



PPP HEALTHCARE

Comcast NBCUniversal
Healthcare Master Trust Scheme
Advance Membership handbook
April 2018

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Personal Advisory team

0800 092 8441

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 Next Generation Text 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

axapphealthcare.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 8pm 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 have asked us to act as **trustees** and 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

[1.1 > Your benefits](#)

[1.2 > The main things your healthcare scheme doesn't pay for](#)

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** covered by the **healthcare scheme**.

We, us and our

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

When we use we, us and our, we mean AXA PPP healthcare.

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 >> For more information see Section 3 - 'Paying the places where you're treated'	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 : <ul style="list-style-type: none"> • accommodation • diagnostic tests • using the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the specialist uses during surgery.
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 covered by 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 covered by the membership and having treatment paid for by it. The trustee will not take any benefit limitation off this cash payment.
Specialist fees >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	No yearly limit	Includes fees for: <ul style="list-style-type: none"> • surgeons • anaesthetists • physicians.

If you're an out-patient		
Access to Working Body: For muscle, bone and joint pain – No GP referral needed - Call us on 0800 092 8441		
Surgery	No yearly limit	
CT, MRI or PET scans >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	Paid in full at a scanning centre , or hospital listed as a scanning centre , in your Directory of Hospitals	
Cash payment if you have a 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 when your specialist refers you Practitioner fees when your specialist refers you >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	No yearly limit	Practitioners are nurses , dieticians, orthoptists, speech therapists, psychotherapists or psychologists.
Fees for out-patient treatment by physiotherapists, acupuncturists , homeopaths , osteopaths or chiropractors	No yearly limit on fees up to a combined overall maximum of 10 sessions in a scheme year when your GP refers you or you have therapist treatment through our Working Body team	We call physiotherapists, osteopaths and chiropractors therapists .

Mental Health		
If you're an in-patient or day-patient		
Private hospital and day-patient unit fees for mental health treatment >> For more information see Section 3 - 'Paying the places where you're treated'	Paid in full up to 28 days a scheme year for in-patient treatment . Paid in full for day-patient treatment .	So long as you use a hospital or day-patient unit in your Directory of Hospitals . Including fees for: • accommodation • diagnostic tests • drugs.
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 maximum of 28 days a scheme year for in-patient treatment	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 092 8441		
Counselling sessions through Stronger Minds	Sessions with a counsellor when this is directed by, and arranged through, the Stronger Minds service	<p>This could be face to face, email or telephone counselling.</p> <p>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.</p> <p>Over 18s only.</p> <p>Counselling is not subject to the benefit limitation, or other monetary benefit limits.</p>
Specialist consultations for mental health treatment	Paid up to a combined limit of £2,000 each year	
<p>Mental health treatment by psychologists and psychotherapists</p> <p>>> For more information see Section 4 – Mental Health</p>		

Additional benefits		
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	Paid in full	<p>The trustee will pay for treatment:</p> <ul style="list-style-type: none"> • at home • somewhere else that is appropriate. <p>The trustee will pay for a nurse to give you chemotherapy or antibiotics by intravenous drip. This is so long as:</p> <ul style="list-style-type: none"> • 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 who is in our 'fee-approved' category and • the treatment is provided through a healthcare services supplier that we have a contract with for this kind of service.

Additional benefits		
Cash payment when you have free treatment under the NHS	£250 per night up to £5,000 each scheme year	<p>The trustee will pay this when:</p> <ul style="list-style-type: none"> • you are admitted for in-patient treatment before midnight • the trustee would have paid for your treatment if you had had it privately. <p>The trustee will not take your benefit limitation off this cash payment. 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.</p>
Oral surgery	Paid in full so long as you use a facility that we have an agreement with covering oral surgery	<p>So long as your dentist refers you, the trustee will pay for:</p> <ul style="list-style-type: none"> • reinserting your own teeth after a trauma • surgical removal of impacted teeth, buried teeth and complicated buried roots • removal of cysts in the jaw (sometimes called enucleation). <p>>> To check if we have an agreement with a facility for oral surgery, search your Directory of Hospitals on your Wellbeing Hub</p>
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 .
Overseas evacuation and repatriation	Paid in full	Our evacuation or repatriation service is available to move you to another hospital which has the necessary medical facilities either in the country where you are taken ill or in another nearby country (evacuation) or bringing you back to the United Kingdom (repatriation).
Immediate emergency in-patient treatment received while travelling abroad which relates to an evacuation or repatriation we have arranged for you	Paid in full up to £40,000 a scheme year	

Additional benefits		
External prosthesis	Up to £5,000 for the lifetime of your membership	<p>The trustee will pay this benefit towards the cost of providing an external prosthesis.</p> <p>The trustee will not take your benefit limitation off this cash payment.</p> <p>>>For details, see Section 4 – External prostheses and appliances</p>

Benefit limitation information		
Benefit limitation per member per scheme year	£100	<p>Benefit limitations do not apply to:</p> <ul style="list-style-type: none"> • Overseas evacuation and repatriation service • NHS cash benefit • Day-patient and out-patient radiotherapy and chemotherapy cash benefit • Parent hotel accommodation • Counselling arranged through Stronger Minds • External prostheses

Cancer cover and care

For details, see [Section 4 - Cancer](#).

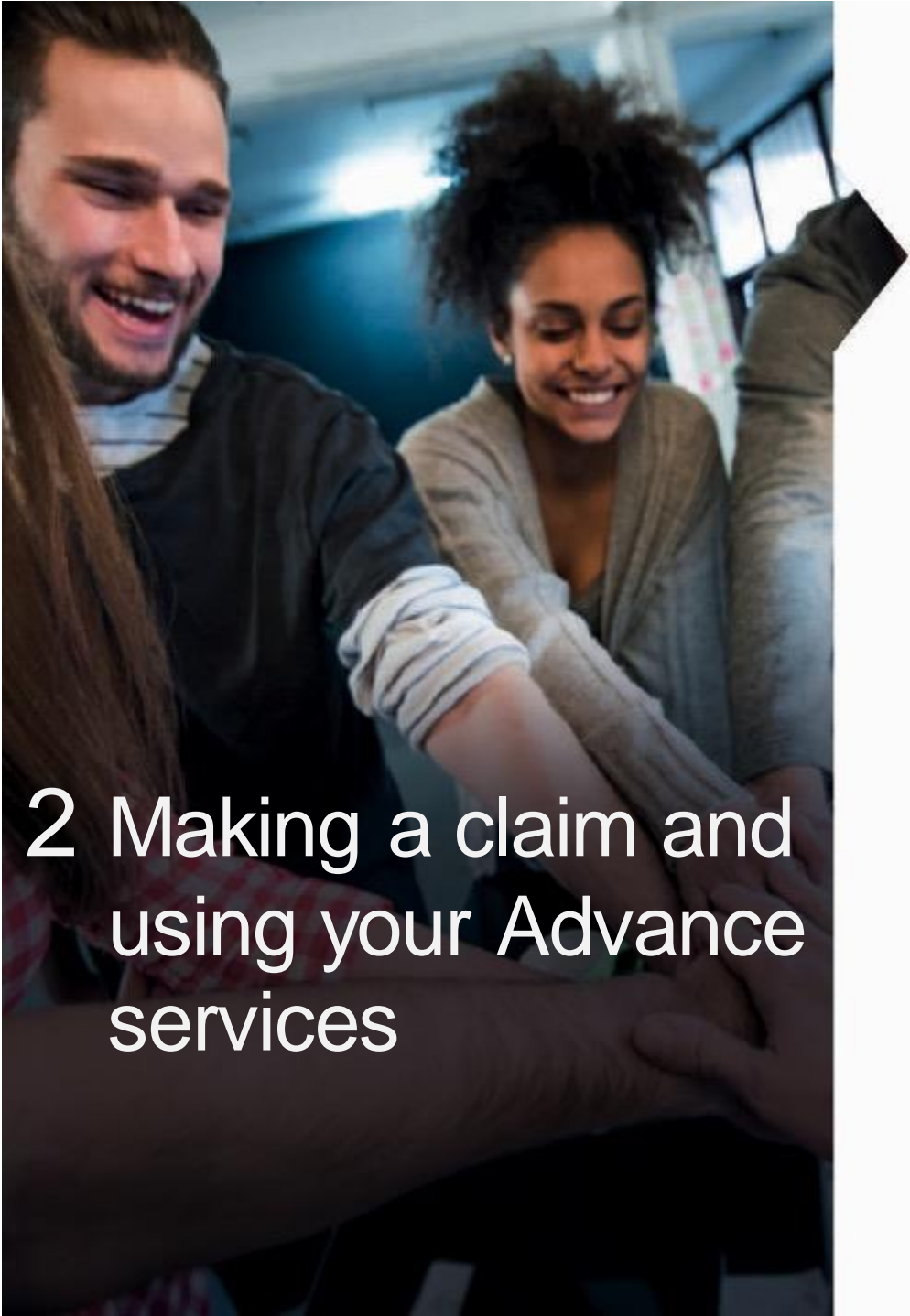
1.2 > The main things your healthcare scheme doesn't pay for

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 cover 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 details, see Section 4 – 'Pregnancy and childbirth' or call us on 0800 092 8441	
Treatment of ongoing, recurrent and long-term conditions (chronic conditions)	>> For details, see Section 3 - 'How your membership works with conditions that last a long time or come back'	
Fees if you choose to use a hospital that is not in your Directory of Hospitals	>> For details, 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 on your Wellbeing Hub



2 Making a claim and using your Advance services

- Muscle, bone and joint conditions
Working Body
- Mental health concerns
Stronger Minds
- Claiming for other conditions
Cover 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.

Please call us on 0800 092 8441 if you don't have your login details to hand or have any queries about the hub.

Working Body

for muscle, bone and joint conditions

0800 092 8441

Working Body makes it easy for you to get expert physiotherapy services fast.

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

Call us on 0800 092 8441 - As soon as you develop a problem you can call your Personal Advisory team to check your cover and arrange a clinical needs assessment with a physiotherapist over the phone.

Assessments available 8am to 6pm, Monday to Friday

Initial clinical needs assessment - During the phone call the physiotherapist will listen to your concerns and take you through an initial assessment.

After the assessment

The physiotherapist will recommend **treatment**, which could be one of three options:

- Self-management – we'll provide you with easy to follow guidance on how best to manage your condition.
- **Treatment** with a physiotherapist, osteopath or chiropractor – 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.

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 092 8441

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 092 8441 - If you experience stress, anxiety or any mental health concerns, call your Personal Advisory team to check your cover. 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 covered by your **healthcare scheme**. Over 18s only.

Making a claim for all other conditions

0800 092 8441

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** advises the type of specialist you need **treatment** from but doesn't name a particular specialist. 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 you may not be covered 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 **fee-approved 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

axapphealthcare.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

Support from our Dedicated Nurse Services

Personal support after diagnosis of a heart condition or cancer

Our members have access to our Dedicated Nurse Service, 24/7, 365 days a year. If you are diagnosed with a heart condition or cancer, our dedicated nurses will be there for you and your family.

Dedicated Heart Nurse

0800 2182 303

Dedicated Cancer Nurse

0800 1114 811



3 How your membership works

- 3.1 > How we pay claims
- 3.2 > Looking at who should provide treatment
- 3.3 > Eligible treatment
- 3.4 > Benefit for treatment and surgery
- 3.5 > How your membership works with pre-existing conditions and symptoms of them
- 3.6 > How your membership works with conditions that last a long time or come back (chronic conditions)
- 3.7 > Paying the specialists and practitioners that treat you
- 3.8 > Paying the places where you're treated
- 3.9 > General restrictions

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 092 8441 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 your **treatment** is not covered 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 details, see [Section 3- 'Paying the specialists and practitioners who treat you'](#).

Do I need to tell the place where I have my treatment that my healthcare scheme is administered by AXA PPP healthcare Administration 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 your **treatment** is covered, we will refund you the costs, minus any benefit limitation. Please send the original receipts from the **specialist** or hospital to AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

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 covered 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 covered 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 information on emergencies abroad, please see [Section 4 – 'Evacuation and repatriation'](#).

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.

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**:

- Is of an **acute condition** (for details see [3.6](#)).
- Is **conventional treatment** (for details see [3.4](#)).
- Is not preventative.
- Does not cost more than an equivalent **treatment** that is at least as likely to deliver a similar therapeutic or diagnostic outcome.
- 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 in doubt about whether each of these requirements will be met we may need to seek a second medical opinion or identify an alternative specialist to offer a second opinion and examine you to confirm that your treatment meets the definition of 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 within the UK; and
- is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the **treatment** is provided; and has either
- been shown to be effective for your **medical condition** through substantive peer reviewed clinical evidence in published authoritative medical journals; or
- been approved by NICE (The National Institute for Health and Care Excellence) as a treatment which may be used in routine practice.

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; 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 axapphealthcare.co.uk/fees or call us on 0800 092 8441 and we'll send you a copy

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

We know you may wish to have access to emerging treatments as they become available. So, the **trustee** will consider paying for the following **treatment** when it's carried out by a **specialist**:

- **surgery** not listed and identified in the schedule of procedures and fees; and
- other **treatments** and **diagnostic tests** which are not **conventional treatments**.

In this handbook we refer to this **treatment** as **unproven treatment**.

The benefit for **unproven treatment** is more restrictive than for **conventional treatments**.

Unproven treatment must:

- be authorised by us before it takes place
- take place in the **UK**
- be agreed by us as a suitable equivalent to **conventional treatment**.

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

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

The amount the **trustee** pays for **unproven treatment** will depend on how much it costs and how much it would pay if you have **conventional treatment** for your **medical condition** instead.

- If the **unproven treatment** costs less than the equivalent **conventional treatment** the **trustee** will pay the cost of the **unproven treatment**.
- If the **unproven treatment** costs more than the equivalent **conventional treatment** the **trustee** will pay up to the cost it would have paid 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**. 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, if you would like an **unproven treatment**, you or your **specialist** must contact us at least 10 working days before you book that **treatment**. This is so we can:

- obtain full details of the **treatment**
- support you with additional information and questions for your **specialist**, before you have **treatment**
- agree what costs (if any) the **trustee** will meet, see important points below. All **unproven treatment** must be agreed by us in writing, so you are clear before undergoing **treatment** of any shortfall you may have to pay to the hospital and/or the **specialist**.

Will there be any restrictions on my benefit after I have had unproven treatment?

Yes there will. The **trustee** will not pay for further **treatment** for your **medical**

condition after you have undergone **unproven treatment**, including complications or other **medical conditions** associated with the **unproven treatment**.

» To check whether the trustee will agree to pay for a treatment, please call us on 0800 092 8441 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 cover for you or your **family members**. If we did, we worked out your terms based on your answers. So, if you did not answer accurately, even if this was by accident, the **trustee** may not pay for **treatment** for the condition.

This means the **trustee** will not pay for **treatment** or any conditions that you should have told us about when we asked, but that you either did not tell us about at all, or that you did not tell us the full extent of. This includes:

- any pre-existing or previous condition, whether you had **treatment** for them or not
- any previous **medical condition** that recurs
- any previous **medical condition** that you should reasonably have known about, even if you did not speak to a doctor.

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)**.

Because the **trustee** does not cover ongoing, recurring long-term **treatment for chronic conditions**, this means the **trustee** will not cover:

- monitoring of a medical condition
- any treatment that only offers temporary relief of your symptoms, rather than dealing with the underlying condition
- 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, 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?

Cancer treatment is treated a little differently to other long-term conditions and long-term **treatment** is covered.

There is a full explanation of your benefit for **cancer treatment** in [Section 4](#)

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 pace maker 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.

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

There are 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**.

If your condition flares up or you develop complications, the **trustee** will pay for short-term **in-patient treatment** to take your condition back to its controlled state.

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.

More information about how the benefit available for **treatment for chronic conditions**, including some examples of how our benefit works is available from your Wellbeing Hub

3.7 > Paying the specialist, practitioners and therapists that treat you

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

If your **treatment** is covered, the **trustee** will pay different amounts depending on what kind of arrangement we have with your specialist.

Fee-approved specialist.

Using a **fee-approved specialist** gives you the maximum reassurance, as the **trustee** will pay all their fees. If you use our Fast Track Appointments service, and you would like us to book your appointment for you we will book it with a **fee-approved specialist**.

Fee-limited specialist.

You may need to pay some costs yourself.

Specialists the trustee does not pay for.

The **trustee** does not pay any of their costs.

We use these arrangements for anaesthetists too – please also see below if you think your **treatment** will involve an anaesthetist.

Please also see the rest of this section for more about the people the **trustee** pay.

Fee-approved specialists – what the trustee pays

We will recommend you see a **fee-approved specialist**, as this will give you the maximum reassurance that the costs will be paid for.

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

This will mean that so long as your **treatment** is covered, the **trustee** will pay for the following for a **fee-approved specialist**:

- 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.

Fee-limited specialists – what the trustee pays

The **trustee** will still pay **fee-limited specialists**, but you may also need to pay some costs yourself. So long as your **treatment** is covered, and a **GP** or dentist refers you, the **trustee** will still pay some of the fees for a **fee-limited specialist**. However, the **trustee** will only pay up to the amount we show in the schedule of procedures and fees. This means that you will probably need to pay something towards the cost of your **treatment**.

When you call to make your claim, we can tell you what you may need to pay for that particular **specialist**. However, you may also want to ask them for a quote before starting **treatment** to make sure you know what you may need to pay.

Schedule of procedures and fees

This is a list of the fees the **trustee** pays.

You can find it at axapphealthcare.co.uk/fees or call us on 0800 092 8441 and we'll send you a copy

Specialists the trustee does not pay for

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

There are some specialists that are not on either our 'fee approved' or 'fee limited' lists. This means that 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.

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 (see '**Fee-approved specialists**' above).

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 pay in full.

As with other **specialists**, if the anaesthetist is 'fee-limited' or a **specialist** that the **trustee** does not pay, you will have to pay some or all of the fees yourself. Please see the panels above for the different arrangements we have with **specialists**.

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
- psychologist
- psychotherapist.

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

The **trustee** will pay **practitioners** up to the level shown in our schedule of procedures and fees.

You can find our schedule at axapphealthcare.co.uk/fees

Who will be paid under the benefit for therapists?

The **trustee** will pay **out-patient treatment** fees for any of the following we recognise so long as your **treatment** is covered and the Working Body team, your **GP** or **specialist** refers you:

- physiotherapists
- osteopaths
- chiropractors.

If our Working Body team or your **GP** refers you for the **treatment**, there is benefit for the sessions you need up to an overall maximum of 10 sessions in a **scheme year**. If your **specialist** refers you, the **trustee** may agree to more sessions.

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

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

Acupuncturists and homeopaths

The **trustee** will pay **out-patient treatment** fees for **acupuncturists** and **homeopaths** that we recognise so long as your **treatment** is covered and your **GP** or **specialist** refers you.

The **trustee** pays **acupuncturists** and **homeopaths** up to the level shown in our schedule of procedures and fees.

You can find our schedule at axapphealthcare.co.uk/fees

Who will be paid for mental health treatment?

The **trustee** will pay for covered **in-patient** or **day-patient** psychiatric **treatment**, including **specialist** fees. If you need to go into hospital for **in-patient** or **day-patient treatment** of a psychiatric 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 psychologists and psychotherapists up to the level shown in our schedule of procedures and fees.

You can find our schedule at axapphealthcare.co.uk

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 about how the **trustee** pays for **treatment**, please also see 'Paying the specialists and practitioners that treat you'

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

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

See next page for more details about these.

What you must 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 PPP healthcare Administration 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** on your Wellbeing Hub

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

If you have **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 **out-patient facility** in full so long as we have an agreement with the provider that covers **out-patient treatment**. The **trustee** will pay these so long as your **treatment** is covered by your membership, and a **specialist** is overseeing it.

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

If we don't have an agreement with that provider, the **trustee** will not pay any of their fees. Please always check with us beforehand to make sure we have an arrangement with them.

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:

- it immediately follows private **treatment** that your **healthcare scheme** provided benefit for
- you or your next of kin have asked for you to have the intensive care **treatment** privately.

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**. Your **GP** will need to refer you for the **treatment**.

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.

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** in our 'fee-approved' category
- a physiotherapist
- an osteopath
- a chiropractor.

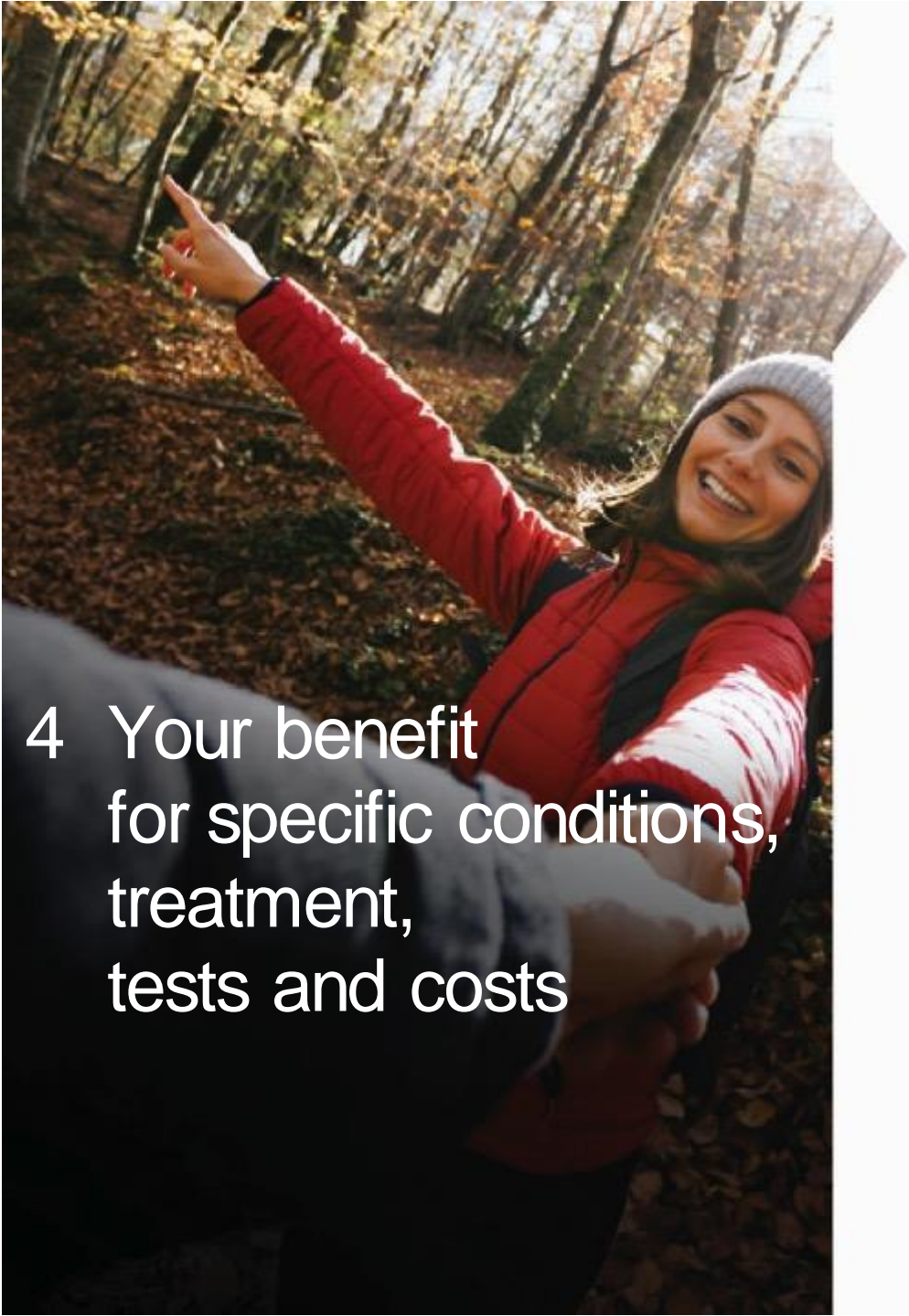
Consultations within 10 days of treatment

The **trustee** will not pay any separate fee that your **specialist** makes for consultations within 10 days of carrying out **surgery**.

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.

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 092 8441 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
- 4.2 > Bariatric Surgery
- 4.3 > Breast reduction
- 4.4 > Chiropody and foot care
- 4.5 > Consequences of previous treatment, medical or surgical intervention or body modification
- 4.6 > Contraception
- 4.7 > Cosmetic surgery
- 4.8 > Criminal activity
- 4.9 > Drugs and dressings
- 4.10 > Evacuation and repatriation
- 4.11 > External prostheses or appliances
- 4.12 > Fat removal
- 4.13 > Gender re-assignment or gender confirmation
- 4.14 > Genetic tests, preventative treatment and screening tests
- 4.15 > GP and primary care services
- 4.16 > Infertility and assisted reproduction
- 4.17 > Kidney dialysis
- 4.18 > Learning and developmental disorders
- 4.19 > Long sightedness, short sightedness and astigmatism
- 4.20 > Mechanical heart pumps (Ventricular Assist Devices (VAD) and artificial hearts)
- 4.21 > Mental Health
- 4.22 > Natural ageing
- 4.23 > Nuclear, biological or chemical contamination and war
- 4.24 > Organ or tissue donation
- 4.25 > Pregnancy and childbirth
- 4.26 > Reconstructive surgery
- 4.27 > Rehabilitation
- 4.28 > Self-inflicted injury and suicide
- 4.29 > Sexual dysfunction
- 4.30 > Social, domestic and other costs unrelated to treatment
- 4.31 > Sports related treatment
- 4.32 > Sterilisation
- 4.33 > Teeth and dental conditions

4.34 > Treatment abroad

4.35 > Treatment that is not medically necessary

4.36 > Varicose Veins

4.37 > Warts

4.38 > Weight loss treatment

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 **cancer** cells.

Experienced and dedicated 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.

Supporting you if you're diagnosed with cancer

Expert support if you choose to have your **treatment** on the NHS.

We have developed extra support services to help you and your family if you are diagnosed with **cancer** and you decide to have your **treatment** on the NHS instead of using this **healthcare scheme** to have private **treatment**. We may be able to help you with everyday concerns, such as transport, childcare or domestic help.

Please call us before your **treatment** begins, so that we can discuss with you what kind of expert support is available.

If you are diagnosed with **cancer** – please call us on 0800 092 8441 so we can explain how we can support you

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 £250 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). Please see the details in your benefits table.

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 chemotherapy	Yes
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 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 that treatment has been shown to be effective See Section 7 - 'Glossary' for how we define surgery See Section 3 - 'Benefit for treatment and surgery' for more about effective treatment	Yes

Preventative	Is benefit provided?
<p>Preventative treatment, such as:</p> <ul style="list-style-type: none"> • screening when you do not have symptom(s) of cancer. For example, if you had a screen that showed 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?
<p>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</p>	<p>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 092 8441 and we can talk you through this.</p>
<p>Drug treatment to kill cancer cells – including:</p> <ul style="list-style-type: none"> • biological therapies, such as Herceptin or Avastin • chemotherapy 	<p>Yes</p> <p>The trustee will pay for these drugs for 1 year or the period of the license, whichever is shorter.</p> <p>The trustee will pay if:</p> <ul style="list-style-type: none"> • they have been licensed by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency, and • they are used according to their license, and • they have been shown to be effective. <p>Because drug licenses change, this means that the drugs the trustee pays for will change from time to time.</p> <p>Please call us once you know your treatment plan.</p>
Clinical drug trials	No.

Drug Therapy	Is benefit provided?
<p>Other Drugs</p> <p>The trustee pays for:</p> <ul style="list-style-type: none"> • Bone-strengthening drugs such as bisphosphonates or Denosumab • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex) 	Yes. There is benefit for a period of three months 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 .
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
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.
Monitoring	Is benefit provided?
Follow ups – cover for follow up consultations and reviews for cancer	Yes, for a period of ten years 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, for a period of ten years 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 covers you while you are having treatment to kill cancer cells	There are some time limits for drug treatments given for prolonged periods as described in the 'Drug therapy' and 'Monitoring' sections of this table.
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 treatment This includes paying reasonable costs to a live donor to donate bone marrow or stem cells. It does not include any related administration costs. For example, the trustee will not pay for transport costs or the cost of finding a donor. See Section 4 - 'Organ and tissue donation' for more details	Yes

4.2 >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 [Weight loss treatment](#)

4.3 >Breast reduction

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

4.4 >Chiropody and foot care

The **trustee** does not pay for any general chiropody or foot care, even if a surgical podiatrist provides it. This includes things like gait analysis and orthotics.

4.5 >Consequences of previous treatment, medical or surgical intervention or body modification

If you had **treatment**, medical or surgical intervention or body modification previously that would not be paid for by your membership, the **trustee** does not pay for further **treatment** or increased **treatment** costs that are:

- a result of the **treatment**, medical or surgical intervention or body modification you had previously, or
- connected with the **treatment**, medical or surgical intervention or body modification you had previously.

4.6 >Contraception

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

4.7 >Cosmetic surgery

The **trustee** does not pay for:

- Cosmetic **treatment** or cosmetic **surgery**.
- **Treatment** that is connected to previous cosmetic **treatment** or cosmetic **surgery**.

See also [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 >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**
- could be prescribed by a **GP** or bought without a prescription
- 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 of this handbook](#)

4.10 >Evacuation and repatriation

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

There is very limited benefit on the **healthcare scheme** for **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 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 see you. If the **appointed doctor** establishes that the hospitals locally are inadequate, or the appropriate **treatment** is not available locally, then they will arrange 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 and repatriation service provide?

The overseas **evacuation and 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 PPP healthcare 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 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 and 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 and 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 and repatriation service for:

- Any failure to provide the overseas **evacuation and 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;
 - i) by law the overseas **evacuation or repatriation service** cannot be provided in the country which it is needed; or
 - ii) 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.

4.11 > External prostheses or appliances

The trustee will pay up to £5,000 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.

The trustee will only pay this benefit once, regardless of how long you remain a member of AXA PPP healthcare.

What is not paid for?

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

The trustee does not pay for the purchase or hire of appliances, such as crutches, joint supports and braces, mechanical walking aids and contact lenses.

How to claim

If you want to claim this benefit you should call us on 0800 092 8441 and we will explain what to do next. Please remember to ask the provider of your **external prosthesis** for full receipts as we cannot pay claims without receipts.

4.12 >Fat removal

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

See also [Weight loss treatment](#)

4.13 >Gender re-assignment or gender confirmation

The **trustee** does not pay for gender re-assignment or gender confirmation **treatment** or anything connected with them in any way, such as:

- gender re-assignment operations or other surgical **treatment**
- psychotherapy or similar services
- any other **treatment**.

4.14 >Genetic tests, 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 genetic tests, preventative treatment and screening

The **trustee** does not pay for:

- preventative treatment
- routine preventative examinations and check-ups
- genetic screening tests to check whether:
 - you have a **medical condition** when you have no symptoms
 - a genetic risk of developing a **medical condition** in the future
 - there is a genetic risk of you passing on a **medical condition**.
- genetic tests to identify a **medical condition** where the result of the test isn't proven to change the course of **treatment**. This might be because the course

of **treatment** for your symptoms will be the same regardless of what **medical condition** has caused them

- any other preventative **treatment** or screening tests to see whether you have a **medical condition** if you do not have any symptoms
- vaccinations.

What the trustee pays for genetic tests

The **trustee** will pay for genetic testing when it is proven to help choose the best course of drug **treatment** for your **medical condition**. This means that it must be recommended in the drug licence for a specific targeted therapy, such as HER2 testing for the use of Herceptin for breast cancer.

Please call us before you have any genetic tests to confirm that the **trustee** will provide 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**.

If you're unsure whether your **treatment** is preventative or not, please call us on 0800 092 8441 before going ahead with the **treatment**.

4.15 >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. This includes any fees for services that a **GP**, dentist or optician could normally carry out.

4.16 >Infertility and assisted reproduction

The **trustee** does not pay for investigation or **treatment** of infertility and assisted reproduction or **treatment** designed to increase fertility. This includes:

- **treatment** to prevent future miscarriage
- investigations into miscarriage
- assisted reproduction
- anything that happens, or any **treatment** you need, as a result of these **treatments** or investigations.

4.17 >Kidney dialysis

The **trustee** pays for kidney dialysis, but only in some situations.

What benefit is there for kidney dialysis?

The **trustee** will pay for kidney dialysis for up to six weeks if you are being prepared for kidney transplant. However, the **trustee** will not pay for regular or long-term kidney dialysis if you have chronic kidney failure.

See also [Organ or tissue donation](#)

4.18 >Learning and developmental disorders

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

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

Some examples of the conditions we do not cover are the following (please call if you would like to know if a condition is covered):

- dyslexia
- dyspraxia
- autistic spectrum disorder
- attention deficit hyperactivity disorder (ADHD)
- speech and language problems, including speech therapy needed because of another **medical condition**.

4.19 >Long sightedness, short sightedness and astigmatism

The **trustee** does not pay for any **treatment** to correct long sightedness, short sightedness or astigmatism.

4.20 >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.

4.21 >Mental health

The **trustee** will pay for your **treatment** for psychiatric illness 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)
- **out-patient treatment** up to £2,000 each **year**.
- **in-patient** and **day-patient treatment** in hospital paid in full, up to 28 days a **year** for **in-patient treatment**.

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

If you need to go into hospital for **in-patient** or **day-patient treatment** of a psychiatric condition, the hospital will contact us to check your benefit before you go in. If your **treatment** is paid for by the **healthcare scheme**, we 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 mental health problems. So if your condition becomes chronic, unfortunately the **trustee** may no longer be able to pay for your **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 details, see [‘How your membership works with conditions that last a long time or come back’](#)

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
- a suicide attempt.

4.22 >Natural ageing

The **trustee** does not pay for **treatment** of symptoms generally associated with the natural process of ageing. This includes **treatment** for the symptoms of puberty and menopause.

4.23 >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 legally constituted government, explosions of war weapons, or any similar event.

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

4.24 >Organ or tissue donation

If you plan to donate an organ or tissue as a live donor, or receive an organ or tissue from a live donor, please call us so that we can tell you what support the **healthcare scheme** offers.

What the trustee does not pay for

The **trustee** does not pay for:

- the cost of collecting donor organs or tissue
- any related administration costs – for example, the cost of searching for a donor
- any costs towards organ or tissue donation that's not done in line with the appropriate regulatory guidelines.

4.25 >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 normal checks or other interventions, such as monitoring and screening, which you will have during pregnancy and birth. However, if you develop a **medical condition** while pregnant or giving birth, the **trustee** may pay for it.

What benefit is there during pregnancy and childbirth?

The **trustee** will pay for the additional costs for **treatment of medical conditions** that arise during 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)
- placenta praevia
- eclampsia (a coma or seizure during pregnancy and following pre eclampsia)
- diabetes
- post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- miscarriage requiring immediate surgical **treatment**.

Because our cover for pregnancy and childbirth is limited, please call us on 0800 092 8441 to check what you are covered for before starting any private **treatment**

4.26 >Reconstructive surgery

We do cover reconstructive **surgery**, but only in certain situations.

What is covered?

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.

In the case of breast cancer the first reconstructive **surgery** means:

- one planned **surgery** to reconstruct the diseased breast
- one further planned **surgery** to the other breast, when it has not been operated on, to improve symmetry
- nipple tattooing, up to 2 sessions.

Please call us on 0800 092 8441 before agreeing to reconstructive **surgery** so we can tell you if you are covered.

What is not paid for?

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

See also [Cosmetic Surgery](#)

4.27 >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 is part of **treatment** that is paid for as part of your membership
- a **specialist** in rehabilitation is overseeing your **treatment**
- you have your **treatment** in a rehabilitation hospital or unit that is included in your **Directory of Hospitals**
- the **treatment** can't be carried out as a **day-patient** or **out-patient**, or in another suitable location

The **trustee** has agreed the costs before you start rehabilitation.

If you need rehabilitation, please call us on 0800 092 8441, 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 cover to up to 180 days of **in-patient** rehabilitation.

4.28 >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.

4.29 >Sexual dysfunction

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

4.30 >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.

4.31 >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
- receive a grant or sponsorship (we don't count travel costs in this); or
- are competing for prize money.

4.32 >Sterilisation

The **trustee** does not pay for:

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

4.33 >Teeth and dental conditions

The **healthcare scheme** does not provide benefit for treating dental problems or any routine dental care. 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 in the jaw (sometimes called enucleation).

4.34 >Treatment abroad

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

The **trustee** will only pay for immediate emergency **in-patient treatment** received while travelling abroad, immediately before or immediately after an evacuation or repatriation we have arranged for you up to the amount shown in your benefits table.

Please see [Evacuation and repatriation](#) for further details

4.35 >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.

4.36 >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**.

>>Please see ['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.

4.37 >Warts

The **trustee** does not pay for **treatment** of skin warts.

4.38 >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

5.2 > Paying income tax on your subscription

5.3 > Leaving your employer

5.4 > Making a complaint

5.5 > Paying your benefit limitation

5.1 >Adding a family member or baby

Whether you can add **family members**, including babies, to your cover 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. Children can stay on the **healthcare scheme** up to the age of 21 or 25 if in full-time education when they will come off the **healthcare scheme** at the renewal date following their birthday.

Babies born after fertility treatment, or following assisted reproduction, or who you have adopted

You can add a baby born after fertility **treatment**, or following assisted reproduction (such as IVF), or who you've adopted, to your membership.

Benefit for **treatment** has a few limits in these situations.

If a baby is born after fertility **treatment**, or following assisted reproduction, or if you have adopted a baby:

- We may ask for more details of the baby's medical history.
- The **trustee** will not pay for any **treatment** in a Special Care Baby Unit or paediatric intensive care.

We count fertility **treatment** as taking any prescription or non-prescription drug or other **treatment** to increase fertility.

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 092 8441.

Or write to:

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

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

5.5 > Paying your benefit limitation

You have a benefit limitation on your membership of £100 per member each **scheme year**. Here is how the benefit limitation works:

The **trustee** will take your benefit limitation off the amount covered by the **healthcare scheme** for the first claim for each person in each membership **scheme year**.

If your claim is for a **treatment** that has a limit the **trustee** will apply the limit before we take the benefit limitation off.

Even if your **treatment** costs less than your benefit limitation, please tell us about it so we can make sure we take this into account if you claim again that **scheme year**.

Your benefit limitation applies per member covered by the **healthcare scheme**.

The **trustee** only takes the £100 benefit limitation off once per member each **scheme year**. So even if you claim several times the **trustee** will only take the benefit limitation off once. It doesn't matter if you claim several times for the same **medical condition** or for several **medical conditions**.

It also applies for each membership **scheme year**. This means that if you incur costs during this membership **scheme year**, the **trustee** will take the benefit limitation off what the **trustee** pays for your claim. If you then incur more costs in the next membership **scheme year**, even if it's for the same condition, the **trustee** will take the benefit limitation off that claim.

If your claim goes over your renewal, the **trustee** will take the benefit limitation off the amount it pays for your claim before renewal, then the **trustee** will take the benefit limitation off the amount paid for your claim after your renewal.

If you have any questions about how your benefit limitation works, please call us on 0800 092 8441.



6.1 > Rights and responsibilities

6.2 > Your personal information

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

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

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 covered costs incurred during a period for which the **healthcare scheme** is available.

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.

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 cover 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 axapphealthcare.co.uk/privacynotice.

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 092 8441 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 covered by 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;
- 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 092 8441 or write to us.

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 someone else or something (i.e. a third party) contributed to or caused the need for your **treatment**, such as a road traffic accident, an injury or potential clinical negligence.

This does not change the benefits you can claim under your **healthcare scheme** (your “Claim”) and also means that you can potentially be repaid for any costs you paid yourself, such as your benefit limitation or if you paid for private treatment that wasn’t covered by your **healthcare scheme**. Where appropriate, we will pay our share of the Claim and recover what we pay from the third party.

Where you bring a claim against a third party (a “Third Party Claim”), you (or your representatives) must:

- include all amounts paid by us for **treatment** relating to your Third Party Claim (our “Outlay”) against the third party;
- include interest on our Outlay at 8% p.a.;
- keep us fully informed on the progress of your Third Party Claim and any action against the third party or any pre-action matters;
- agree any proposed reduction to our Outlay and interest with us prior to settlement. If no such agreement has been sought we retain the right to recover 100% of our Outlay and interest directly from you;
- repay any recovery of our Outlay and interest from the third party directly to us within 21 days of settlement;
- provide us with details of any settlement in full.

In the event you recover our Outlay and interest and do not repay us this recovered amount in full we will be entitled to recover from you what you owe us and your membership to the **healthcare scheme** may be cancelled in accordance with ‘What happens if you break the terms of your healthcare scheme’.

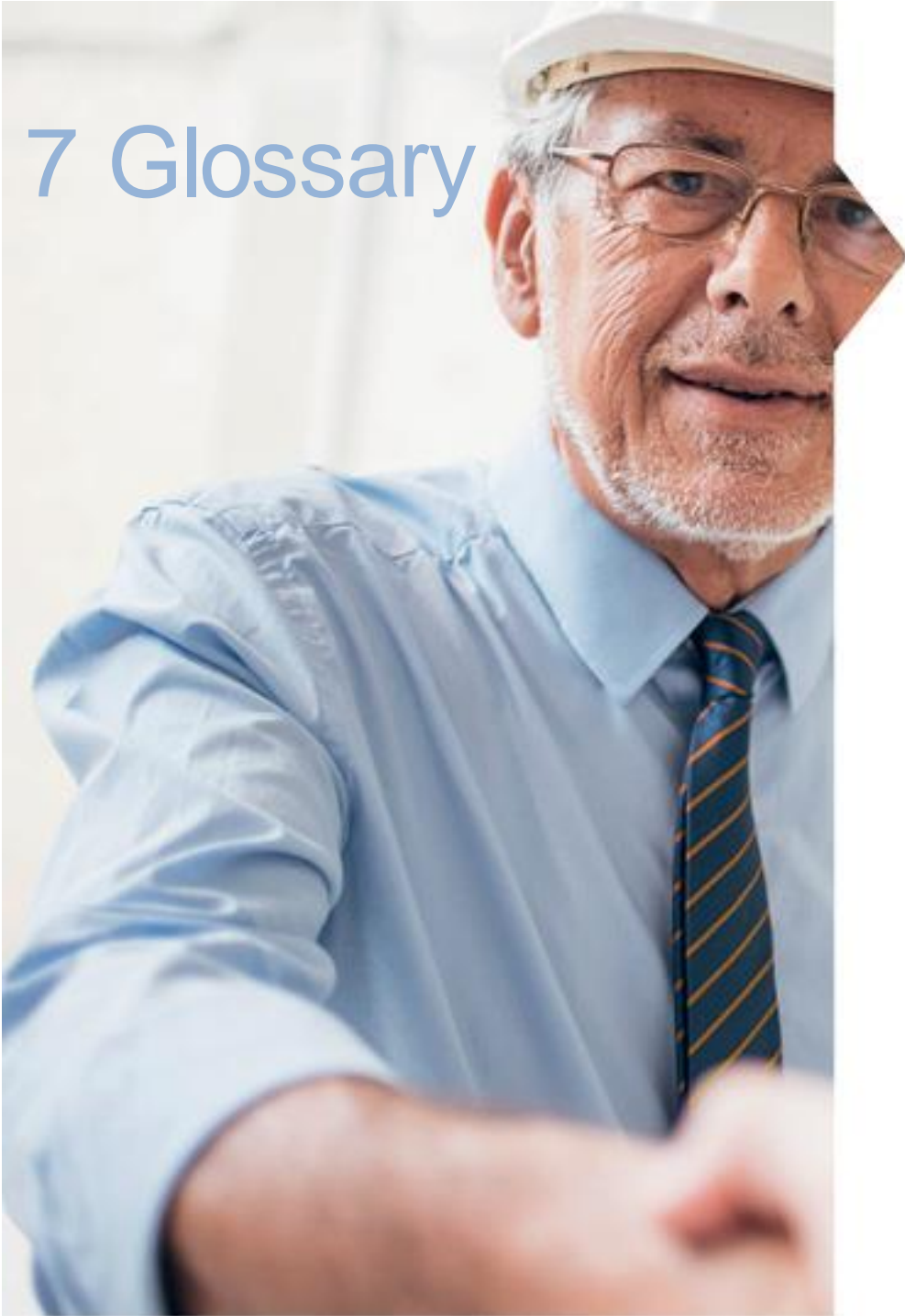
Even if you decide not to make a claim against a third party for the recovery of damages we retain the right (at our own expense) to make a claim in your name

against the third party for our Outlay and interest. You must co-operate with all reasonable requests in this respect.

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 092 8441 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 a member of the British Acupuncture Council (BAC); and who, in all cases, meets our criteria for acupuncturist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as an acupuncturist for benefit purposes in that field for the provision of **out-patient 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.

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 on your Wellbeing Hub

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** from your Wellbeing Hub

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, 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.

Children can stay on the **healthcare scheme** up to the age of 21 or 25 if in full-time education.

Children will come off the **healthcare scheme** at the renewal date following their 21 or 25 if in full-time educationth birthday.

fee-approved specialist – a **specialist** whose fees for covered **treatment** the **trustee** routinely pays in full.

fee-limited specialist – a **specialist** whose fees for covered **treatment** the **trustee** pays up to the amount shown in the schedule of procedures and fees.

The schedule of procedures and fees is on our website:
axapphealthcare.co.uk/fees

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 ComcastNBCUniversal 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.

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

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

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.

non-discretionary trust – the ComcastNBCUniversal 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 or speech therapist that we have recognised. We 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**

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 medical **practitioners** 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 sub trust deed (including the **rules**) making up the **healthcare scheme** as amended from time to time and executed in each case by the **trustee** and the **company**.

trustee – AXA PPP healthcare Administration Services Limited as trustee for the time being of the **healthcare scheme**.

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

Claims and queries

including Working Body and Stronger Minds

0800 092 8441

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.

PB63869/04.18 4NBC and 4NBD 89326 Digital

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Registered Office: 5 Old Broad Street, London EC2N 1AD, United Kingdom.

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