ELEMENTS

J.P. Morgan UK Healthcare Plan Handbook 2017-2018

Bringing together important elements of your reward from J.P. Morgan

J.P.Morgan

Contacting us

While it is important that you read and understand your **plan** handbook, we understand that it is often easier to call us to obtain information – so we have a team of Personal Advisers to help you.

You should always call them when you need **treatment** so we can help you to understand the extent of your benefits before you incur any **treatment** costs.

Quick reference guide for important information

Personal Advisory team **0800 132 594**

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

Expert Help

Direct access to our healthcare experts for you and your family

Health queries and information **0800 003 004**

Expert Help during a claim and beyond

Online panel of experts **axappphealthcare.co.uk**

See page 35.

Working Body **0808 178 0347**

If you experience muscle, bone or joint pain, you can call our Working Body team from 8am-6pm, Monday-Friday to book an assessment with an experienced physiotherapist.

Overseas Emergency Control Centre **+44(0) 1892 513 999**

Available: day or night, 365 days a year.

axappphealthcare.co.uk

Available: day or night, 365 days a year.

For information on member offers, products and travel insurance.

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

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

For example, our team of Personal Advisers can be contacted by Text Relay on 18001 0800 132 594 and 'Health queries and information' can be contacted on 18001 0800 003 004.

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

Contents

1 Introduction 4

2 Your benefits 5

3 Benefits table 7

4 Arranging treatment and making a claim 11
How are my medical bills settled? 12
What happens if I require emergency treatment? 12

5 Benefits available for certain types of treatment 14
Will the plan provide benefit for preventive treatment? 14
Will my plan provide benefit for new or experimental treatments? 16
Childbirth, pregnancy and sexual health 17

6 Recurrent, continuing and long-term treatment 19
Will my plan provide benefit for recurrent, continuing or long-term treatment? 19
Will my plan provide benefit for psychiatric treatment? 21

7 Your benefits for cancer treatment 22

8 Who the trustee pays for treatment and where you can be treated 27
What services under the direction of a fee approved specialist are eligible for benefit? 27
What services under the direction of a fee limited specialist are eligible for benefit? 27
What if an anaesthetist becomes involved in my treatment? 27
Will hospital charges be paid in full? 28
What happens if I choose to have treatment at a hospital or scanning centre which is not in the Directory of Hospitals or a facility that you do not recognise? 28
Where can I receive eligible oral surgical and cataract surgical treatment? 28
What services provided by a recognised therapist are eligible for benefit? 28
What services provided by a recognised practitioner, acupuncturist or homeopath are eligible for benefit? 29

9 Emergency treatment abroad 31

10 Expert Help 35

Please see page 42 for an explanation of words that appear in **bold**

11 Additional information 36
How can I change my family members on my cover? 36
How to continue cover after leaving the plan. 36
I have a benefit limitation on my plan - how does this work? 37
What cover do I have for out-patient and day-patient treatment overseas for business travel? 37

12 Complaint and regulatory information 38
Not happy with our service? 38
What we do with your personal data 38
Legal rights and responsibilities. 39

13 Glossary 42

1 Introduction

What is a healthcare trust?

J.P. Morgan has set up a trust to provide funds to cover private medical **treatment** costs and the **trustees** of that trust (referred to in these **rules** as the **plan**) have asked us to administer the **plan** for them.

What is the purpose of this handbook?

The purpose of this handbook is to let you know how the **plan** works and to assure you that, in administering the **plan**, we will provide you with the very highest standards of service.

This handbook sets out the **rules** that apply to the **plan**. It is an important document as it details:

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

These **rules** are part of the **trust deed** governing the **plan**. 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 prevail.

Throughout this handbook certain words and phrases appear in **bold type** to indicate they have a special medical or legal meaning. You will find a glossary of these words on page 42.

Additionally, when we refer to 'you' or 'your' throughout this document, we mean the **eligible employee** and any **family members** named on the **eligible employee's** membership certificate.

When you see 'we', 'us' or 'our' we are referring to AXA PPP healthcare Administration Services Limited appointed by the **trustee** and acting as administrator on behalf of the **trustee**.

Group No.	89095/89184	(Employees)
	89096	(Retirees)

Enter your membership number.

Please see page 42 for an explanation of words that appear in **bold**

2 Your benefits

The purpose of the plan

2.1 This **plan** is designed to cover you for the diagnosis and/or necessary active **treatment** of a **medical condition**:

- when your general practitioner (GP) or dentist refers you to an appropriate **specialist**;
- when your GP refers you for eligible **diagnostic tests**;
- provided the charges actually incurred are for items listed in your **benefits table** and subject to any limits shown there;
- until the **treatment** becomes long-term;

except when the **treatment** is excluded by the **plan**.

Please remember that this **plan** is not intended to provide benefit for all eventualities and is designed to complement rather than replace all the services provided by the National Health Service (NHS).

2.2 The benefits of the **plan** are set out in the current versions of the **benefits table** (setting out your benefits), which is sent to the **eligible employee** from time to time.

The full terms of the **plan** are set out in the **trust deed** held by your **company**.

2.3 We will consider your **claims** carefully against all the terms, benefits and exclusions set out in this handbook and the **Directory of Hospitals** which should all be read together.

Your **benefits table** on pages 7–10 provides full details of the individual benefits of the **plan** along with any monetary limits applied to those benefits.

Please note:

The **plan** has a benefit limitation of £100. See pages 10 and 37.

Please note:

You can be reassured that the vast majority of **specialists** we recognise are **fee approved specialists** and the **trustee** routinely pay their **eligible treatment** charges in full. The **trustee** also pays **eligible treatment** fees in full with a **therapist** and charges for an **acupuncturist**, **homeopath** or **practitioner** up to the level shown within the schedule of procedures and fees. We support our members in identifying a suitable **treatment** provider, however if you choose to receive **treatment** under the direction of a **fee limited specialist** you may have to make a sizeable contribution to your **treatment** costs. Please see the 'Who the trustee pays for treatment and where you can be treated' section of this handbook for full details.

Your benefits include:

- **in-patient** and **day-patient treatment** and associated **specialists'** charges
- **out-patient surgical procedures**
- **cancer treatment**, including radiotherapy and chemotherapy
- computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) scans
- **out-patient diagnostic tests**, consultations and **therapists'**, **acupuncturists'**, **homeopaths'** and **practitioners'** charges
- **treatment** of psychiatric illness.
- Working Body service.

Please note:

If you are claiming for **treatment** of a musculoskeletal condition a GP referral is not required. With our Working Body service all you need to do is call on 0808 178 0347 to arrange an initial clinical consultation with a physiotherapist. They are able to pre-authorise your **treatment** if needed.

Be aware:

Your **healthcare scheme** will not provide benefit for:	Where can I find more information:
Any dental procedures.	Page 14
Routine pregnancy and childbirth.	Page 17
Ongoing, recurrent or long-term **treatment** (usually referred to as '**chronic conditions**').	Page 19
Charges when **treatment** is received outside of our **Directory of Hospitals**.	Page 28

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

Please see page 42 for an explanation of words that appear in **bold**

3 Benefits table

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

Please make sure you call us prior to **treatment** so we can confirm the extent of your cover and any limitations that may apply.

Healthcare Trust Plan	
Benefits	**Benefit level (amount payable)**
In-patient & day-patient treatment	
1. **Private hospital** and **day-patient unit** charges. Including charges for accommodation, **diagnostic tests**, operating theatre charges, nursing care, drugs and dressings, physiotherapy, and surgical appliances used by the **specialist** during surgery.	Paid in full at a **private hospital** or **day-patient unit** listed in the **Directory of Hospitals**.
For more information on the above please see:	Page 27
2. Out of directory cash benefit. This benefit is payable if you receive private **in-patient** or **day-patient treatment** at a hospital or **day-patient unit** not listed in the **Directory of Hospitals**.	£100 each day for **day-patient treatment**. £100 each night for **in-patient treatment**.
For more information on the above please see:	Page 27
3. **Specialists**' fees (surgeons', anaesthetists'and physicians').	No annual maximum.
For more information on the above please see:	Page 27
4. **In-patient** consultations. Benefit for a consultation with a second **specialist** arranged by the treating **specialist**.	No annual maximum.
For more information on the above please see:	Page 27
5. Parent accommodation. This benefit is for the cost of one parent staying in hospital with a **child** under 16 years old while the **child** is receiving **eligible treatment**. The **child** must be covered by the **plan** and the benefit is paid from the **child's** benefits.	Paid in full.

Healthcare Trust Plan	
Benefits	**Benefit level (amount payable)**
Out-patient treatment	
6. **Surgical procedures.**	No annual maximum.
For more information on the above please see:	Page 27
7. **Specialist** consultations.	No annual maximum.
For more information on the above please see:	Page 27
8. **Diagnostic tests** on GP or **specialist** referral.	No annual maximum.
For more information on the above please see:	Page 27
9. **Practitioner** charges.	No annual maximum. However, the **trustee** will only pay for **therapist**, **acupuncturist** and/or **homeopath treatment** in any combination, up to an overall maximum of 10 sessions of **treatment** a plan **year** under referral by your GP or, for **therapist treatment**, our Working Body team. Further sessions must be referred by a **specialist**.
10. **Therapist**, **acupuncturist** and **homeopath treatment** charges.	
For more information on the above please see:	Page 27
11. **Active treatment of cancer,** including charges for radiotherapy (the use of radiation to treat **cancers**) and chemotherapy (the use of drugs to treat **cancers**). This benefit also includes consultations with your **cancer** treating **specialist** (such as an oncologist, surgeon, radiotherapist or haematologist) and **diagnostic tests** that are ordered by your **cancer** treating **specialist**.	Paid in full.
For more information on the above please see:	Page 22
12. (i) Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) on **specialist** referral.	Paid in full in a **scanning centre** listed in the **Directory of Hospitals**.
(ii) Out of directory scanning cash benefit. This benefit is payable for using a CT, MRI or PET facility not listed as a **scanning centre** in the **Directory of Hospitals**.	£100 each visit.
For more information on the above please see:	Page 28

Please see page 42 for an explanation of words that appear in **bold**

Healthcare Trust Plan	
Benefits	**Benefit level (amount payable)**
Other benefits	
13. Ambulance transport. When you are receiving private **in-patient** or **day-patient treatment** and it is medically necessary to use a road ambulance to transport you between a hospital and another medical facility.	Paid in full.
14. Immediate emergency **in-patient treatment** received while travelling abroad.	Up to £100,000 a **plan year** for emergency **in-patient treatment** received under benefits 1 and 3–5.
15. Overseas **evacuation or repatriation service**. Evacuation and repatriation costs.	Paid in full.
For more information on the above please see:	Page 31
16. Hospital-at-home. This is for **treatment** provided at home or another clinically appropriate setting for the administration of intravenous chemotherapy for the **treatment** of **cancer** or intravenous antibiotics which would otherwise require you to be admitted for **in-patient** or **day-patient treatment**.	Paid in full when **treatment**: • is provided by a **nurse** under the control of a **fee approved specialist**; and • is provided through a healthcare services supplier which we have a contract with for such services; and • has been agreed by us before the **treatment** begins.
17. NHS cash benefits. This benefit is paid for each night you receive free **treatment** under the NHS and only if: (i) you are admitted for **in-patient treatment** before midnight (ii) the **treatment** you receive under the NHS would have been **eligible** for benefit privately under this **plan**. There is no requirement for private **treatment** to have preceded any period in an NHS Intensive Therapy Unit or NHS Intensive Care Unit.	£100 a night up to £5,000 a **plan year**.
For more information on the above please see:	Page 27
18. **Day-patient** and **out-patient** NHS radiotherapy and chemotherapy cash benefit. This benefit is paid for **day-patient** or **out-patient** radiotherapy or chemotherapy you receive free under the NHS for the **treatment** of **cancer** and only if the **treatment** you receive under the NHS would have been **eligible** for benefit privately under this **plan**.	£50 a day up to £5,000 a **plan year**.
For more information on the above please see:	Page 22

Healthcare Trust Plan	
Benefits	**Benefit level (amount payable)**
Other benefits – continued	
19. Additional expenses incurred to support you whilst you are undergoing **active treatment of cancer**. Purchase of wigs: Provision of external prosthesis:	 Up to £150 each **plan year**. Up to £5,000 each **plan year**.
For more information on the above please see:	Page 22
20. Hospice donation. This charitable donation is paid for each night you receive care related to **cancer** in a registered hospice or hospice at home.	£100 each night.
For more information on the above please see:	Page 22
21. Expert Help. Direct access to healthcare experts.	Included.
For more information on the above please see:	Page 35
Benefit limitation (excess)	
Benefit limitation for each person covered by this **plan** in any 12 month period. The benefit limitation is the amount of money you have to pay towards the cost of **eligible treatment** and applies to every person covered by the **plan**. The benefit limitation is applied again in each 12 month period following the date of your first **eligible treatment** costs. Benefit limitation does not apply to the following: • Overseas **evacuation or repatriation service** • NHS cash benefit • **Day-patient** and **out-patient** NHS radiotherapy and chemotherapy cash benefit • Purchase of wigs • Hospice donation. If you make a claim that incurs a benefit limitation, and the total cost of **treatment** falls entirely within your benefit limitation, you must still tell us so that we can apply the benefit limitation to your **plan** correctly.	£100
For more information on the above please see:	Page 37

4 Arranging treatment and making a claim

What do I need to do before I receive treatment?

Simply call us as soon as your GP refers you for private **treatment**. We can then make the necessary checks that the **treatment** is **eligible** before you incur any costs. Where possible, we will assess your claim over the phone, however we may need to ask for more details about your **medical condition**.

Sometimes we will need to contact your GP or **specialist** for more information before we can authorise a claim.

Alternatively, we may send you a form that you need to take to your GP to get completed.

Be aware:

Your GP may make a charge for providing information to us and this charge is not covered by the **plan**.

Fast Track Appointments

We have a team who can help you find a **fee approved specialist**. Our service is available to you if your GP has given you an 'open referral', meaning they do not specify the **specialist's** name.

We can also support you if you would like an alternative to the **specialist** your GP has referred you to. In many cases we can also book your appointment with the **specialist** for you.

Working Body – if you experience muscle, bone or joint pain

When you experience muscle, bone or joint pain, it's important that you get the most appropriate support early.

That's why we've made it easy for you to call our team of expert physiotherapists as soon as you develop a problem, so you can get on the pathway to recovery straightaway.

How do I access the service?

Step one	Call our Working Body team on 0808 178 0347 and make an appointment to speak directly to one of our physiotherapists. They are available Monday to Friday between 8am-6pm.

Step two During the phone call our physiotherapists will listen to your concerns, take you through an initial clinical consultation and then guide you onto the most appropriate **treatment** pathway for you. This could be one of three options:

- Face-to-face **treatment** with one of our approved **therapists**.
- Self-management – we'll provide you with easy to follow guidance on how best to manage your condition.
- **Specialist** referral – if you need to see a **specialist** or need further **treatment** we'll arrange this for you.

Step three If you do need **treatment**, our physiotherapists are also able to pre-authorise this on the same call.
(We may record and/or monitor calls for quality assurance, training and as a record of our conversation)

How are my medical bills settled?

We normally receive accounts for **treatment** directly from **specialists** or hospitals. We can settle **eligible** bills direct with the hospital or **specialist**, subject to any benefit limitation. If you have paid the accounts, then we will reimburse you.

If you receive any accounts from the hospital or practitioner requesting payment please forward them to us at AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

If you need further **treatment** that has not already been authorised, please call us to confirm your cover.

What happens if I require emergency treatment?

Most **private hospitals** are not set up to receive emergency admissions. In an emergency you should call for an NHS ambulance or visit the accident and emergency department at the local NHS hospital. However if you are admitted as an **in-patient** at an NHS hospital, please ask somebody to call us as you may be able to **claim** for the NHS cash benefit shown on the **benefits table**. If you are taken ill while travelling abroad, please follow the procedure described in section 9.

What must I provide when making a claim?

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

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

Please see page 42 for an explanation of words that appear in **bold**

Do I need to provide any other information?

4.2 It may not always be possible to assess the eligibility of your **claim** from the initial information that you have given us. In such situations we may require additional information and it is your responsibility to provide any reasonable additional information to enable us to assess your **claim**, this may include the completion of a **claim** form.

Be aware:

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

4.3 There may be instances where the **trustees** are uncertain about the eligibility of a claim. If this is the case the **trustees**, at their own cost, are entitled to appoint an independent GP or **specialist**, to advise on the medical facts relating to a **claim** or to examine you in connection with the **claim**. The **trustees** exercise the right to do this only very rarely in cases where there is uncertainty as to the nature or extent of the **medical condition** and/or liability under the **plan**. You must co-operate with any **specialist** appointed by the **trustees** or the **trustees** will not pay your **claim**.

What should I do if I have cover on another healthcare trust or insurance policy?

4.4 You must tell us if you can **claim** any of the cost from another healthcare scheme or under an insurance policy. If another healthcare scheme or an insurance policy is involved the **trustees** will only pay their proper share.

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

4.5 You must tell us on the claim form (if applicable) or the patient's declaration and consent form if you can **claim** any of the cost from anyone else. If benefits are claimed for **treatment** to you when the injury or **medical condition** was caused by some other person (the 'third party'), you must use your best endeavours to recover the amount of paid benefit for **treatment** from any third party against whom a **claim** for recovery can be made. You must account to the **trustees** on behalf of the **plan** for any amount so recovered from a third party. The **trustees** shall at their own expense have the right to pursue such third party **claim** in any way considered fit in your name (but at the expense of the **plan**) you must co-operate with all reasonable requests in this respect.

5 Benefits available for certain types of treatment

Will the plan provide benefit for preventive treatment?

No, this **plan** has been designed to provide benefits for necessary and active **treatment** of disease, illness or injury. Therefore, the **trustee** will not pay for preventive **treatment** or for tests to establish whether a **medical condition** is present when there are no apparent symptoms.

Please note:

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

What other treatments are not eligible for benefit?

There are also a number of other **treatments** (listed below) that your **plan** does not provide benefit for. These include **treatments** that may be considered a matter of personal choice (such as cosmetic **treatment**) and other **treatments** that are excluded under the **plan** to keep costs at an affordable level (such as **out-patient** drugs and dressings).

5.1 The **trustee** pays for **eligible:**

(a) **Diagnostic tests** ordered by your GP or a **specialist**.

(b) Oral **surgical procedures** listed below following referral by a dentist:
- reinsertion of your own teeth following a trauma.
- surgical removal of impacted teeth, buried teeth and complicated buried roots.
- enucleation (removal) of cysts of the jaw.

(c) Your first reconstructive surgery to restore function or appearance after a medically documented accident or following surgery for a **medical condition** (see also 5.2(m)). Also covered is the cost of **treatment** for a **medical condition** arising as a result of the first reconstructive surgery, or the original accident or surgery, providing the cost of **treatment** is agreed by us, in writing, before it takes place.

5.2 The **trustee** does not pay for:

(a) **Diagnostic tests** ordered by anyone other than your GP or a **specialist**.

(b) Any separate charge made by a **specialist** for consultations within 10 days after they have performed the **surgical procedure**.

(c) Any dental procedures, including referrals to dental specialists such as periodontists, endodontists, prosthodontists or orthodontists.

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

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

Please see page 42 for an explanation of words that appear in **bold**

5.2 *continued*

(f) Any costs incurred as a consequence of **treatment** that is not eligible under your **plan** including increase **treatment** costs.
(g) Any **treatment** of warts of the skin.
(h) Vaccinations, routine preventive examinations or preventive screening.
(i) Preventive **treatment**.
(j) Drugs or dressings that are not taken or administered while you are an **in-patient**, **day-patient** or **out-patient**. By this, we mean any take home drugs, dressings or prescriptions you are given following **in-patient**, **day-patient** or **out-patient treatment** and drugs that could be prescribed by a GP or bought without a prescription.
(k) The costs of providing or fitting any external prosthesis or appliance.
(l) Charges for general chiropody or foot care (including but not limited to gait analysis and the provision of orthotics), even if this is carried out by a surgical podiatrist.
(m) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment** (except as shown in 5.1(c)).
(n) Costs incurred for, or related to, any kind of bariatric surgery, regardless of the reason the surgery is needed. This includes but is not limited to the fitting of a gastric band or creation of a gastric sleeve.
(o) The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons (including but not limited to breast reduction).
(p) Any **treatment** of refractive errors.
(q) Any **treatment** to correct long or short-sightedness.
(r) **Treatment** relating to learning disorders, speech delay, educational problems, behavioural problems, physical development or psychological development, including assessment or grading of such problems. This includes, but is not limited to, problems such as dyslexia, dyspraxia, autistic spectrum disorder, attention deficit hyperactivity disorder (ADHD) and speech and language problems, including speech therapy needed because of another **medical condition**.
(s) Any charges which you incur for social or domestic reasons (such as travel or home help costs) or for reasons which are not directly connected with **treatment**.
(t) Any charges for primary care services, such as any services that would typically be carried out by a GP or dentist.
(u) Any **treatment** costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursem ent, including grants or sponsorship (unless you receive travel costs only or are being sponsored by J.P. Morgan).
(v) Any **treatment** costs incurred as a result of your active involvement in criminal activity.
(w) Any **treatment** needed as a result of nuclear contamination, biological contamination or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed.
Please note, for clarity: Benefit available for **treatment** required as a result of a **terrorist act** providing that **terrorist act** does not result in nuclear, biological or chemical contamination.

Will my plan provide benefit for new or experimental treatments?

Your **plan** only provides benefit for established medical **treatments**.

Be aware:

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

5.3 The **trustee** pays for **eligible:**

(a) **Surgical procedures** listed in a technical document, called the schedule of procedures and fees, which we make available to **specialists** and which lists the **surgical procedures** the **trustee** will pay benefits for. The **trustee** will pay for **treatment** not listed if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body and the **trustee** has agreed with the **specialist** and the hospital what the fees will be. If you would like a copy of the schedule of procedures and fees please refer to the AXA PPP healthcare website: axappphealthcare.co.uk

(b) Reasonable costs incurred for a live donor to donate an organ or tissue. 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 your Personal Advisory team so we can tell you what support we can offer (see also 5.4(c)).

5.4 The **trustee** does not pay for:

(a) The use of a drug which has not been established as being effective or which is experimental. This means they must be licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and be used within the terms of that licence.

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

(c) The cost of collecting donor organs or tissue or for any related administration costs (for example, the cost of a donor search) or for any costs towards organ or tissue donation which is not done in line with appropriate regulatory guidelines.

Please see page 42 for an explanation of words that appear in **bold**

Childbirth, pregnancy and sexual health

Your **plan** is designed to provide benefit for necessary and active **treatment** of a **medical condition** (which we define as a disease, illness or injury). This means for pregnancy and childbirth that the **trustees** will only pay for **eligible** additional **treatment*** made necessary by a **medical condition** that is experienced during that pregnancy and/or childbirth. The **plan** is not intended to provide benefit for preventive **treatment**, monitoring or screening. The **trustee** does not pay for the normal interventions required during pregnancy or childbirth as they are not **treatments** of a **medical condition**.

*Additional **treatment** – costs incurred that are not associated with the normal interventions of pregnancy and childbirth or routine monitoring and screening. For example, if additional scans are required due to a **medical condition** then only the additional scans would be **eligible** for benefit.

Be aware:

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

5.5 The **trustee** pays for **eligible:**

(a) Additional costs incurred for the **treatment** of **medical conditions** when they occur during that pregnancy or childbirth. As an illustration the **trustee** would consider **treatment** of the following:

- ectopic pregnancy (where the foetus is growing outside the womb)
- hydatidiform mole (abnormal cell growth in the womb)
- retained placenta (afterbirth retained in the womb)
- placenta praevia
- eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
- breech delivery
- symphysis pubic – physiotherapy would be considered for benefit for this condition
- diabetes
- post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- miscarriage requiring immediate surgical **treatment**.

(b) Initial investigations into the causes of infertility and miscarriage and the associated **surgical procedures** needed for the **treatment** of **medical conditions** found during these investigations, for example ovarian cysts, endometriosis or varicoceles, whether or not the aim of this **treatment** is to aid fertility.

Please note:

There is no cover for ongoing monitoring once any **medical conditions** found during the investigations have been treated.

5.6 The **trustee** does not pay for:

(a) Any costs related to pregnancy or childbirth except the additional costs incurred for **eligible treatment** of a **medical condition**.

(b) **Treatment** of infertility, investigations into miscarriage, or **treatment** designed to increase fertility (including **treatment** to prevent future miscarriage) (except as allowed in (5.5b)), or assisted reproduction or any consequence of any of the above or of any **treatment** for them.

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

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

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

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

Please see page 42 for an explanation of words that appear in **bold**

6 Recurrent, continuing and long-term treatment

Will my plan provide benefit for recurrent, continuing or long-term treatment?

The **trustee** provides benefit for **treatment** of **medical conditions** that respond quickly to **treatment** – defined in the glossary as **acute conditions**. This **plan** is not intended to provide benefit against the costs of recurrent, continuing or long-term **treatment** of **chronic conditions**. **Chronic condition** is defined in the glossary on page 42 as:

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

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

Please note:

The **trustee** will provide benefit for you for the following phases of **treatment** for a **chronic condition**:

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

What happens if I require recurrent or long-term treatment?

In the unfortunate event that the **treatment** you are receiving becomes recurrent, continuing or long-term, the costs for **treatment** of that **chronic condition** (including long-term monitoring, consultations, check-ups and examinations) will not be covered under your **plan**. We will advise you if this is the case.

However, if you undergo one of the following **surgical procedures** on your heart the **trustee** will continue to pay for your long-term monitoring, consultations, check-ups, scans and examinations for the **surgical procedure**. The **trustee** will continue to pay for these as long as you are a member of the **healthcare scheme** administered by AXA PPP healthcare Administration Services subject to the rules and benefits of the **healthcare scheme** at the time:

- Coronary artery bypass
- Cardiac valve surgery
- The implantation of a cardiac device, such as a defibrillator or pacemaker
- Coronary angioplasty.

Please note:

The **trustee** will not pay for the routine checks that could typically be carried out by your GP, such as anticoagulation, lipid monitoring or blood pressure monitoring.

If you are diagnosed with a heart condition you can be referred to one of our specialist nurses for heart patients. They will be able to give you information on the **treatment** options open to you and support you through your **treatment**.

There are certain conditions that are likely to require ongoing **treatment** – such as Crohn's disease (inflammatory bowel disease) and long-term depressive illness – which require management of recurrent episodes where the condition's symptoms deteriorate. Because of the ongoing nature of these conditions we will write to tell you when the benefit for that condition will stop.

Where can I find out more about benefit for chronic conditions?

We publish a leaflet which explains how we deal with payment for **treatment** of **chronic conditions**. This is available on our website: axappphealthcare.co.uk and can also be obtained from us. You will also find further explanation of how the **trustee** deals with payment for **cancer treatments** on page 22.

6.1 The **trustee** pays for **eligible:**

(a) **Treatment** of an **acute condition** and the short-term **in-patient treatment** intended to stabilise and bring under control a **chronic condition**.

(b) Kidney dialysis for up to six weeks during preparation for kidney transplant.

(c) Long term monitoring, consultations, check-ups, scans and examinations following **surgical treatments** for heart conditions:
- Coronary artery bypass
- Cardiac valve surgery
- The implantation of a cardiac device, such as a defibrillator or pacemaker
- coronary angioplasty

(d) **In-patient** rehabilitation of up to 28 days when it is part of **treatment**; and
- it is carried out by a **specialist** in rehabilitation
- it is carried out in a recognised rehabilitation hospital or unit which is either listed in the **Directory of Hospitals** or which we have written to confirming it is recognised by us
- it could not be carried out on a **day-patient** or **out-patient** basis or in another appropriate setting
- the costs have been agreed by the **trustee** before the rehabilitation begins.

The **trustee** will pay benefit for extended **in-patient** rehabilitation to a maximum of 180 days in cases of severe central nervous system damage caused by an external trauma.

6.2 The **trustee** does not pay for:

(a) Ongoing, recurrent or long-term **treatment** of any **chronic condition**.
(b) The monitoring of a **medical condition**.
(c) Any **treatment** which only offers temporary relief of symptoms rather than dealing with the underlying **medical condition**.
(d) Routine follow-up consultations, except as allowed in 6.1(d) above.
(e) Regular or long-term kidney dialysis in the case of chronic kidney failure.

Will my plan provide benefit for psychiatric treatment?

The **trustee** provides for the **treatment** of psychiatric illness, subject to all other benefit limitations and exclusions on your **plan**.

Should you require **in-patient treatment** or **day-patient treatment** of a psychiatric condition, the hospital will contact us prior to your admission to check whether your **plan** will provide benefit for that **treatment**. If we are able to confirm benefit we will agree with the hospital to pay for an initial period of hospitalisation.

Should you need to stay in hospital longer than was initially agreed, then we will ask the **specialist** to provide further details to enable us to assess why further **treatment** is necessary. Any benefit for **treatment** of psychiatric illness will be subject to the **rules** on **chronic conditions**.

Please note:

The benefit for **in-patient treatment** of psychiatric illness is limited to 28 days each **plan year**.

6.3 The **trustee** pays for **eligible:**

(a) **In-patient** or **day-patient treatment** of psychiatric illness. We have an agreement with psychiatric hospitals regarding **in-patient treatment** of psychiatric illness under which the hospital will contact us direct to confirm whether cover is available.
(b) **Out-patient treatment** of psychiatric illness, subject to any **out-patient treatment** limits as shown in the **benefits table**.

6.4 The **trustee** does not pay for:

(a) **Treatment** which arises from or is directly or indirectly caused by a deliberately or self-inflicted injury or an attempt at suicide (see also 5.2(e)).

7 Your benefits for cancer treatment

Will my healthcare scheme provide benefit for cancer treatment?

Your **plan** provides benefit for the investigation and **active treatment of cancer**. This includes surgery, radiotherapy or chemotherapy, alone or in combination.

The **trustee** does not provide benefit for the long term management of **cancer** other than shown below and there is no benefit for **treatment** given solely to relieve symptoms. Your **plan** also provides benefit for **treatment** given for the relief of pain or other symptoms.

NHS or private?

Whilst you have benefit for **eligible active treatment of cancer** on this **plan** you may decide that you want to receive **treatment** on the NHS. If you are diagnosed with **cancer** you will be referred to one of our specialist nurses in out Healthcare Solutions team. They will be able to give you information on the **treatment** options open to you and support you through your **treatment**.

If you receive your **treatment** as an NHS patient you will be able to claim the NHS cash benefits shown in the **benefits table**, when you receive **eligible day-patient** or **out-patient** radiotherapy or chemotherapy or **eligible in-patient treatment**.

The **plan** also provides benefit for the purchase of wigs and the provision of external prostheses while you are undergoing **active treatment of cancer**. This benefit is available regardless of whether you are having your **cancer treatment** on the NHS or as a private patient.

The following table is a summary of the benefit provided for **cancer** under this **plan** and should be read alongside the rest of the handbook, including the **benefits table**.

Summary of Cancer benefit for Large Corporate Trust	
	Treatment
✓	**Active treatment of cancer** at a **private hospital**, **day-patient unit** or **scanning centre** listed in our **Directory of Hospitals**.
×	Charges made for the **treatment** of **cancer** at a **private hospital**, **day-patient** unit or **scanning centre** not listed in the **Directory of Hospitals**.
✓	Intravenous chemotherapy received at home in the circumstances shown in the **benefits table**.
✓	There is a charitable donation payable for each night spent in a hospice or for each night you are receiving hospice at home.

Please see page 42 for an explanation of words that appear in **bold**

Summary of Cancer benefit for Large Corporate Trust (continued)	
	Diagnostic
✓	Consultations with your **cancer** treating **specialist** (such as an oncologist, surgeon, radiotherapist or haematologist) and **diagnostic tests** or procedures ordered by your **cancer** treating **specialist**, including CT, MRI and PET scans, and **surgical procedures**.
✓	Benefit for genetic testing proven to help the selection of appropriate chemotherapy.
×	If you are not having **treatment** for **cancer**, genetic screening which aims to establish a genetic predisposition to certain forms of **cancer** will not be available for benefit as this would be considered preventative.
✓	If you are receiving **treatment** for **cancer**, have a strong, direct family history of **cancer** and your **cancer** treating **specialist** advises that you need to receive a genetically-based test to evaluate future risk of developing further **cancers**, the **trustee** may pay benefit for this test. Please contact your Personal Advisory team for further information as costs will need to be agreed, in writing, before any **treatment** takes place.
	Surgery
✓	**Surgical procedures** for the **treatment** or diagnosis of **cancer**, as shown in the 'Benefits available for certain types of treatment' section when that **treatment** has been established as being effective.
✓	If you would benefit from a new or experimental surgical procedure please contact us. We will discuss your proposed surgical procedure with you and agree the level of benefit the **trustees** will pay in writing before your **treatment** starts. Please note that the **trustees** will only pay up to the equivalent non-experimental **surgical procedure** as listed in the schedule of procedures and fees. **Be aware:** There is no benefit available for complications that arise as a result of authorised experimental and unproven surgical procedures.

Summary of Cancer benefit for Large Corporate Trust (continued)	
	Preventative
×	There is no benefit available for preventative **treatment**, for example: • Screening undertaken as a preventative measure where there are no symptoms of **cancer**. However, if you are receiving **treatment** for **cancer**, have a strong, direct family history of **cancer** and your **cancer** treating **specialist** has advised that you receive a genetically-based test to evaluate the risk of developing further **cancers**, the **trustee** may provide benefit for this test as well as the recommended prophylactic surgery when it is recommended by your **cancer** treating **specialist**. Please contact your Personal Advisory team as full clinical details will be needed before both benefit is agreed in writing and **treatment** takes place. • Vaccines to prevent the development or recurrence of **cancer**, for example vaccinations for the prevention of cervical **cancer**.
	Drug therapy
✓	Drug **treatment** of **cancer** (such as chemotherapy drugs, hormone therapies and biological therapies) where the drug has been licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and is used within the terms of that licence.
✓	There are some drug **treatments** for **cancer** that are typically given for prolonged periods of time. Such prolonged **treatment** normally falls outside benefit. However in the case of **treatment** of **cancer** the **trustees** make an exception (subject to the limits detailed below) for chemotherapy drugs and biological therapies such as trastuzumab (Herceptin) and bevacizumab (Avastin). These drug **treatments** will be **eligible** for benefit when they are used within the terms of their licence, and up to the period of the drug licence. **Please note:** Changes in drug licensing mean that **cancer** drug **treatments** included under this **plan** will change from time to time. For further information on licensed **cancer treatment** please contact our team of Personal Advisers.
✓	Experimental drug **treatments** for **cancer** will be **eligible** for benefit when you are a participant in a randomised clinical trial which has been approved by the appropriate ethics committee, and the costs are agreed by us in writing before **treatment** commences.
✓	Benefit for chemotherapy and/or biological drug **treatment** given to prevent a recurrence of **cancer** or for maintenance of remission.

Please see page 42 for an explanation of words that appear in **bold**

Summary of Cancer benefit for Large Corporate Trust (continued)	
Drug therapy - *continued*	
✓	Benefit for bisphosphonates used to prevent bone damage in **cancer** will be **eligible** for benefit when they are administered alongside **eligible** chemotherapy for **cancer**. In addition there is benefit available for the cost of injectable hormone **treatments** used to manage your **cancer** whilst you are undergoing eligible chemotherapy for **cancer**. There are also some drug **treatments** given to treat conditions secondary to **cancer**, such as erythropoietin (EPO), which will be **eligible** for benefit whilst you are undergoing **eligible** chemotherapy for **cancer**.
✓	**Out-patient** chemotherapy authorised by our clinical team, for example intravenous chemotherapy received at home in the circumstances shown in the **benefits table**.
×	**Out-patient** drugs and/or drugs prescribed by your GP. This includes any take home drugs or prescriptions you are given following **in-patient**, **day-patient** or **out-patient treatment**. For example, hormone therapy tablets (such as Tamoxifen) are **out-patient** drugs and therefore benefit is not included.
Radiotherapy	
✓	Radiotherapy, including when used to relieve pain.
Palliative	
✓	**Active treatment of cancer** needed regardless of whether the intention of this **treatment** is to cure.
✓	Secondary **surgical procedures** needed to relieve symptoms as a direct result of **cancer**, such as the insertion of a stent or draining of fluid.
End of life care	
✓	The **trustee** will make a charitable donation if you are being cared for in the end stages of life at a hospice or if you are receiving hospice at home.
Monitoring	
✓	Follow up consultations and reviews of **cancer** will be **eligible** for benefit as long as you are a member of an AXA PPP healthcare private medical insurance policy or healthcare plan with an appropriate **cancer** benefit. Benefit will be subject to the terms and conditions of that policy or healthcare plan at the time. **Please note:** The **trustee** will not pay for routine checks that could typically be carried out by your GP.

Summary of Cancer benefit for Large Corporate Trust (continued)	
Limits	
Your **plan** has some time limits for drug treatments given for prolonged periods of time, as described in the 'Drug therapy' section of this table and for follow up consultations and reviews, as described in the 'Monitoring' section of this table.	
There are no monetary limits that apply to your **eligible treatment** of **cancer**.	
Other benefits	
✓	Stem cell **treatment** and bone marrow **treatment**, including the reasonable costs incurred for a live donor to donate bone marrow or stem cells as shown in the 'Benefits available for certain types of treatment' section.
×	There is no benefit available for related administration costs (such as, but not limited to, transport costs and the cost of a donor search).

Please see page 42 for an explanation of words that appear in **bold**

8 Who the trustee pays for treatment and where you can be treated

You need to call us before receiving any **treatment**. This will allow us to review our records and check or identify someone to treat you who is **eligible** for benefit, and to confirm to you that the place where **treatment** is being carried out is also covered. Your GP may have made an 'open referral' by stating what **treatment** is necessary and the type of **specialist** you require that **treatment** from, but not specifying the **specialist's** name. If this is the case we can support you in identifying a suitable **specialist**, and in many cases we can also book your appointment with the **specialist** for you.

What services under the direction of a fee approved specialist are eligible for benefit?

The **trustee** will pay **eligible treatment charges** made by a **fee approved specialist** for consultations, **diagnostic tests**, **treatment** in hospital and **surgical procedures** when you are referred for **specialist treatment** in that medical speciality by your GP or dentist.

You can be reassured that the vast majority of **specialists** we recognise are **fee approved specialists**, so please contact us before receiving any **treatment** and we will help identify a **fee approved specialist** to treat you.

What services under the direction of a fee limited specialist are eligible for benefit?

If you have **eligible treatment** with a **fee limited specialist** the **trustee** will only pay up to the amount shown within the schedule of procedures and fees towards their personal charges. This is available on our website: axappphealthcare.co.uk or by contacting our Personal Advisory team. If you receive **treatment** with a **fee limited specialist** you are likely to need to make a contribution to the fees charged by that **specialist**.

Be aware:

There are some medical providers who we do not recognise at all. If you receive **treatment** from one of these medical providers the **trustee** will not pay those fees or any other fees for **treatment** costs under the direction of that provider.

What if an anaesthetist becomes involved in my treatment?

Before receiving surgical **treatment** it is advisable to establish which anaesthetist your **specialist** intends to use. This will mean we can tell you if that anaesthetist is a **fee approved specialist**. However, if you don't know when you call us which anaesthetist your **specialist** intends to use we will make every effort to notify you whether they commonly work with an anaesthetist who the **trustee** does not pay in full. If you choose to receive **treatment** with an anaesthetist who is a **fee limited specialist**, the **trustee** will pay up to the amount shown within the schedule of procedures and fees towards the charges for their services.

Will hospital charges be paid in full?

When you receive **eligible treatment** under the direction of a **specialist** at a hospital or **day-patient unit** in the **Directory of Hospitals** the **trustee** will pay the charges from that facility in full. The **plan** includes cover for computerised tomography (CT), magnetic resonance imaging (MRI) scans and positron emission tomography (PET). If you require CT, MRI or PET under the direction of a **specialist** and use a **scanning centre** listed in the **Directory of Hospitals** the **trustee** will pay the charges from that facility in full for **eligible treatment**.

If you receive **out-patient treatment** under the direction of a **specialist**, the **trustee** will pay **eligible treatment** charges in full when they are made directly by a provider we have an agreement with for the use of their facilities on an **out-patient treatment** basis (which may include charges for the use of drugs).

The **Directory of Hospitals** is available on our website: axappphealthcare.co.uk or by contacting our Personal Advisory team.

What happens if I choose to have treatment at a hospital or scanning centre which is not in the Directory of Hospitals or a facility that you do not recognise?

If you have **in-patient** or **day-patient treatment** in any **private hospital** which we do not list in the **Directory of Hospitals** or you use a **scanning centre** that is not listed in the **Directory of Hospitals**, then the **trustee** will pay you only a small cash benefit shown in the **benefits table**. You will be entirely responsible for paying the hospital bills.

If you have **eligible in-patient treatment** as a National Health Service (NHS) patient incurring no charges at all, then the **trustee** will pay any NHS cash benefit shown in the **benefits table**.

Where can I receive eligible oral surgical and cataract surgical treatment?

The **trustee** will pay for those oral surgical procedures detailed in 5.1(b) when your dentist refers you directly to a **facility** with which we have an agreement to provide a range of oral **surgical procedures**.

If you require a cataract **surgical procedure** the **trustee** will pay for **eligible treatment** when your GP refers you directly to a **facility** with which we have an agreement to provide cataract **surgical procedures**.

What services provided by a recognised therapist are eligible for benefit?

The **trustee** will pay for **eligible treatment** with a **therapist** when you are referred for that type of **treatment** by your GP, a **specialist** or our Working Body team.

We recognise a large number of **therapists** (physiotherapists, chiropractors and osteopaths) in the **UK**. We have identified which **therapists** the **trustee** will pay **eligible treatment** fees in full for when you are under the direction of a **specialist**. Please contact us before receiving any **treatment** and we will help identify a **therapist** we recognise or contact our Working Body team.

Please see page 42 for an explanation of words that appear in **bold**

If you choose to receive **treatment** from a **therapist** who we do not recognise then there will be no benefit for the cost of their charges.

The **trustee** will pay up to an overall maximum of 10 sessions of **treatment** in each **plan year** with a **therapist**, as detailed in the **benefits table**.

If you require more than the overall maximum, such **treatment** must be under the direction of a **specialist** or our Working Body team. The **specialist** or our Working Body team will then be able to establish whether the **treatment** you are receiving is the most appropriate form of **treatment** for your particular **medical condition**.

What services provided by a recognised practitioner, acupuncturist or homeopath are eligible for benefit?

The **trustee** will pay **eligible treatment** fees in full when an **acupuncturist**, **homeopath** or **practitioner** charges up to the level shown within the schedule of procedures and fees when you are under the direction of a **specialist** and additionally for **acupuncturist** or **homeopath treatment** under the referral of your GP. The schedule of procedures and fees is available on our website: axappphealthcare.co.uk or by contacting our Personal Advisory team.

The **trustee** will pay up to an overall maximum of 10 sessions of **treatment** in each **plan year** with an **acupuncturist** or **homeopath** as detailed in the **benefits table**.

If you require more than the overall maximum, such **treatment** must be under the direction of a **specialist**. The **specialist** will then be able to establish whether the **treatment** you are receiving is the most appropriate form of **treatment** for your particular **medical condition**.

8.1 The **trustee** pays for **eligible:**

(a) Charges made by, or incurred in, a **private hospital** or any NHS hospital for ITU (Intensive Therapy Unit, sometimes called Intensive Care Unit) **treatment** only when ITU **treatment** immediately follows **eligible** private **treatment** and you or your next of kin have asked for the ITU **treatment** to be received privately.

(b) NHS cash benefit, as shown on the **benefits table**, for each night you receive free **treatment** in an NHS Intensive Therapy Unit or NHS Intensive Care Unit.

(c) **Eligible diagnostic tests**, such as but not limited to x-rays, blood tests and ultrasound scans, when you are referred by your GP.

8.2 The **trustee** does not pay for:

(a) Charges made by a **specialist**, **therapist**, **acupuncturist** or **homeopath** when you have been referred by a member of your family, or if that **specialist**, **therapist**, **acupuncturist** or **homeopath** is a member of your family.

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

8.2 *continued*

(c) **Diagnostic tests**, such as but not limited to computerised tomography (CT), magnetic resonance imaging (MRI) scans and positron emission tomography (PET) when referred by your GP.

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

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

(f) Any charges made by, or incurred in an NHS hospital for ITU **treatment**, except as allowed for by 8.1(a).

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

Please see page 42 for an explanation of words that appear in **bold**

9 Emergency treatment abroad

What overseas benefits do I have on my plan?

Your **plan** has been designed primarily to provide benefit for medical **treatment** received within the **United Kingdom**. However should you be taken ill abroad and require immediate emergency **in-patient treatment** there is some medical benefit available, subject to the **plan** terms and conditions for **treatment** received in the **United Kingdom**.

However this **plan** does not provide comprehensive travel cover and you should take out full travel insurance when travelling abroad and where possible contact your travel insurer in the first instance.

Can I stay on my plan if I go to live abroad?

You will need to change your benefit to an international **policy** if you go to live abroad or if you stay or intend to stay outside the **United Kingdom** for a total of more than six months in a **plan year**.

Please call us as soon as you know you are going abroad.

What should I do if I require treatment abroad?

Simply call the emergency control centre on +44(0) 1892 513 999 to alert the International Assistance **company** who will help you on our behalf. The emergency control centre 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 to arrange **treatment** locally or, if you have already commenced **treatment**, will ensure that existing arrangements are satisfactory. Please note, however, that any costs incurred for **treatment** would not be **eligible** for benefit unless you require emergency **in-patient treatment**.

Can I be repatriated to the United Kingdom?

There may be reasons why you would prefer to return home for **treatment** which does not involve an emergency admission. In this case you will be covered by the benefits of this **plan** on return to the **United Kingdom** and can claim in the usual way.

The cost of returning home in these circumstances will be your responsibility.

However should you be injured or become ill suddenly and need immediate emergency **in-patient treatment** then the **evacuation or repatriation service** will become available to you. The exclusions in other parts of this document do not apply to the **evacuation or repatriation service** but will apply to **treatment** in the **United Kingdom**. If you need the **evacuation or repatriation service** you must contact the emergency control centre so that immediate help or advice can be given over the phone. Arrangements may then be made for an **appointed**

doctor to see you and to move you or bring you back to the **United Kingdom** if necessary. If an **appointed doctor** thinks it is necessary then the **evacuation or repatriation service** will be carried out under medical supervision.

The **rules** relating to the **evacuation or repatriation service** can be found under 9.3 and 9.4.

9.1 The **trustee** pays for **eligible:**

(a) Immediate emergency **in-patient treatment** received while travelling abroad. If you receive **treatment** abroad then the **trustee** will pay benefits in pounds sterling. This means we will need to convert the expenditure into sterling and will use the exchange rate published in the Financial Times Guide to World Currencies current when assessing the **claim**.
Please note: We cannot settle the bill direct for **treatment** received abroad.

9.2 The **trustee** does not pay for:

(a) Any **treatment** received abroad that does not require immediate emergency **in-patient treatment**.

(b) Any **treatment** received abroad which would not have been **eligible** for benefit had it been carried out within the **United Kingdom**.

(c) Claims on this **plan** if you live outside the **United Kingdom** or if you have travelled outside the **United Kingdom** 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).

Specific terms relating to the overseas evacuation or repatriation service

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

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

(b) Cover for 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.

(c) Cover for reasonable additional travelling and accommodation costs, incurred in returning to the **United Kingdom** any **family members** covered by the **plan** who are accompanying you on the overseas journey.

(d) Bringing your body back to a port or airport in the **United Kingdom** if you die abroad, except in if you die in the circumstances shown in 9.4(b).

Please see page 42 for an explanation of words that appear in **bold**

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

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

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

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

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

(e) **Treatment** of injuries sustained from base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

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

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

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

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

(j) Any costs incurred as a result of nuclear contamination, biological contamination or chemical contamination, war (whether declared or not), act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed.

(k) Any costs incurred when you are on a leisure trip and you are travelling to a country or area that the UK Foreign and Commonwealth Office lists as a place which they either advise against
- all travel to; or
- all travel on holiday or non essential business.

9.5 Neither the **trustee** nor we will be liable for:

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

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

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

Please see page 42 for an explanation of words that appear in **bold**

10 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.

Call with your health queries any time – just ask

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

You can speak to them whenever you want to – day or night.

Health at Hand
0800 003 004

24 hours a day,
365 days a year

The experts

- Nurses
- Counsellors
- Midwives*
- Pharmacists*

Health information you can trust

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 us your question through the Ask the Expert online panel and the appropriate medical professional will respond.

Visit our website
axapphealthcare.co.uk

The experts

- Extensive panel including but not limited to doctors, psychologists, physiotherapists and dieticians.

Support from our dedicated nurses

If you are diagnosed with a serious illness such as cancer or a heart condition, we'll put you in touch with your own dedicated nurse. They will be support to you and your family, from diagnosis and throughout your illness and treatment.

Our dedicated nurses are available whenever you need to talk – 24 hours a day. It can make a big difference.

Our Personal Advisers will put you in touch with a dedicated nurse on diagnosis.

24 hours a day
365 days a year

The experts

- Dedicated nurses

*Health at Hand midwife and pharmacists services available 8am to 8pm Monday to Friday, 8am to 4pm Saturdays and 8am to 12pm on Sundays.

11 Additional information

How can I change my family members on my cover?

You can include other **family members** in the **plan**. By **family members** we mean your spouse or domestic partner and any children up to the age of 21 (or 24 if in full-time education). By 'domestic partner' we mean any person over the age of 18, with whom you live permanently (whether or not of the same sex) and have lived together for at least six months in a serious committed relationship. In the month following your start date at J.P. Morgan, you have the opportunity to list the **eligible** dependants you would like to include in your cover as part of your Flexible Benefits enrolment. Following this initial Flexible Benefits enrolment, you can add or remove dependants from cover during an annual Flexible Benefits enrolment period, or following a lifestyle change such as getting married or having a baby. If the baby was born after either parent has taken any prescription or non-prescription drug or other **treatment** to increase fertility, as a result of assisted conception there will be no cover for any **treatment** while the baby requires **treatment** in a Special Care Baby Unit or paediatric intensive care and you will be liable for these costs. To discuss adding or removing a dependant from cover, you should contact the J.P. Morgan Flexible Benefits helpline on 020 7134 0606, option 0.
If you are a retiree and wish to make a change to your dependant data, please contact us on 0800 132 594, and we will send you the appropriate form.

Are you leaving your company plan?

We have a range of AXA PPP healthcare personal plans on preferential terms available for members who are leaving their **company** plan.
For the vast majority of group leavers we are able to offer cover on a personal plan, without additional medical underwriting for pre-existing conditions and with no application form to complete.
To find out about the benefits of maintaining cover with AXA PPP healthcare, call us on 0800 028 2915 as soon as you know you will be leaving your **company** plan. We'll help you choose a personal healthcare plan to suit you.

Will I have to pay income tax on the premiums?

Yes, membership of the **plan** will give rise to a liability for income tax on the premiums paid by your **company**.

Please see page 42 for an explanation of words that appear in **bold**

You have a benefit limitation of £100 on the plan – how does this work?

- The benefit limitation (that is, the amount of money you have to pay towards the cost of **eligible treatment**) applies to every person covered by the **plan**. The benefit limitation is applied again in each 12 month period following the date of your first **eligible treatment** costs.
- We will not pay any claim or part of a claim which is subject to a benefit limitation. In this case we will only pay the balance of the claim after we have deducted the benefit limitation amount.
- The benefit limitation is deducted from any **eligible treatment** costs you incur.
- The benefit limitation is a single deduction that is made regardless of the number of individual **medical conditions** claimed for in each 12 month period.
- We will only apply the benefit limitation against **eligible treatment** costs covered by your **plan**.

What cover do I have for out-patient and day-patient treatment overseas for business travel?

J.P. Morgan have arranged for employees travelling on business to be reimbursed with the cost of out-patient and day-patient care received should they be taken ill unexpectedly whilst abroad. This arrangement operates outside of the AXA PPP healthcare's normal claim procedures, and is only applicable to employees whilst engaged in business travel. There is no cover for dependants, or for elective treatment abroad. Should out-patient and day-patient treatment be required you will need to pay and reclaim. You should contact the HR helpline on 020 7134 0606 and request that you are directed to the Benefits Team to submit a claim for expenses incurred whilst on business.

12 Complaint and regulatory information

Not happy with our service?

We hope you never need to raise concerns about our service or any aspect of your **plan**. However, if you do, please contact us and we will do our best to resolve things for you. Your complaint will be acknowledged on receipt.

If having contacted us you feel we have not put things right, please contact:

The Complaint Resolution Department
AXA PPP healthcare, Phillips House
Crescent Road, Tunbridge Wells
Kent TN1 2PL.
Tel: 01892 772163
They will investigate your complaint and respond to you as soon as possible.

If you are unhappy with the response from AXA PPP healthcare and wish to appeal to the **Trustees** please contact *access*HR on 020 7134 0606, option 0 and request for information on how to appeal.

This **plan** has been set up by J.P. Morgan and operates in accordance with a Trust Deed. That Deed provides that the decision of the **Trustee**, on any matter connected with the **plan** and the benefits payable under it is final and binding in all respects. This means that the **Trustee** will decide whether or not AXA PPP healthcare have applied the **plan** rules correctly.

What we do with your personal data

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

We will deal with all personal information supplied to us in the strictest confidence as required by the Data Protection Act 1998. We send personal and sensitive personal information in confidence for processing by other companies and intermediaries, including those located outside the European Economic Area (EEA) including to countries where the laws protecting personal information may not be as strong as in the EEA. We take steps to ensure that any subcontractors give at least the same protections as we do.

We will hold and use information about you and any **family members** covered by your **plan**, supplied by you, those **family members**, medical providers or your employer (if applicable) to provide the services set out under the terms of this **plan**, administer your **plan** and develop customer relationships and services.

In certain circumstances we may ask medical service providers (or others) to supply us with further information.

Please see page 42 for an explanation of words that appear in **bold**

We may share details of the value and types of claims with the **eligible employees company** and any intermediaries they authorise, whilst respecting every person's right to medical confidentiality. This is to enable them to assess the value and effectiveness of the cover and our services.

When you give us information about **family members** we will take this as confirmation that you have their consent to do so. As the **eligible employee** is acting on behalf of any **family member** covered by this **plan**, we will send all correspondence about the **plan**, including any claims correspondence, to the **eligible employee**. If any person that you intend to add to the **plan** does not want us to do this you should not include them as a **family member** under your **plan**.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. Additionally, we are obliged to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical practitioner's fitness to practice may be impaired.

If you have agreed we, and other members of the **AXA UK Group**, may use the information you have provided to us to inform you by letter, telephone, email or mobile message of other products and services such as special offers and healthcare information. If you change your mind please contact our team of Personal Advisers or write to us at the address on the back of this handbook otherwise we will assume that, for the time being, you are happy to be contacted in this way.

Legal rights and responsibilities

12.1 Your rights and responsibilities

(a) You must make sure that whenever you are required to give us any information all the information you give is sufficiently true, accurate and complete. If we discover later it is not then the **trustee** can cancel your right to membership of the **plan** or apply different terms relating to **eligible** benefits in line with the terms the **trustee** would have applied had the information been presented fairly in the first place.

(b) You must write and tell us if you change your address.

(c) All benefits end when the **eligible employee** stops working for the **company** or if the **company** decides to end the **plan**.

(d) If your eligibility to benefit comes to an end you can apply to transfer to an insurance policy with AXA PPP healthcare.

(e) Your **plan** is for one **plan year**. At the end of that time, provided the **plan** you are on is still available, the **company** can continue it on the terms and conditions applicable at that time which we shall notify to you.
You will be bound by those terms.

12.2 The trustees' and the company's rights and responsibilities

The **trustee** 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 **plan;** 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 us, the **company** or the **trustee**; or
- have otherwise failed to observe the provisions of the **rules** or failed to act with utmost good faith.

(a) Upon request we may provide the **trustee** or its agent with group claims data in order to monitor the performance of the **plan** as a whole, however in these circumstances we will not provide the **trustee** with personally identifiable medical information about your claims.

(b) We will tell the **eligible employee** in writing the date the **plan** starts and any special terms which apply to it.

(c) The **trustee** can refuse to add a **family member** to the **non-discretionary fund** and we will tell the **eligible employee** in such an event.

(d) The **trustee** will pay for **eligible** costs incurred during a period for which the **plan** is available.

(e) If you break any of the terms of the **plan** which the **trustee** reasonably considers to be fundamental the **trustee** can:

- refuse to make any benefit payment or, if the **trustee** has already paid benefits can recover from you any loss to the **trustee** caused by the break; and
- refuse to renew your membership of the **plan**; or
- impose different terms to any benefits the **trustee** is prepared to provide eligibility to; or
- end your **plan** and all benefit under it immediately.

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.

Important

The **trustee** shall (save as expressly provided) have full power to determine whether any person is entitled to benefit under the **plan** and to determine all questions of interpretation or doubt arising in connection with the **plan**, 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.

Please see page 42 for an explanation of words that appear in **bold**

12.3 Our rights and responsibilities

(a) We will tell the **eligible employee** in writing the date the **plan** starts and any special terms which apply to it.

(b) This **plan** is written in English and all other information and communications to you relating to this **plan** will also be in English.

(c) We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, **United Kingdom**, United States of America or under a United Nations resolution. If you or a **family member** are directly or indirectly subject to economic sanctions, including sanctions against your country of residence, we reserve the right to immediately end cover and/or stop paying claims on your **healthcare scheme**, even if you have permission from a relevant authority to continue under a **healthcare scheme**. In this case, we can cancel your **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.

13 Glossary

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

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

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 (BAcC); 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.

A full explanation of the criteria we use to decide these matters is 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.

administrator – AXA PPP healthcare Administration Services limited, the company appointed to administer the **plan** on behalf of the **trustee**.

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

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

benefits table – the table applicable to this **plan** showing the maximum benefits the **trustee** will pay you.

cancer – a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

child/children – a child of an **eligible employee** (or of an **eligible employee's partner**) up to the age of 21 (or 24 if in full-time education). A person ceases to be a **child** at the end of the **plan year** in which he/she reaches the relevant age limit or the date he/she leaves full-time education.

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 (J.P. Morgan).

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

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

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

Directory of Hospitals – a document we publish on our website: axappphealthcare.co.uk which lists the **private hospitals**, **day-patient units** and **scanning centres** in the **United Kingdom** covered by the **plan**. The facilities listed may change from time to time so you should always check with us before arranging **treatment**. The Directory of Hospitals lists the hospitals and **day-patient units** in the **United Kingdom** which are covered by the **plan**. We have an agreement with them under which they will provide services to our members. If we are unable, after reasonable negotiation, to conclude the agreement in whole or part, it may be necessary from time to time for us to suspend the use of a hospital, **day-patient unit** or **scanning centre** listed in the Directory of Hospitals to protect the interests of all our members. In such an event we will indicate the suspension on our website. We also have specific arrangements in regard to **eligible treatment** of cataracts and oral **surgical procedures**.

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

eligible employee – an employee or a director of an employer or retired employee or director of an employer who is **eligible** to become a member of the **plan** under the eligibility condition agreed from time to time between the **company** and the **trustee** who has been admitted to membership of the **plan** and whose name has been notified to the **trustee** in writing and who has not elected to withdraw from the **plan** or whose membership of the **plan** has not been terminated.

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 **United Kingdom** (repatriation).
The service includes any necessary **treatment** administered by the international assistance company appointed by us whilst they are moving you.

facility – a **private hospital** or a centre with which we have an agreement to provide a specific range of medical services and which are listed in the **Directory of Hospitals**.
In some circumstances **treatment** may be carried out at an establishment which provides **treatment** under an arrangement with a **facility** listed in the **Directory of Hospitals**.

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

fee approved specialist – a **specialist** who we have identified as someone whose fees for **eligible treatment** the **trustee** routinely pays in full.

fee limited specialist – a **specialist** who we have identified as someone to whom the **trustee** will only pay up to the amount shown within the schedule of procedures and fees towards their **eligible treatment** charges. The schedule of procedures and fees is available on our website: axappphealthcare.co.uk or by contacting our Personal Advisory team.

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; 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.

A full explanation of the criteria we use to decide these matters is 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 J.P. Morgan non-discretionary plan.

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.

plan – the non-discretionary trust.

plan year – the period of 12 months commencing on the first day of April 2017 and thereafter each subsequent period of 12 months. Please note: the **trustee** reserves the right to amend the period of the plan year. If this happens, you should be informed by the **trustees**.

practitioner – a practising member of certain professions allied to medicine who, in all cases, meets our recognition criteria for benefit purposes in their field of practice and who we have told in writing that we currently recognise them as a practitioner for benefit purposes. However, the **trustee** will only pay **out-patient treatment** benefits for such services when a **specialist** refers you to them (except where the **benefits table** allows otherwise).

When such persons provide such services to you as part of your **in-patient** or **day-patient treatment** those services will form part of the **private hospital** charges.

The professions concerned are dieticians, **nurses**, orthoptists, psychologists, psychotherapists and speech therapists.

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

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

rules – the rules in the Schedule to the **trust deed** which with the other provisions of the **trust deed** govern the **plan**.

scanning centre – a centre in which **out-patient** computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) is performed. The centres the **administrator** recognises for benefit purposes are listed in the **Directory of Hospitals**.

specialist – a medical practitioner with particular training in an area of medicine (such as consultant surgeons, consultant anaesthetists and consultant physicians) with full registration under the Medical Acts, who meets our criteria for **specialist** recognition for benefit purposes, and whom we have told in writing that we currently recognise them as a **specialist** for benefit purposes in their field of practice.
For **out-patient treatment** only:
a medical practitioner with full registration under the Medical Acts, who specialises in psychosexual medicine, musculoskeletal or sports medicine, or a practitioner in surgical dentistry or podiatric surgery who is registered under the relevant Act; and who, in all cases, meets our criteria for limited **specialist** recognition for benefit purposes in their field of practice, and who we have told in writing that they currently recognise them as a **specialist** for benefit purposes in that field for the provision of **out-patient treatment** only.
A full explanation of the criteria we use to decide these matters is available on request.

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

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

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

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

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

trust deed – the **trust deed** (including the **rules**) constituting the **plan** as amended from time to time.

trustee(s) – any **trustee** or **trustees** for the time being of the **plan**.

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

Notes

Notes

At AXA PPP healthcare we are dedicated to supporting you.

axapphealthcare.co.uk

PB56678a/04.17

AXA PPP HEALTHCARE

redefining / healthcare