



Health



Sodexo Limited
Gold
Healthcare Trust Scheme
Advance Membership handbook
April 2023

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Personal Advisory team

0800 294 5186

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

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

To contact us by Next Generation Text on any of the numbers listed in this handbook just prefix the number listed with 18001.

Health information

axahealth.co.uk/health

Access to our on-line health centres

Leaving your employer

Stay covered with the same personal medical underwriting

Call us on 0800 028 2915

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

Wellbeing Services

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

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

1 Quick start guide to your membership



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

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

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

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

[1.1 > Your benefits](#)

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

Words and phrases in bold type

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

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

You and your

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

We, us and our

When we use we, us and our, we mean AXA Health Services Limited.

1.1 >Your benefits

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

If you don't contact us before receiving **treatment** or you don't have **treatment** with a provider we have helped you choose, the **trustee** won't make any payment for the **treatment** you receive. This would mean you would have to pay for the whole cost of that **treatment**.

Overall limit

Your overall policy limit is £100,000.

This limit applies for each person covered by the **healthcare scheme** each **scheme year** and to each benefit shown below, including Cancer cover and care. Where we describe a benefit as 'paid in full', we mean covered **treatment** is paid up to this overall limit.

If you're an in-patient or day-patient		
Private hospital and day-patient unit fees >> For more information see Section 3 - 'Paying the places where you're treated'	Paid in full	Including fees for in-patient or day-patient : <ul style="list-style-type: none"> • accommodation • diagnostic tests • using the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the specialist uses during surgery.
Hospital accommodation for one parent while a child is in hospital	Paid in full for children up to the age of 10	Benefit towards the cost of one parent staying in hospital with a child. The child must be covered by your membership and having treatment paid for by it.
Hotel accommodation for one parent while a child is in hospital	Up to £100 a night up to £500 a scheme year for children up to the age of 10	Benefit towards the costs for one parent to stay near to the private hospital where a child is having treatment . The child must be covered by the membership and having treatment paid for by it. The trustee will not take any benefit limitation off this cash payment.
Specialist fees >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	No yearly limit	Includes fees for: <ul style="list-style-type: none"> • surgeons • anaesthetists • physicians.

If you're an out-patient		
Access to Working Body: For muscle, bone and joint pain – No GP referral needed - Call us on 0800 294 5186		
Surgery	No yearly limit	
CT, MRI or PET scans >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	Paid in full	
Specialist consultations Diagnostic tests performed by your specialist or when your specialist refers you Practitioner fees when your specialist refers you >> For more information see Section 3 - 'Paying the specialists and practitioners that treat you'	No yearly limit However, the annual limit for out-patient mental health treatment shown below will apply to psychotherapists and psychologists	Practitioners are nurses , dieticians, orthoptists, speech therapists, psychotherapists or psychologists and audiologists. This includes remote consultations by telephone or via a video link instead of you going to an out-patient clinic.
Fees for out-patient treatment by physiotherapists, acupuncturists , osteopaths or chiropractors	No yearly limit on fees up to a combined overall maximum of 20 sessions in a year when your GP refers you or you have physiotherapy or osteopathy treatment through our Working Body team	We call physiotherapists, osteopaths and chiropractors therapists .
Chiropody and podiatry charges		So long as your chiropodist or podiatrist is qualified.
AXA Doctor at Hand consultations and diagnostic tests	Unlimited video or telephone consultations with the AXA Doctor at Hand service, an online, private GP Diagnostic tests and interpretation of results when you're referred through the AXA Doctor at Hand service	Access to the AXA Doctor at Hand service, a private GP service for video or telephone consultations. For information on terms and conditions, registering and how to use this service, please visit https://www.axahealth.co.uk/dahadvance . When appropriate, you may be referred for diagnostic tests through the AXA Doctor at Hand service. Over 18s only. The AXA Doctor at Hand service is delivered by Doctor Care Anywhere. See Section 2 – Making a claim and using your Advance services for more information. GP appointments and any review of diagnostic tests carried out by Doctor Care Anywhere are not subject to your benefit limitation, or any other monetary limitations. Any scheme limitations will apply to provider charges for diagnostic tests , in the usual way.

Mental Health If you're an in-patient or day-patient		
Private hospital and day-patient unit fees for mental health treatment >> For more information see Section 3 - 'Paying the places where you're treated'	Paid in full up to 35 days a scheme year	Including fees for: <ul style="list-style-type: none"> • accommodation • diagnostic tests • drugs.
Specialist fees for mental health treatment	No yearly limit	

Mental Health - If you're an out-patient		
Access to Stronger Minds: For any mental health concerns – No GP referral needed - Call us on 0800 294 5186		
Annual limit for mental health out-patient treatment	Up to £2,000 each scheme year	Counselling is not subject to the out-patient limit for mental health treatment or other monetary limits.
Counselling sessions through Stronger Minds	Sessions with a counsellor when this is directed by, and arranged through, the Stronger Minds service	<p>This could be face to face, email or telephone counselling.</p> <p>The type and amount of counselling will be arranged as clinically appropriate by the Stronger Minds service. Only counselling arranged through Stronger Minds is paid for by your healthcare scheme.</p> <p>Over 18s only.</p> <p>Counselling is not subject to:</p> <ul style="list-style-type: none"> • the benefit limitation • the out-patient limit for mental health treatment or other monetary benefit limits.
Specialist consultations for mental health treatment	Paid from your annual limit	This includes remote consultations by telephone or via a video link instead of you going to an out-patient clinic.
Mental health treatment by psychologists and psychotherapists >> For more information see Section 4 - Mental Health	Paid from your annual limit	

Additional benefits		
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	Paid in full	<p>The trustee will pay for treatment:</p> <ul style="list-style-type: none"> • at home; or • somewhere else that is appropriate. <p>The trustee will pay for a nurse to give you chemotherapy or antibiotics by intravenous drip. This is so long as:</p> <ul style="list-style-type: none"> • the trustee has agreed the treatment beforehand; and • you would otherwise need to be admitted for in-patient or day-patient treatment; and • the nurse is working under the supervision of a specialist; and • the treatment is provided through a healthcare services supplier that we have a contract with for this kind of service.
Cash payment when you have free treatment under the NHS	<p>£100 per night for in-patient treatment</p> <p>£50 per day for day-patient treatment</p> <p>Up to a combined annual maximum of £3,750 each scheme year</p>	<p>The trustee will pay this when:</p> <ul style="list-style-type: none"> • you are admitted for in-patient treatment before midnight; or • you are admitted for day-patient treatment; and • the trustee would have paid for your treatment if you had had it privately. <p>The trustee will not take your benefit limitation off this cash payment. You can also receive this cash payment if you have treatment in an NHS Intensive Therapy or Intensive Care unit, whether it follows private treatment or not.</p>

Additional benefits		
Oral surgery	Paid in full	So long as your dentist refers you, the trustee will pay for: <ul style="list-style-type: none"> • reinserting your own teeth after a trauma; or • surgical removal of impacted teeth, buried teeth and complicated buried roots; or • removal of cysts of the jaw (sometimes called enucleation).
Ambulance transport	Paid in full	If you are having private in-patient or day-patient treatment and it is medically necessary to use a road ambulance to transport you to another medical facility .
Optical benefit	80% of treatment costs paid up to £200 a scheme year £25 a scheme year for eye tests	Paid towards prescribed glasses or contact lenses needed to correct vision and eye tests.
External prosthesis	Up to £5,000 for the lifetime of your membership	The trustee will pay this benefit towards the cost of providing an external prosthesis . The trustee will not take your benefit limitation off this cash payment. >> For details see Section 4 – External prostheses and appliances

Benefit limitation information		
Benefit limitation per member every 12 months on a rolling basis	£100	Benefit limitations do not apply to: <ul style="list-style-type: none"> • NHS cash benefit • Day-patient and out-patient radiotherapy and chemotherapy cash benefit • Parent hotel accommodation • Counselling arranged through Stronger Minds • External prosthesis • GP appointments and any review of diagnostic tests carried out by Doctor Care Anywhere. Your benefit limitation will still apply to provider charges for diagnostic tests.

Cancer cover and care

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

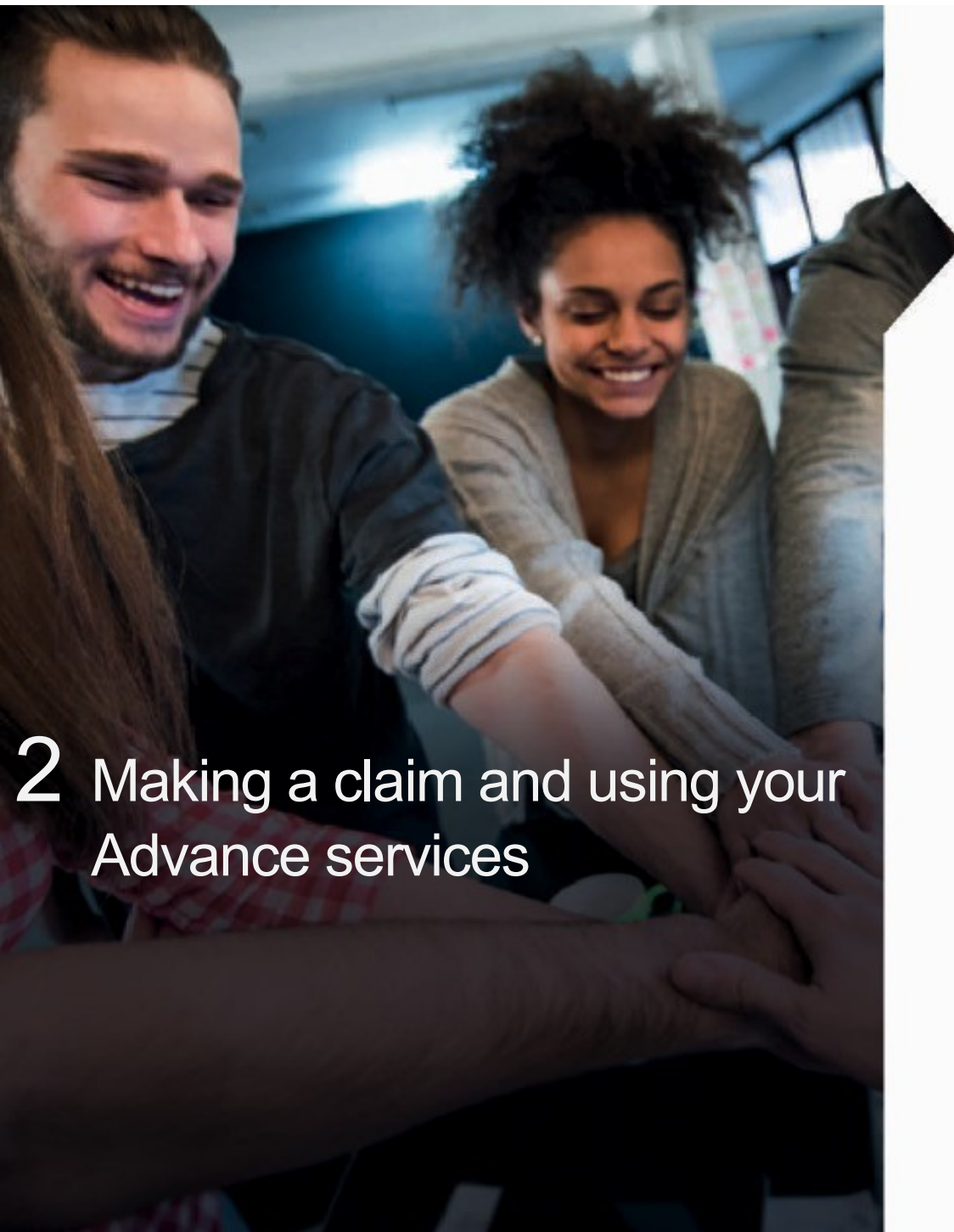
1.2 > The main things your healthcare scheme doesn't pay for

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

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

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

Your healthcare scheme does not pay for:	For more information	Notes
Routine pregnancy and childbirth	>> For details, see Section 4 – 'Pregnancy and childbirth' or call us on 0800 294 5186	
Treatment of ongoing, recurrent and long-term conditions (chronic conditions)	>> For details, see Section 3 - 'How your membership works with conditions that last a long time or come back'	
Treatment received outside the UK		Your healthcare scheme does not include any benefit for treatment overseas.



2 Making a claim and using your Advance services

- > **Muscle, bone and joint conditions**
Working Body
- > **Mental health concerns**
Stronger Minds
- > **Self-referral service**
- > **Claiming for other conditions**
Cover for treatment, tests and diagnoses
- > **Online GP appointments**
AXA Doctor at Hand
- > **Expert Help**
Health at Hand
Health information
Dedicated nurses

Find out more at your Wellbeing Hub

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

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

Please call us on 0800 294 5186 if you have any queries about the hub.

Working Body

for muscle, bone and joint conditions

0800 294 5186

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

If you have a muscle, bone or joint problem:

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

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

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

With our online service, you can also:

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

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

Stronger Minds
for mental health concerns
0800 294 5186

Stronger Minds provides prompt access to mental healthcare and support.

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

Call us on 0800 294 5186 - If you experience stress, anxiety or any mental health concerns, call your Personal Advisory team to check your cover. They'll pass you straight through to the Stronger Minds team to speak to a trained counsellor or psychologist.

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

After the assessment

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

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

Only counselling arranged through Stronger Minds is covered by your **healthcare scheme**. Over 18s only.

Self-referral service

0800 294 5186

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

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

[Call us on 0800 294 5186](#) - We will check your benefits and take you through some questions designed to show whether the service can help. If your answers show the service can help and you decide to use it, we'll refer you. We'll ask for your consent before transferring you and the service will take things from there. They will be responsible for making a diagnosis.

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

[Over 18s only. Children under 18 will need a **GP** referral.](#)

Making a claim for all other conditions

0800 294 5186

1 Ask your GP for an open referral

If your **GP** or the AXA Doctor at Hand service says you need specialist **treatment**, tell them you want to go private and ask for an 'open referral'.

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

2 Call us before you see the specialist

Call us as soon as you've seen your **GP** or had your AXA Doctor at Hand appointment.

You need to call us before booking a consultation so we can find a **specialist** for you. The **trustee** only pays for **treatment** with providers that we have helped you find. If you have **treatment** with a provider that we haven't helped you choose, you will have to pay the costs in full.

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

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

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

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

We may ask you to provide more information, for example from your **GP** or **specialist**. You, your **GP** or your **specialist** must provide us with the information we ask for by the date that we ask for it or you may not be covered for your claim.

If you need further treatment, please call us first.

Fast Track Appointment service

Whenever you need treatment, our team will support you by helping you choose a selected provider to treat you and will usually be able to arrange an appointment with them through our Fast Track Appointments.

What if your GP refers you to a named specialist?

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

Second opinion service

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

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

AXA Doctor at Hand service

GP consultations online or by phone

The AXA Doctor at Hand service offers you and any **family members** video or phone consultations, wherever you may be in the world.

Appointments available 24 hours a day, seven days a week, 365 days a year*.

Your condition and treatment

You can have an AXA Doctor at Hand **GP** consultation for any **medical condition** or concern, whether or not this would be covered by your **healthcare scheme**.

If the **GP** says you need **treatment**, with your consent, the AXA Doctor at Hand service will liaise with us to check the **treatment** is covered.

If your **medical condition** is covered and the **GP** thinks you may need to see a **specialist**, for certain **medical conditions**, you may choose to have **diagnostic tests** that AXA Doctor at Hand refers you for before any **specialist** consultation.

The AXA Doctor at Hand service can also refer you for further **treatment** through your **healthcare scheme**. However, the AXA Doctor at Hand service cannot refer you to the NHS for specialist **treatment** directly. If you want to have NHS **treatment**, please contact your NHS **GP**.

Register for the AXA Doctor at Hand service

For everything you need to know about the service, full terms and conditions and how you can register yourself and your **family members**, please visit <https://www.axahealth.co.uk/dahadvance>.

Using the AXA Doctor at Hand service

After you've registered, you can book an appointment online at doctorcareanywhere.com or use the Doctor Care Anywhere app, available to download from the App Store or Google Play.

Private prescriptions and delivery

If the private **GP** has prescribed medication, this can be delivered to an address of your choice.

Private prescription and delivery charges are not paid for by your **healthcare scheme**.

*Subject to appointment availability

About the AXA Doctor at Hand terms

The AXA Doctor at Hand service is provided by Doctor Care Anywhere.

By using the service, you agree to Doctor Care Anywhere's terms and conditions. You will be asked to review and confirm you agree to these when you register.

Appointments can be rearranged but not cancelled with less than 12 hours' notice.

Expert Help

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

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

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

Health at Hand

Call 0800 003 004
with your health queries – any time

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

Open 24 hours a day, 365 days a year

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

- > Nurses
- > Counsellors
- > Midwives
- > Pharmacists

Health information you can trust

axahealth.co.uk/health

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

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

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

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

Support from our Dedicated Nurse Services

Personal support after diagnosis of a heart condition or cancer

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

Please call your Personal Advisory team on 0800 294 5186 and they will put you in touch with your dedicated nurse.



3 How your membership works

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

Please read all of your handbook

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

Any questions?

If you're unsure how something works, just call 0800 294 5186 and we'll be very glad to explain. It's often quicker and easier than working it out from the handbook alone.

3.1 >How we pay claims

We normally settle any bills directly with the **specialist** or the hospital where you've had your **treatment**. If your **treatment** is not covered for any reason, we will let you know.

How do you pay my medical bills?

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

For more details, see [Section 3- 'Paying the specialists and practitioners who treat you'](#).

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

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

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

If you paid your medical bills yourself and your **treatment** is covered, we will refund you the rates we have agreed with the hospital or centre, minus any benefit limitation. Please send the original, itemised receipts from the **specialist** or hospital to AXA Health, Nightingale House, Redland Hill, Redland, Bristol, BS6 6SH.

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

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

What should I do if I need further treatment?

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

The information we may need when you make a claim

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

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

What does 'more detailed' mean?

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

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

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

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

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

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

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

What if there's no benefit for my treatment?

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

What if I want to see a specific specialist?

You always need to ask your **GP** for an open referral. That's a referral that doesn't name a specialist. With an open referral, you'll have a choice of **specialist** and we can make your appointment for you. This will also mean we can check that the **healthcare scheme** pays that specialist's fees.

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

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

What happens if I need emergency treatment in the UK?

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

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

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

3.2 > Looking at who should provide treatment

Your **healthcare scheme** is not designed to pay for primary care services except as follows:

- Benefit for sight tests and glasses or contact lenses to correct vision up to the amounts shown in your benefits table.
- Consultations with our online private **GP** service, AXA Doctor at Hand, as shown in your benefits table.

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

3.3 > Eligible treatment

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

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

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

- falls within the benefits of this **healthcare scheme** and is not excluded from benefit by any term in this handbook; and
- is of an **acute condition** (for details see [3.6](#)); and
- is **conventional treatment** (for details see [3.4](#)); and
- is not preventative (for details, [see Section 4 – Preventative treatment and screening tests](#)); and
- does not cost more than an equivalent **treatment** that delivers a similar therapeutic or diagnostic outcome; and
- Is not provided or used primarily for the convenience or financial or other advantage of you or your **specialist** or other health professional.

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

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

3.4 > Benefit for treatment and surgery

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

What do you mean by conventional treatment?

We define **conventional treatment** as **treatment** that:

- is established as best medical practice and is practised widely within the UK; and
- is clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility or location where the **treatment** is provided; and has either
- been approved by NICE (The National Institute for Health and Care Excellence) as a treatment which may be used in routine practice; or
- been proven to be effective and safe for the **treatment** of your **medical condition** through high-quality clinical trial evidence (full criteria available on request).

Are there any additional requirements for drug treatments?

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

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

Are there any additional requirements for surgical treatments?

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

» You can find our schedule at axahealth.co.uk/fees or call us on 0800 294 5186 and we'll send you a copy

Are there any additional requirements for medical devices?

If the **treatment** involves a **medical device** (including surgical devices and implants) it must:

- be approved by current EU Medical Device Regulations; and
- have moderate to high quality evidence of safety and effectiveness from either:
 - systemic reviews of randomised controlled trials; or
 - clinical trial evidence with three years of follow-up data

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

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

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

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

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

Unproven treatment must:

- be authorised by us before it takes place; and
- take place in the **UK**; and
- be agreed by us as a suitable equivalent to **conventional treatment**; and
- have high-quality evidence of its safety.

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

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

If you receive **treatment** as part of a registered clinical trial the **trustee** will not pay for the costs of the **treatment**, or the **specialist**, hospital or any other costs associated to the trial.

By registered clinical trial, we mean a prospectively registered trial in humans registered on the World Health Organisation's International Clinical Trials Platform (<https://www.who.int/ictcp/en/>) that includes a treatment group (the new treatment) and a control group (either usual care or a placebo).

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

- If the **unproven treatment** costs less than the equivalent **conventional treatment** the **trustee** will pay the cost of the **unproven treatment**.
- If the **unproven treatment** costs more than the equivalent **conventional treatment** the **trustee** will pay up to the cost it would have paid for the equivalent **conventional treatment**. The **trustee** will pay up to the amount it would have paid a **specialist** and **private hospital**. To understand what the equivalent **conventional treatment** is, we will look at the **treatment** other patients with the same **medical condition** and prognosis would be given.

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

Yes, if you would like an **unproven treatment**, you or your **specialist** must contact us at least 10 working days before you book that **treatment**. This is so we can:

- obtain full details of the **unproven treatment** and the supporting clinical evidence; and
- support you with additional information and questions for your **specialist**, before you have **treatment**; and
- agree what costs (if any) the **trustee** will meet towards the hospital, **specialist**, anaesthetist and/or other provider. All **unproven treatment** must be agreed by us in writing so you are clear how much the **trustee** will pay towards your **treatment**.

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

We recommend you check with the hospital, **specialist**, anaesthetist and/or other provider how much they will charge for your **treatment** so you know how much will be your responsibility to pay.

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

Yes there will. The **trustee** will not pay for further **treatment** for your **medical condition** after you have undergone **unproven treatment**. This includes complications or other **medical conditions** associated with the **unproven treatment**.

If your **unproven treatment** was for the **treatment** of **cancer**, the **trustee** will continue to pay for your **conventional treatment**. There will still be no cover for any complications or other **medical conditions** associated with the **unproven treatment**.

» To check whether the trustee will agree to pay for a treatment, please call us on 0800 294 5186 before you book your treatment.

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

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

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

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

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

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

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

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

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

What are acute conditions and chronic conditions?

Acute conditions

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

Chronic conditions

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

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

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

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

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

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

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

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

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

How does this affect my benefit for cancer treatment?

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

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

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

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

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

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

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

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

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

Are there any conditions that are always regarded as chronic?

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

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

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

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

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

When you receive **treatment** we have agreed from a provider we have helped you choose, the **trustee** can pay the **treatment** charges in full.

Who will be paid under the benefit for practitioners?

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

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

The **trustee** will pay so long as your **treatment** is with a **practitioner** we have chosen for you and your **specialist** refers you and is directing your **treatment**.

The annual limit for **out-patient** mental health **treatment** shown in your benefits table will apply to psychotherapists and psychologists.

Who will be paid under the benefit for therapists?

The **trustee** will pay **out-patient treatment** fees up to the levels shown in the benefits table for any of the following with a **therapist** we have helped you choose or a physiotherapist or osteopath the Working Body team have helped you choose:

- physiotherapists, under **GP**, Working Body or **specialist** referral; or
- osteopaths, under **GP**, Working Body or **specialist** referral; or
- chiropractors, under **GP** or **specialist** referral.

If your **GP** refers you for **therapist treatment** or our Working Body team refers you for **treatment** from physiotherapists or osteopaths, there is benefit for the sessions you need up to an overall maximum of 20 sessions in a year. If your **specialist** or our Working Body team refers you, the **trustee** may agree to more sessions but we will need to agree them in writing first.

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

Acupuncturists

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

Who will be paid for mental health treatment?

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

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

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

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

3.8 >Paying the places where you're treated

Where can I have treatment?

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

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

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

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

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

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

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

What happens if you use a hospital or scanning centre that we have not helped you to choose?

If you have private **in-patient** or **day-patient treatment** at a hospital, **day-patient unit** or use a **scanning centre** that we have not helped you choose, you will not be covered and you will need to settle all the costs yourself. This could be a significant amount.

Where can I have out-patient treatment?

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

- your **treatment** is covered by your membership, and
- a **specialist** we have chosen for you is overseeing it; and
- the facility is recognised by us to provide **out-patient** services.

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

CT, MRI or PET scans received as an **out-patient** will be paid in full at a **scanning centre** we have helped you choose.

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

What about intensive care?

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

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

If you need intensive care **treatment**, you or your **specialist** should call us on 0800 294 5186 before you are admitted to intensive care so we can tell you if there is benefit available.

What about treatment on the NHS?

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

See [Section 1 – Your benefits](#) for more details

Does the healthcare scheme pay for treatment anywhere else?

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

3.9 >General restrictions

High charges

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

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

Treatment and referrals by family members

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

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



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

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

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

Any questions?

If you're unsure how something works, just call 0800 294 5186 and we'll be very glad to explain. It's often quicker and easier than working it out from the handbook alone.

- 4.1 > Cancer
- 4.2 > Advanced therapy medicinal products
- 4.3 > Bariatric Surgery
- 4.4 > Breast reduction
- 4.5 > Chiropody and foot care
- 4.6 > Contraception
- 4.7 > Cosmetic treatment, surgery or products
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- 4.9 > Dialysis
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- 4.12 > External prostheses or appliances
- 4.13 > Fat removal
- 4.14 > Gender re-assignment or gender confirmation
- 4.15 > Genetic tests
- 4.16 > GP and primary care services
- 4.17 > Infertility and assisted reproduction
- 4.18 > Learning and developmental disorders
- 4.19 > Long sightedness, short sightedness and astigmatism
- 4.20 > Mechanical heart pumps (Ventricular Assist Devices (VAD) and artificial hearts)
- 4.21 > Mental Health
- 4.22 > Natural ageing
- 4.23 > Nuclear, biological or chemical contamination and war
- 4.24 > Organ or tissue transplant
- 4.25 > Pregnancy and childbirth
- 4.26 > Preventative treatment and screening tests
- 4.27 > Reconstructive surgery
- 4.28 > Rehabilitation
- 4.29 > Self-inflicted injury and suicide
- 4.30 > Sexual dysfunction
- 4.31 > Social, domestic and other costs unrelated to treatment
- 4.32 > Sports related treatment
- 4.33 > Sterilisation
- 4.34 > Teeth and dental conditions
- 4.35 > Treatment abroad
- 4.36 > Treatment that is not medically necessary
- 4.37 > Treatments, medical or surgical interventions or body modifications that are not paid for by your healthcare scheme
- 4.38 > Vaccinations
- 4.39 > Varicose Veins
- 4.40 > Warts
- 4.41 > Weight loss treatment

4.1 >Cancer

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

About the benefit provided for cancer treatment

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

Experienced nurses and case managers

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

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

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

If you are diagnosed with **cancer** – please call us on 0800 294 5186 so we can explain how we can support you

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

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

If you have **day-patient** or **out-patient** radiotherapy or chemotherapy on the NHS, and your **healthcare scheme** would have paid for that **treatment**, the **trustee** will make a cash payment of £50 a day up to £5,000 per **scheme year**.

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

Please see the details in [your benefits table](#).

Health coaching

You can claim for health coaching, through an AXA Health Coach, to support your diet and nutrition needs. This service is available if you have **treatment** to kill or remove **cancer** cells, either on the NHS or privately if your **healthcare scheme** would have provided benefit for this. Your benefit limitation will be applied to the cost of this service. For more information, see the end of this section.

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

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

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

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

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

Surgery	Is benefit provided?
Whether you're an in-patient , day-patient or out-patient	
<p>Surgery for the treatment or diagnosis of cancer, so long as it is conventional treatment</p> <p>See Section 7 - 'Glossary' for how we define surgery</p> <p>See Section 3 - 'Benefit for treatment and surgery' for more about conventional treatment and unproven treatment</p>	Yes
Reconstructive surgery following breast cancer	
<p>The first reconstructive surgery following surgery for breast cancer. The trustee will pay for:</p> <ul style="list-style-type: none"> • one planned surgery to reconstruct the diseased breast • nipple tattooing, up to 2 sessions • one planned surgery to reconstruct the nipple 	<p>Yes</p> <p>The trustee will pay so long as:</p> <p>We agree the method and cost of the treatment in writing beforehand.</p>
<p>After the completion of your first reconstructive surgery, the trustee will also pay for:</p> <ul style="list-style-type: none"> • one further planned surgery to the other breast, when it has not been operated on, to improve symmetry • two planned fat transfer surgeries. The fat must be taken from another part of your body and cannot be donated by anyone else • one planned surgery to remove and exchange implants damaged by radiotherapy treatment for breast cancer. 	<p>Yes</p> <p>Symmetry and fat transfer operations must take place within three years of your first reconstructive surgery.</p> <p>The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy treatment.</p> <p>The trustee will only pay for each of these operations once (or two fat transfer surgeries), regardless of how long you remain a member of AXA Health.</p>
<p>If you choose not to have reconstructive surgery following treatment of breast cancer, the trustee will pay the cost of one planned surgery to the unaffected breast to improve symmetry.</p>	<p>Yes</p> <p>No further reconstructive surgery will be covered on either the diseased breast or the unaffected breast.</p>
<p>The trustee does not pay for treatment that is connected to previous reconstructive surgery or any cosmetic operation to a reconstructed breast.</p>	<p>No</p> <p>See Section 4 – Cosmetic treatment, surgery or products</p>

Preventative	Is benefit provided?
<p>Preventative treatment, such as:</p> <ul style="list-style-type: none"> • screening when you do not have symptom(s) of cancer. For example, if you had a screen to see if you have a genetic risk of breast cancer, the trustee would not pay for the screening or any treatment to reduce the chances of developing breast cancer in future • vaccines to prevent cancer developing or coming back– such as vaccinations to prevent cervical cancer 	No
Drug Therapy	Is benefit provided?
<p>Out-patient drugs or other drugs that a GP could prescribe or could be bought over the counter. This includes drugs or prescriptions you are given to take home if you have had in-patient, day-patient or out-patient treatment</p>	<p>No – Please call us about these drugs. The trustee doesn't pay for them, but we can help you apply to get these paid for by the NHS. Call us on 0800 294 5186 and we can talk you through this.</p>
<p>Drug treatment to kill cancer cells – including:</p> <ul style="list-style-type: none"> • biological therapies, such as Herceptin or Avastin • chemotherapy 	<p>Yes</p> <p>There is no time limit on how long the trustee pays for these drugs.</p> <p>The trustee will pay if:</p> <ul style="list-style-type: none"> • they have been licensed by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency, and • they are used according to their licence, and • they have been shown to be effective. <p>Because drug licences change, this means that the drugs the trustee pays for will change from time to time.</p> <p>Please call us once you know your treatment plan.</p>
Advanced therapy medicinal products (ATMPs)	<p>Yes</p> <p>There is benefit for a small number of approved ATMPs. Please see axahealth.co.uk/atmps for the list of ATMPs that we provide benefit for, or call us. See Section 4 for more information on ATMPs</p>
Unproven drugs	<p>No. There is no cover for unproven drugs or drugs that are being used outside of their licence.</p> <p>See Section 3 - 'Benefit for treatment and surgery' for more about unproven treatment</p>

Drug Therapy	Is benefit provided?
<p>Other Drugs</p> <p>The trustee pays for drugs you need to support you whilst you are having chemotherapy or biological therapy to kill cancer cells. For example:</p> <ul style="list-style-type: none"> • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex) 	Yes. They are covered so long as you have them at the same time as you are having chemotherapy or biological therapy to kill cancer cells covered by the healthcare scheme .
Antivirals, antibiotics, antifungals, antisickness and anticoagulant drugs	Yes, while you are having chemotherapy that is covered by the healthcare scheme .
<p>The trustee will also pay for bone strengthening drugs such as bisphosphonates or Denosumab that are:</p> <ul style="list-style-type: none"> • licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and used according to that licence; or • being used as recommended by the National Institute for Health and Care Excellence (NICE) as a treatment that may be used in routine practice 	<p>Yes</p> <p>The trustee will only pay for these drugs when they can't be prescribed by a GP.</p>
Drugs for treating conditions secondary to cancer such as erythropoietin (EPO)	Yes, while you are having chemotherapy that is paid for by the healthcare scheme .

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

Palliative and end of life care	Is benefit provided?
Care to relieve pain or other symptoms rather than cure the cancer	The trustee will provide benefit and support throughout your cancer treatment even if it becomes incurable. The trustee will pay for radiotherapy, chemotherapy and surgery (such as draining fluid or inserting a stent) to relieve pain.
Donation to a hospice where you are having end of life care, or a donation to a service providing hospice at home care	£100 for each night. This is a charitable donation paid direct to a registered hospice charity when you are provided free treatment in a hospice.
Donation to a registered hospice charity that is providing you with end of life care, either at a hospice or for hospice at home care	£100 for each day. This is a charitable donation paid direct to a registered hospice charity when you are provided free hospice at home care treatment in lieu of a residential hospice admission.
Monitoring	Is benefit provided?
Follow ups – cover for follow up consultations and reviews for cancer	Yes, so long as you are still a member and have a plan that covers this.
Routine monitoring or checks that a GP or someone else in a GP surgery (or other primary care setting) could carry out	No
Follow up procedures that are for monitoring rather than treatment . Some cancer patients need procedures to check whether cancer is still present or has returned. For example, these could include colonoscopies to check the bowel or cystoscopies to check the bladder.	Yes, so long as you are still a member and have a plan that covers this.
Limits	What limits are there?
Time limits on cancer treatment Your membership covers you while you are having treatment to kill cancer cells	None
Money limits on cancer treatment	No specific limits – the same rules apply to your cancer treatment as for any other treatment .

Other benefits	Is benefit provided?
Stem cell or bone marrow transplant	<p>Yes</p> <p>The trustee will pay for the reasonable costs for a stem cell or bone marrow transplant as long as:</p> <ul style="list-style-type: none"> • the stem cell or bone marrow transplant is for the treatment of cancer; and • it is conventional treatment for that cancer. <p>It does not include any related administration costs. For example, the trustee will not pay for the cost of searching for a donor, the harvesting of cells from a donor or transport costs for tissue or harvested cells.</p> <p>Please see Section 3 – Eligible treatment for more information on conventional treatment and Section 4 - 'Organ and tissue donation'</p>
The cost of wigs or other temporary head coverings or external prostheses needed because of cancer whilst you are having treatment to kill cancer cells	<p>Yes – up to £400 a scheme year for wigs or other temporary head coverings and up to £5,000 a scheme year for prostheses. This is in addition to the lifetime benefit for external prosthesis.</p>
Health coaching to support you when you are having treatment to kill or remove cancer cells	<p>Yes – the trustee will pay for a six-month course each scheme year, with an AXA Health Coach, via an app on your smart device.</p> <p>They will help you make appropriate health and lifestyle choices, focusing on diet and nutrition.</p> <p>This service is available providing your healthcare scheme would have provided benefit for your cancer treatment.</p> <p>Your benefit limitation on your healthcare scheme will be applied to the cost of this service.</p>

4.2 >Advanced therapy medicinal products (ATMPs)

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

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

For more information and for the current list of the ATMPs we cover please visit www.axahealth.co.uk/atmps or by calling us.

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

4.3 >Bariatric Surgery

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

See also [Weight loss treatment](#)

4.4 >Breast reduction

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

4.5 >Chiropody and foot care

The **trustee** will pay for podiatry and chiropody as shown in the benefits table.

4.6 >Contraception

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

4.7 >Cosmetic treatment, surgery or products

The **trustee** does not pay for:

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

See also [Reconstructive surgery](#)

4.8 >Criminal activity

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

4.9 >Dialysis

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

Please see [Section 3 - How your membership works with conditions that last a long time or come back \(chronic conditions\)](#) to understand your cover.

4.10 >Drugs and Dressings

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

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

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

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

4.11 >Evacuation and repatriation

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

There is no benefit for assistance or treatment overseas.

4.12 >External prostheses or appliances

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

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

This is so long as:

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

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

What is not paid for?

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

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

How to claim

If you want to claim this benefit you should call us on 0800 294 5186 and we will explain what to do next. Please remember to ask the provider of your **external prosthesis** for full, itemised receipts as we cannot pay claims without an itemised receipt showing how much you have paid.

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

4.13 >Fat removal

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

See also [Weight loss treatment](#)

4.14 >Gender re-assignment or gender confirmation

The **trustee** does not pay for gender re-assignment or gender confirmation or any connected **treatments**.

4.15 >Genetic tests

What the trustee pays for genetic tests

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

See section [3.3 - Eligible treatment](#) regarding how we define eligible treatment, conventional treatment and unproven treatment.

The **trustee** does not provide benefit for genetic tests:

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

In addition, genetic tests must be:

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

See also [Preventative treatment and screening tests](#)

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

4.16 >GP and primary care services

Your **healthcare scheme** is not designed to pay for primary care services except as follows:

- Benefit for sight tests and glasses or contact lenses to correct vision up to the amounts shown in your benefits table
- Consultations with our online private GP service, AXA Doctor at Hand, as shown in your benefits table

4.17 >Infertility and assisted reproduction

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

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

4.18 >Learning and developmental disorders

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

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

Some examples of the conditions the **trustee** does not pay for are the following (please call if you would like to know if a condition is covered):

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

4.19 >Long sightedness, short sightedness and astigmatism

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

4.20 >Mechanical heart pumps (Ventricular Assist Devices (VAD) and artificial hearts)

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

4.21 >Mental health

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

Your **healthcare scheme** includes benefit for:

- counselling provided through the Stronger Minds service (for over 18s); and
- **out-patient treatment**; and
- **in-patient** and **day-patient treatment** in hospital paid up to 35 days in a **scheme year**.

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

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

What if my condition goes on for a long time?

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

For more details, see [‘How your membership works with conditions that last a long time or come back’](#)

What is not paid for?

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

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

4.22 >Natural ageing

The **trustee** does not pay for **treatment** of symptoms generally associated with the natural process of ageing. This includes **treatment** for the symptoms of puberty and menopause including symptoms as a result of medical intervention.

4.23 >Nuclear, biological or chemical contamination and war risks

The **trustee** does not pay for **treatment** you need as a result of nuclear, biological or chemical contamination. The **trustee** does not pay for **treatment** you need as a result of war (declared or not), an act of a foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any similar event. However if you are an Armed Forces veteran (by this we mean anyone who has served in His Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations and have been discharged from active duty for 18 months or more), we will cover the **treatment** you need as a result of your previous active service in line with the benefits and rules of your **healthcare scheme**.

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

4.24 >Organ or tissue transplant

What benefit is there for organ or tissue transplant?

The **trustee** will pay for:

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

What the trustee does not pay for organ or tissue transplant

The **trustee** does not pay for:

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

4.25 >Pregnancy and childbirth

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

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

What benefit is there during pregnancy and childbirth?

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

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

Because our cover for pregnancy and childbirth is limited, please call us on 0800 294 5186 to check what you are covered for before starting any private **treatment**

4.26 >Preventative treatment and screening tests

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

What the trustee does not pay for preventative treatment and screening

The **trustee** does not pay for:

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

See also [Genetic tests and Vaccinations](#)

If you're unsure whether your **treatment** is preventative or not, please call us on 0800 294 5186 before going ahead with the **treatment**.

What the trustee pays for genetic tests

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

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

If you're unsure whether your **treatment** is preventative or not, please call us on 0800 294 5186 before going ahead with the **treatment**.

4.27 >Reconstructive surgery

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

What is paid for?

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

The **trustee** will do this so long as:

- we agree the method and cost of the **treatment** in writing beforehand.

Please call us on 0800 294 5186 before agreeing to reconstructive **surgery** so we can tell you if you are covered.

What is not paid for?

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

See also [Cosmetic treatment, surgery or products](#)

4.28 >Rehabilitation

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

What benefit is available for rehabilitation?

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

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

If you need rehabilitation, please call us on 0800 294 5186, as we will need to confirm that we recognise the hospital or unit where you are having the rehabilitation.

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

4.29 >Self-inflicted injury and suicide

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

4.30 >Sexual dysfunction

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

4.31 >Social, domestic and other costs unrelated to treatment

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

4.32 >Sports related treatment

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

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

4.33 >Sterilisation

The **trustee** does not pay for:

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

4.34 >Teeth and dental conditions

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

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

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

4.35 >Treatment abroad

There is no benefit for assistance or treatment overseas.

4.36 >Treatment that is not medically necessary

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

4.37 >Treatments, medical or surgical interventions or body modifications that are not paid for by your healthcare scheme

If you are planning **treatment**, medical or surgical intervention or body modification that is not paid for by your **healthcare scheme**, there is no benefit for:

- any investigations or tests needed to plan or facilitate that **treatment**, medical or surgical intervention or body modification; or
- any further **treatment** needed as a result of your **treatment**, medical or surgical intervention or body modification.

If you had **treatments**, medical or surgical interventions or body modifications previously that would not have been paid for by your **healthcare scheme**, the **trustee** does not provide benefit for:

- further **treatment** or increased **treatment** costs that are as a result of the **treatment**, medical or surgical intervention or body modification you had previously; or
- any **treatment** which is connected with the **treatment**, medical or surgical intervention or body modification you had previously.

See also [Vaccinations](#)

4.38 >Vaccinations

What benefits are provided?

Your **healthcare scheme** will provide benefit for **treatment** you need if you develop a **medical condition** as a result of receiving a Covid-19 vaccination.

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

What's not covered?

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

[See also Preventative treatment and screening tests](#)

There is no benefit for **treatment** needed following any other vaccination.

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

[See also GP and primary care services](#)

4.39 >Varicose Veins

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

What is paid for?

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

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

What is not paid for?

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

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

[>>Please see 'How your membership works with conditions that last a long time or come back \(chronic conditions\)'](#)

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

4.40 >Warts

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

4.41 >Weight loss treatment

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

What is not paid for?

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



5 Managing your membership

- 5.1 > Adding a family member or baby
- 5.2 > Paying income tax on your subscription
- 5.3 > Leaving your employer
- 5.4 > Making a complaint
- 5.5 > Paying your benefit limitation

5.1 >Adding a family member or baby

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

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

Who you can add

You can normally add:

- Your partner. You must either be married, in a civil partnership or living together permanently in a similar relationship.
- Any of your children or your partner's children. Children can stay on the **healthcare scheme** up to the age of 21 or 25 if in full-time education when they will come off the **healthcare scheme** at the renewal date following their birthday.

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

You can add a baby born after fertility **treatment**, or following assisted reproduction (such as IVF), or who you've adopted, to your membership. Benefit for **treatment** has a few limits in these situations.

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

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

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

5.2 >Paying income tax on your subscription

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

5.3 >Leaving your employer

Call us on 0800 028 2915 when you know you're leaving.

If you leave the employer that provides this **healthcare scheme**, it's quick and easy to transfer to a personal plan.

When you transfer to a personal plan with similar cover we can usually continue to cover any existing **medical conditions** without the need for medical underwriting – so you won't have to fill in any form or have a medical examination.

Call us as soon as you know you're leaving as you may find it difficult to get continued cover for any existing or previous **medical conditions** later.

We'll also try to get in touch with you when we know that you're leaving your employer.

5.4 >Making a complaint

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

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

Making a complaint

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

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

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

Please call us on 0800 294 5186.

Or write to:

AXA Health, Nightingale House, Redland Hill, Redland, Bristol BS6 6SH

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

5.5 >Paying your benefit limitation

You have a benefit limitation on your membership of £100 per member every 12 months on a rolling basis. Here is how the benefit limitation works:

The **trustee** will take your benefit limitation off the amount covered by the **healthcare scheme** for the first claim for each person in each rolling 12 month period.

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

Even if your **treatment** costs less than your benefit limitation, please tell us about it so we can make sure we take this into account if you claim again in that 12 month period.

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

The **trustee** only takes the £100 benefit limitation off once per member every 12 months on a rolling basis. So even if you claim several times the **trustee** will only take the benefit limitation off once. It doesn't matter if you claim several times for the same **medical condition** or for several **medical conditions**.

If you have any questions about how your benefit limitation works, please call us on 0800 294 5186.



6.1 > Rights and responsibilities

6.2 > Your personal information

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

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

6.1 >Rights and responsibilities

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

The healthcare scheme

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

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

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

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

The provision of the **treatment** itself, including the date(s) of the **treatment**, will be subject of a separate agreement between you and your treatment provider.

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

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

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

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

Be aware

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

Providing us with information

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

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

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

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

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

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

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

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

International sanctions

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

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

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

Language for your healthcare scheme

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

6.2 >Your personal information

Your personal information

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

Please make sure that everyone included in your membership to the **healthcare scheme** reads this summary and the full data privacy notice on our website. If you would like a copy of the full notice, call us on 0800 294 5186 and we'll send you one.

We want to reassure you we never sell personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information as we need. We will get your consent to process information such as your medical information when it's necessary to do so.

We get information about you and your **family members** who are covered by the **healthcare scheme**. This information can be provided by you, those **family members**, your healthcare providers, your employer, your employer's intermediary (if they have one) and third party suppliers of information, for example, on-line shopping surveys.

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

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

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

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

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

If you want to ask to exercise any of your rights just call us on 0800 294 5186 or write to us at Continuous Improvement Team, AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

If you want to contact the Data Protection Officer you can do so at Data Protection Team, AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

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

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

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

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

You must tell us as quickly as possible if you believe someone else or something (i.e. a third party) contributed to or caused the need for your **treatment**, such as a road traffic accident, an injury or potential clinical negligence.

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

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

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

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

Even if you decide not to make a claim against a third party for the recovery of damages we retain the right (at our own expense) to make a claim in your name against the third party for our Outlay and interest. You must co-operate with all reasonable requests in this respect.

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

If you have any questions please call 0800 294 5186 and ask for the Third Party Recovery team.

7 Glossary

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

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

acupuncturist – a medical practitioner who specialises in acupuncture who is registered under the relevant Act or a practitioner of acupuncture who is a member of the British Acupuncture Council (BAC); and who, in all cases, meets our criteria for acupuncturist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise them as an acupuncturist for benefit purposes in that field for the provision of **out-patient treatment** only.

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

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

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

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

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

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

conventional treatment – **treatment** that:

- is established as best medical practice and is practised widely within the **UK**; and
 - is clinically appropriate in terms of necessity, type, frequency, extent and duration and the facility or location where the **treatment** is provided; and has either
 - been approved by NICE (The National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice; or
 - been proven to be effective and safe for the **treatment** of your **medical condition** through high-quality clinical trial evidence (full criteria available on request).

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

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

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

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

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

discretionary trust – the Sodexo Limited discretionary **healthcare scheme**.

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

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

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

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

facility – a **private hospital**, or unit a centre we have chosen to provide you with **treatment**.

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

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

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

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

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

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

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

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

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

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

non-discretionary trust – the Sodexo Limited non-discretionary **healthcare scheme**.

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

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

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

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

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

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

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

private hospital – a hospital we have chosen to provide your **treatment**.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Claims and queries

including Working Body and Stronger Minds

0800 294 5186

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

If you're leaving your employer

0800 028 2915

Your membership documents are available in other formats.

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

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AXA Health is a trading name of AXA Health Services Limited.

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Registered in England and Wales No. 3429917.

Write to us at: AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

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