private hospital** charges.

The full criteria we use when recognising practitioners are available on request

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

rules – the rules of the schedule to the **trust deed** which with the other provisions of the **trust deed** govern the **healthcare scheme**.

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

The centres we recognise are listed in your Directory of Hospitals which you can search at axahealth.co.uk/hospitals

scheme year – the 12 months commencing on the first day of the set-up of the **healthcare scheme** and after that, each subsequent period of 12 months. However, the **trustee** may amend the period of the scheme year to something different. If this happens, you should be informed by your **company**.

specialist – a medical practitioner who meets all of the following conditions:

- has specialist training in an area of medicine, such as training as a consultant surgeon, consultant anaesthetist, consultant physician or consultant psychiatrist
- is fully registered under the Medical Acts
- is recognised by us as a specialist.

The definition of a specialist who we recognise for **out-patient treatment** only is widened to include those who meet all of the following conditions:

- specialise in musculoskeletal medicine, sports medicine, psychosexual medicine or podiatric surgery
- is fully registered under the Medical Acts
- is recognised by us as a specialist.

The full criteria we use when recognising specialists are available on request

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

terrorist act – any act 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.

therapist – a medical practitioner who meets all of the following conditions:

- is a practitioner in physiotherapy, osteopathy, chiropractic, **treatment**
- is fully registered under the relevant Acts
- is recognised by us as a therapist for **out-patient treatment**.

The full criteria we use when recognising therapists are available on request

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

trust deed – the trust deed (including the **rules**) making up the **healthcare scheme** as amended from time to time.

trustee – any trustee for the time being of the **healthcare scheme**.

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

Claims and queries

including Working Body and Stronger Minds

0800 068 6255

Monday to Friday 8am to 8pm and Saturday 9am to 5pm

If you're leaving your employer

0800 028 2915

Your membership documents are available in other formats.

If you would like a Braille, large print or audio version, please contact us.

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