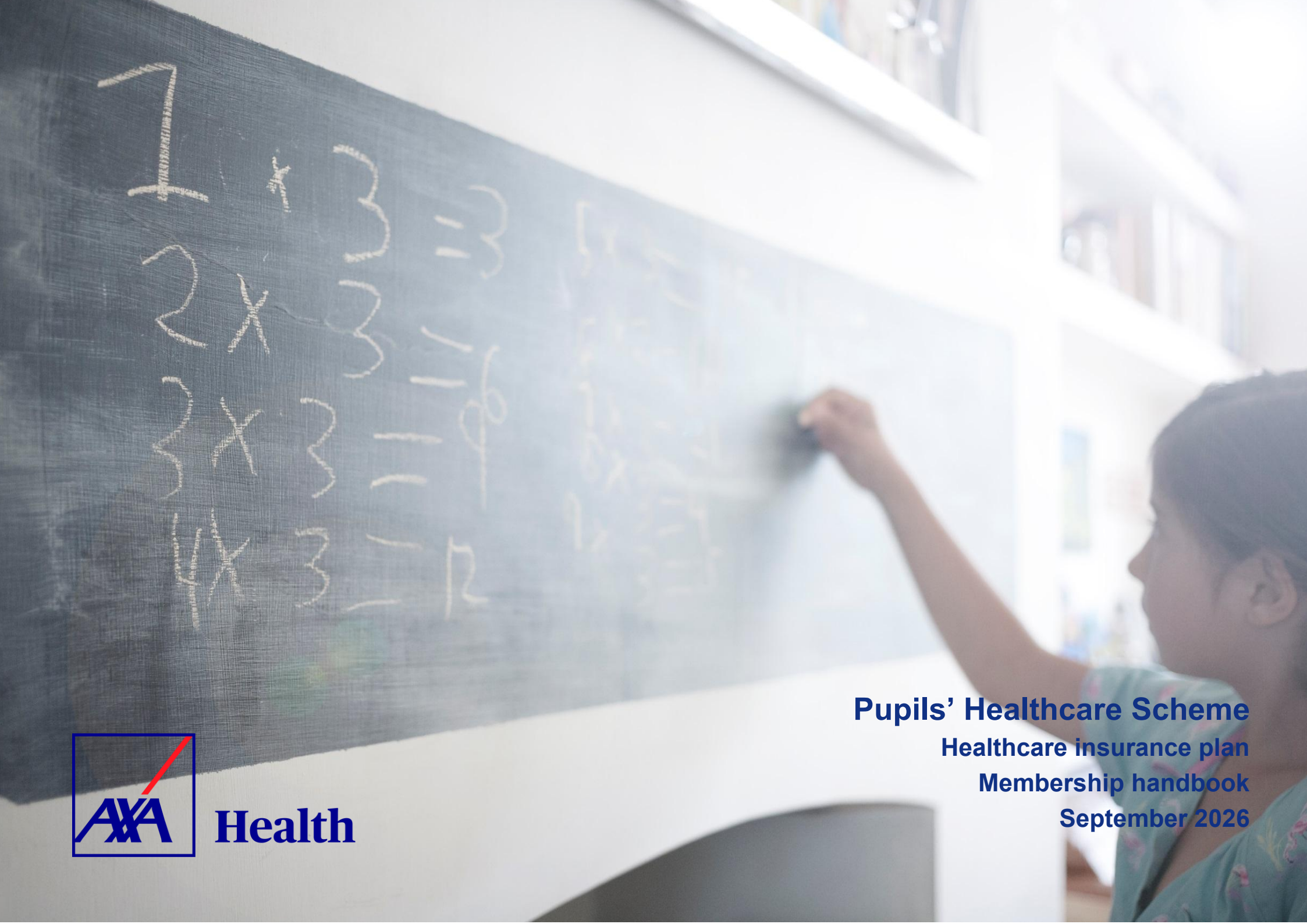


AXA Health

Pupils' Healthcare Scheme

Healthcare insurance plan

Membership handbook

September 2026

Personal Advisory team
03301 025 503

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

For queries or claims pre-authorisation

Find out about our specialist appointment booking service in Section 2 – ‘Making a claim’.

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

If you or the child has hearing, speech or visual difficulties
axahealth.co.uk/accessibility

This gives helpful information and support on how to access the **child’s** documentation and different ways to communicate with us.

Health information
axahealth.co.uk/health

Access to our on-line health centres

Pupils Healthcare Scheme information and support online resource centre

For further information about your **child’s** healthcare cover, including hospital lists and important changes to your **child’s plan**.

axahealth.co.uk/pupilshealthscheme

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

Contents

1 > Quick start guide to membership
- Benefits
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3 > How membership works

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- Includes full details of our **cancer** cover

5 > Managing membership

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1 Quick start guide to membership

This section explains the basics of the cover the school has chosen. It also tells you some of the key things that are not covered too.

Reading this will help you to understand the benefits available. The tables in this guide give you an outline of the cover. For full details of cover, please read the rest of this 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 > Benefits

1.2 > The main things we don't cover

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 the handbook.

You and your

When we use you and your, we mean the **child's** parent or legal guardian named on the **child's** application form. You are not entitled to cover under the **plan**.

We, us and our

When we use we, us and our, we mean AXA PPP healthcare Limited, trading as AXA Health.

1.1 > Benefits

This section shows you the cover the **child** has. Please make sure you call us before each stage of **treatment** so we can let you know the extent of cover.

Where we talk about referral from a GP, we mean a GP at the **child's** GP practice. If the **child's school** provides access to an alternative GP service, we will accept referrals from the alternative GP service under the **child's school's** arrangement.

If the **child** is an **in-patient** or **day-patient**		
Private hospital and **day-patient unit** fees	Paid in full so long as the **child** uses a hospital or **day-patient unit** in the **Directory of Hospitals**	Including fees for **in-patient** or **day-patient**: • accommodation • **diagnostic tests** • using the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the **specialist** uses during **surgery**. >> For more information, see Section 3 - 'The places where the child can be treated'
Cash payment if the **child** uses a hospital or **day-patient unit** that's not in the **Directory of Hospitals**	£100 a night for **in-patient treatment**, £100 a day for **day-patient treatment**	If the **child** has private **in-patient treatment** or **day-patient treatment** at a hospital or **day-patient unit** that is not in the **Directory of Hospitals**. We will only pay this when: • the **treatment** would have been covered by the **plan** • we are not paying for the **treatment**
Hospital accommodation for one adult while the **child** is in hospital	Paid in full	Covers the cost of one adult staying in hospital with the **child**. The **child** must be having **treatment** covered by the **plan**.
Hotel accommodation for one adult while a **child** is in hospital	Up to £100 a night up to £500 a **year**	Pays towards the costs for one adult to stay near to the **private hospital** where the **child** is having **treatment**. The **child** must be having **treatment** covered by the membership.

If the **child** is an **in-patient** or **day-patient**		
Specialist fees	No yearly limit	Includes fees for: • surgeons • anaesthetists • physicians. >> For more information, see Section 3 - 'Paying specialists, practitioners and therapists'

If the **child** is an **out-patient**		
Surgery	No yearly limit	
CT, MRI or PET scans	Paid in full at a **scanning centre**, or hospital listed as a **scanning centre**, in the **Directory of Hospitals**	>> For more information, see Section 3 - 'Paying specialists, practitioners and therapists'
Cash payment if the **child** has a private CT, MRI or PET scan at a hospital or **day-patient unit** that is not in the **Directory of Hospitals**	£100 each visit	If the **child** has a private CT, MRI or PET scan at a **scanning centre** that is not in the **Directory of Hospitals.**
Specialist consultations **Diagnostic tests** when performed by the **child's specialist** and the **child's specialist** refers them **Practitioner** fees when the **child's specialist** refers them	No yearly limit	**Practitioners** are **nurses**, dieticians, orthoptists, speech therapists, psychotherapists or psychologists, and audiologists. A consultation may be face-to-face, by telephone, a video link or an online case assessment with a relevant care service provider we work with. >> For more information, see Section 3 - 'Paying specialists, practitioners and therapists'
Fees for **out-patient treatment** by physiotherapists, **acupuncturists**, osteopaths or chiropractors	Up to a combined overall maximum of 10 sessions in a **year** when the **child's** GP refers them for acupuncture, osteopathy or chiropractic **treatment**. GP referral is not necessary for physiotherapy **treatment** but the session limit still applies. Further sessions when the **child's specialist** refers them as long as we agree them first	We call physiotherapists, osteopaths and chiropractors **therapists.**

Mental Health If the **child** is an **in-patient** or **day-patient**		
Private hospital and **day-patient unit** fees for mental health **treatment**	Paid in full up to 45 days a **year.**	So long as the **child** uses a hospital or **day-patient unit** in the **Directory of Hospitals**. Including fees for: • accommodation • **diagnostic tests** • drugs. >> For more information, see Section 3 - 'The places where the child can be treated'
Cash payment if the **child** uses a hospital or **day-patient unit** that is not in the **Directory of Hospitals**	£100 a night for **in-patient treatment** £100 a day for **day-patient treatment** Up to a combined maximum of 45 days a **year**	If the **child** has private **in-patient** or **day-patient treatment** for a mental health condition at a hospital or **day-patient unit** that is not in the **Directory of Hospitals.** We will only pay this when: • the **treatment** would have been covered by the **plan** • we are not paying for the **treatment**
Specialist fees for mental health **treatment**	No yearly limit	

Mental Health - If the **child** is an **out-patient**		
Specialist consultations for mental health **treatment**	No yearly limit	A consultation may be face-to-face, by telephone, a video link or an online case assessment with a relevant care service provider we work with.
Mental health **treatment** by psychologists and psychotherapists	Up to 4 sessions on the referral of the **child's** GP. If the **child** needs more than 4 sessions then they will need to be referred by a **specialist**	>> For more information, see Section 4 – 'Mental Health'

Additional benefits		
Cash payment when the **child** has free **treatment** under the NHS	£50 per night up to £1,000 each **year**	We pay this when: • the **child** is admitted for **in-patient treatment** before midnight; and • we would have covered the **child's treatment** if they had had it privately. This cash payment is also payable if the **child** has **treatment** in an NHS Intensive Therapy or Intensive Care unit, whether it follows private **treatment** or not.
Oral **surgery**	Paid in full so long as the **child** uses a **facility** that we have an agreement with covering oral **surgery**	So long as the **child's** dentist refers them, we will pay for: • 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 the **child** is having private **in-patient** or **day-patient treatment** and it is medically necessary to use a road ambulance to transport them to another medical **facility**.

Cancer cover and care

For details, see Section 4 – 'Cancer'.

1.2 > The main things we don't cover

Like all health insurance plans, there are a few things that are not covered. We've listed the most significant things here, but please also see the detail later in the handbook.

Does the child's membership mean they don't need to use the NHS?

No. The **child's** insurance 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.

The **child's** plan does not cover	For more information	Notes
Treatment of ongoing, recurrent and long-term conditions (**chronic conditions**)	>> For more information, see Section 3 - 'How membership works with conditions that last a long time or come back'	
Fees if the **child** uses a hospital that is not in the **Directory of Hospitals** unless this has been agreed before the **treatment** takes place.	>> For more information, see Section 3 - 'The places where the child can be treated'	If the **child** uses a different hospital, we may pay a small cash payment. We use a **Directory of Hospitals** as it helps us to keep subscriptions affordable.
Treatment received outside the **UK**		The **child's plan** does not include any cover for **treatment** outside of the **UK**.
Treatment of menopausal symptoms		The **child's plan** does not include cover for **treatment** of menopausal symptoms, including symptoms as a result of medical intervention.

2 Making a claim

- Making a claim
  Cover for treatment, tests and diagnoses

- Ask our health professionals
  24/7 health support line
  Health information
  Dedicated nurses

Making a claim

03301 025 503

Accessing treatment

If your child needs a GP referral

When your **child's** GP says they need to see a specialist or have more **treatment**, tell them your **child** has health insurance and ask them for an 'open referral'. We will accept referrals from a GP at the **child's** GP practice. If the **child's school** provides access to an alternative GP service, we will accept referrals from the alternative GP service under the **child's** school's arrangement.

With an open referral the **child's** GP doesn't name a particular specialist but instead gives the type of specialist the **child** needs to see, for example, a cardiologist. This means we can source **specialists** for you, and even book your appointment for the **child**.

In some cases there will not be a **private hospital** with the necessary paediatric facilities within a reasonable distance. In those cases we can pay for **treatment** that is covered to be provided privately at an NHS hospital.

Starting a claim

Contact us on 03301 025 503 before arranging any **treatment**. If the claim is urgent, we recommend you call us so we can make sure your **child** is covered for the claim before they have any **treatment**.

It's important you contact us before the **child** sees the **specialist** or has any **treatment** so we can tell you what they're covered for. This will mean you don't end up having to pay for costs you're not expecting.

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

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 the **child's** GP or **specialist**. You, the **child**, the GP or the **specialist** must provide us with the information we ask for by the date that we ask for it or we may not be able to cover the claim.

If the child needs further treatment, please call us first.

Specialist appointment booking service

We have a team who can source a **fee-approved specialist** for the **child** and even book the appointment. When the **child's** GP says they need to see a specialist or have more **treatment**, ask them for an 'open referral'.

What if the child's GP refers them to a named specialist?

Contact us on 03301 025 503 and we'll help from there.

Getting a second opinion

If you would like a second opinion, we can source an alternative **specialist** who we'll pay in full.

Treatment from a physiotherapist without a GP referral

The **child** can get access to **treatment** from a physiotherapist without the need for a GP referral. As soon as they develop a problem, just call us. We'll check their cover and can make an appointment with a physiotherapist for them.

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

Ask our health professionals

A service that is available to the **child** and their family. 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 we're 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 health professionals 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.

24/7 health support line

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 health professionals, specialist organisations and NHS resources.

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

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

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

24/7 support for cancer and heart

Speak to our specialist cancer and heart nurses

Dedicated Heart Nurse

0800 2182 303

Dedicated Cancer Nurse
0800 1114 811

9am to 5pm Monday to Friday

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

0800 003 004

3 How membership works

3.1 > How we pay claims

3.2 > Looking at who should provide treatment

3.3 > Eligible treatment

3.4 > Our cover for treatment and surgery

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

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

3.7 > Paying specialists, practitioners and therapists

3.8 > The places where the child can be treated

3.9 > General restrictions

Please read all of the handbook

For full details of how the **child's** membership works, please read the rest of this handbook too.

Any questions?

If you're unsure how something works, just call 03301 025 503 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 the **child** had **treatment**. If **treatment** is not covered for any reason, we will let you know.

How do you pay medical bills?

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

>> For more information, see Section 3 - 'Paying specialists, practitioners and therapists'

Do I need to tell the place where the child has treatment that they are an AXA Health member?

Yes, you must tell the place where the **child** has their **treatment** that they are an AXA Health member. This will mean that the fees charged for **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 the **child's** medical bills yourself and their **treatment** is covered, we will refund you the rates we have agreed with the hospital or centre. Please send the original, itemised receipts from the **specialist** or hospital to AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE.

You should send us any receipts for **treatment** within 6 months after the **child** has had the **treatment**, unless this is not reasonably possible.

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

What happens if there is a shortfall payment to be paid?

In some cases there will be a shortfall which is not covered by the **plan**. Usually the person dealing with the claim will be contacted to make this payment. This may be you, an individual from the **school**, the **child**, or another person you or the **child** have requested to act on their behalf.

Who will be paid any cash benefits that the child is entitled to?

Cash benefits that the **child** is entitled to will be paid to the person dealing with the claim. This may be you, an individual from the **school**, the **child**, or another person you or the **child** have requested to act on their behalf.

What should I do if the child needs further treatment?

If the **child** needs further **treatment**, please call us first to confirm their cover.

The information we may need when you make a claim

When you call us, we'll explain if **treatment** is covered 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 medical records.

What does 'more detailed' mean?

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

We may need the **child's** GP or **specialist** to send us more details about their **medical condition**. The GP may charge you for providing this information. This charge is not covered by the **plan**.

We may also ask you to give us consent to access the **child's** 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 the **child's 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 the **child**. In these cases, we will pay for the specialist to do this and will take the **child's** 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, or the **child,** do not give us the information we ask for, or do not consent to our accessing the **child's** medical records when we ask, we will not be able to assess the claim and so will not be able to pay it. We may also ask you to pay back any money that we have previously paid to do with this **medical condition**.

What if the child's treatment isn't covered?

If the **child's** membership doesn't cover their **treatment**, we'll explain this and also tell you about what we can do to support you through the **child's** NHS **treatment**.

What if I want the child to see a specific specialist?

We always recommend you ask the **child's** GP for an open referral. That's a referral that doesn't name a specialist. With an open referral, we can source **specialists** for you, and even book your **child's** appointment.

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

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

You can find independent information about private consultants and hospitals, including the costs and quality of care, from the Private Healthcare Information Network: www.phin.org.uk

What happens if the child needs emergency treatment in the UK?

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

If the **child** needs further **treatment** after their emergency **treatment**, please call us, as we may be able to cover this.

If the **child** has free **treatment** on the NHS that would have been covered by the **plan**, we will pay them a cash payment. This includes **treatment** in an NHS Intensive Therapy or Intensive Care Unit.

Does my child's plan cover treatment at an Urgent Care Centre?

There is no cover for **treatment** at an Urgent Care Centre, or for any **treatment** where your **child** is referred by a medical practitioner at an Urgent Care Centre.

3.2 > Looking at who should provide treatment

The **child's** membership does not cover primary care services such as any service that could be provided by GPs, dentists and opticians. This includes drugs and **treatment**.

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

3.3 > Eligible treatment

The **child's** membership covers '**eligible treatment**'.

'**Eligible treatment**' is **treatment** of a **medical condition** that is covered by this **plan** and is not excluded by any of the rules in this handbook. You should read all sections of this handbook together.

If we are not sure whether the **child's 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 the **child** to confirm that their **treatment** is eligible **treatment**. In these cases, we will pay for the specialist to do this.

3.4 >Our cover for treatment and surgery

We cover treatment and surgery that is **conventional treatment**.

What do you mean by conventional treatment?

We define **conventional treatment** as **treatment** that is established as effective and delivered as best medical practice for the **child's medical condition**. It must be practised widely in the **UK** for the **child's medical condition**. It must be known to be clinically safe, effective, and appropriate in terms of necessity, type, frequency, extent and duration. It must include the involvement of a multidisciplinary team where required and must be delivered at an appropriate **facility** or location.

In addition, to meet our definition it must be approved by NICE (The National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice for the **child's medical condition** and underpinned by high quality evidence. Otherwise, it must have evidence that meets the guidance criteria we set out which is available at axahealth.co.uk/healthcare-funding or on request.

Are there any restrictions on what you pay for conventional treatment?

Yes. There may be more than one **conventional treatment** available for the **child's medical condition**. We will only pay for **conventional treatment** that doesn't cost more than an equivalent **conventional treatment** that gives a similar clinical or diagnostic outcome.

For example, if robotic **surgery** is more expensive than an equivalent **surgery**, we will only pay the higher cost if the robotic **surgery** has been demonstrated to provide a better clinical outcome using high quality evidence.

You can choose to go ahead with the more expensive **surgery** or **treatment** even if there is no evidence it will give a better clinical outcome. If you do this, it will be your responsibility to pay any difference between the two costs.

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.

If there is more than one brand of the same drug that will treat the **child's medical condition**, we will pay for the lowest cost drug. We will only pay for an equivalent higher cost drug if there is evidence that drug will give a better clinical outcome.

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 03301 025 503 and we'll send you a copy

Are there any additional requirements for medical devices?

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

What happens if the child's specialist says they need treatment that is not conventional treatment?

We know our members may want to have access to developing **treatments** as they become available. Our general position is that there is no cover for **treatment** or **surgery** that is not **conventional treatment** for the **child's medical condition**. We call this **unproven treatment**.

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

The cover for **unproven treatment** is more restrictive than for **conventional treatments**. We will only pay for **treatment** that we agree is a suitable equivalent to **conventional treatment** for the **child's medical condition**. This means that we will never pay for an **unproven treatment** if there is no established **conventional treatment** available for the **child's medical condition**. To understand what the equivalent **conventional treatment** is we will look at the **treatment** of other patients with the same **medical condition,** features and prognosis. **Unproven treatment** must have high quality evidence of its safety and take place in the **UK**. There may be times when all **conventional treatment** options for the **child's** condition have been tried. At this point, it may become necessary for you and/or the **child's** treating clinicians or their GP to consider alternative treatments, which are not covered by the terms of the **child's** AXA Health plan. These may be in other settings such as the NHS.

Are there restrictions on what you pay for unproven treatment?

If there is no suitable equivalent **conventional treatment** for the **child's medical condition**, there won't be any cover for the **unproven treatment**.

There is no cover for any costs if the **child** is having **treatment** as part of a registered clinical trial.

If we agree to pay for the **child's unproven treatment**, the most we will pay is up to the amount we would pay for the equivalent **conventional treatment**. This is based on the **UK** average amount that we would pay a **fee-approved specialist** and hospital in the **Directory of Hospitals**.

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

Yes, if you would like the **child** to have an **unproven treatment**, you or the **child's specialist** must contact us at least 10 working days before you book that **treatment**. This is so we can get the full details of the **treatment** and the clinical evidence. We can also support with additional information and questions for the **child's specialist** before the **child** has **treatment**.

There will be no cover for **unproven treatment** if we are not contacted at least 10 days before the **treatment** is booked. You cannot pay for **unproven treatment** yourself and reclaim the costs from us.

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

Will there be any restrictions on the child's cover after they have had unproven treatment?

Yes there will. We will not pay for further **treatment** for the **child's medical condition** after they have had **unproven treatment**. This includes **treatment** of any complications or other **medical conditions** associated with the **unproven treatment**.

To check whether we will agree to cover a treatment, please call us on 03301 025 503 before you book the treatment.

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

The **school plan** covers **treatment** of conditions that you were aware of or the **child** already had when they joined.

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

What are acute conditions and chronic conditions?

Like most health insurers we use the Association of British Insurer's definitions for these:

Acute conditions

An **acute condition** is a disease, illness or injury that is likely to respond quickly to **treatment** that aims to return the **child** to the state of health they were in immediately before suffering the disease, illness or injury, or that leads to their 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; or
- it needs ongoing or long-term control or relief of symptoms; or
- it requires the **child's** rehabilitation, or for them 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 membership cover conditions that last a long time or come back (chronic conditions)?

Like most health insurance, membership is designed to cover unexpected illness and conditions that respond quickly to **treatment** (**acute conditions**).

What happens if a condition is a chronic condition?

If the **child's** condition is chronic, there will be a limit to how long we cover **treatment**. If we are not able to continue to cover **treatment**, we will tell you beforehand so you can decide whether to start paying for the **treatment** yourself, or to transfer the **child's treatment** to the NHS.

How does this affect cover for cancer treatment?

There is a full explanation of how we cover **cancer treatment** in Section 4 of this handbook.

How does this affect cover for treatment of heart conditions?

If the **child** has any of the following **surgery** on their heart, we will carry on paying for long-term monitoring, consultations, check-ups and examinations related to the **surgery**. We will continue to pay for this while the **child** is still a member and has **out-patient** cover.

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

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

Are there any conditions that are always regarded as chronic?

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

If the **child** has one of these conditions, we will contact you to tell you when we will stop cover 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 the **child's treatment** to the NHS.

What treatment is covered for chronic conditions?

There are particular situations where we can cover **treatment** for **chronic conditions**.

- The initial investigations to diagnose the **child's** condition.
- **Treatment** for a few months so that the **child's specialist** can start their **treatment.**

Unless we've contacted you to say we will stop covering **treatment** for the **child's** condition, we will cover short-term **in-patient treatment** to take the **child's** condition back to its controlled state if the **child's** condition flares up or the **child** develops complications.

To check whether we will agree to cover a treatment, please call us on 03301 025 503 before you book the treatment

3.7 > Paying specialists, practitioners and therapists

Does my child's plan cover the full fees charged by specialists?

If the **child's treatment** is covered, we will pay different amounts depending on what kind of arrangement we have with their specialist.

Fee-approved specialist.

Using a **fee-approved specialist** gives you the maximum reassurance, as we pay all their fees. If you use our specialist appointment booking service, and you would like us to book the **child's** appointment for you we will book it with a **fee-approved specialist**.

Fee-limited specialist.

You may need to pay some costs yourself.

Specialists we do not pay for.

We do not pay any of their costs.

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

Very occasionally the arrangement we have with a **specialist** may change, for example, a **fee-approved specialist** may move to the **fee-limited specialist** category. This means that what we will pay for **treatment** with that **specialist** may also change. It's important you contact us before the **child** sees their **specialist** or has any **treatment** so that we can tell you what they're covered for.

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

Fee approved specialists – what we pay

We will recommend the **child** sees a **fee-approved specialist**, as this will give you the maximum reassurance that the costs will be covered.

Call us as soon as the **child** has seen their GP, and we can make the **child's** appointment with a **fee-approved specialist** for you.

This will mean that so long as the **child's treatment** is covered, we will pay for the following for a **fee-approved specialist**:

- consultations (which may be face-to-face, by telephone, a video link or an online case assessment with a relevant care service provider we work with). These will be covered under the **out-patient** consultation benefit if we have agreed with the **specialist** that he/ she is recognised by us to carry out remote consultations for our members.
- **diagnostic tests**
- hospital **treatment**
- surgery.

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

Fee-limited specialists – what we pay

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

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

Schedule of procedures and fees

This is a list of the fees we pay.

You can find it at axahealth.co.uk/fees or call us on 03301 025 503 and we'll send you a copy

Specialists we do not pay for

We will not pay any of their costs, so you will need to pay all their costs yourself.

There are some specialists that are not on either our 'fee approved' or 'fee limited' lists. This means that we will not pay any of their fees or any fees for **treatment** under their direction. If you do not want to pay for **treatment**, call us before the **child** starts their **treatment**. We will be happy to find a **specialist** whose fees we will cover.

What about anaesthetists?

If you think that the **child's treatment** will involve an anaesthetist, please check with their **specialist** which anaesthetist they will use and let us know before the **child's treatment** starts. We will then be able to tell you whether we pay their fees (see '**Fee-approved specialists**' above).

If you don't know which anaesthetist the **child's specialist** will use, we will do everything we can to let you know if they often use an anaesthetist that we do not pay in full.

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

Who will be paid under the benefit for practitioners?

We will pay for the **out-patient treatment** the **child** needs with a **practitioner**. By **practitioners** we mean a:

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

We will pay so long as a **specialist** refers the **child** and is directing their **treatment**.

We pay **practitioners** up to the levels shown in our schedule of procedures and fees.

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

Who will be paid under the benefit for therapists?

We will pay **out-patient treatment** fees up to the levels shown in the benefits table for **treatment** with physiotherapists, osteopaths and chiropractors.

The **child** will need to see a **therapist** we recognise. We will pay as long as the **child's treatment** is covered and the **child's** GP or **specialist** refers them.

We pay physiotherapists, osteopaths and chiropractors in full if we recognise them.

If the **child** uses a **therapist** we do not recognise, we will not pay for the **child's treatment**.

Acupuncturists

We will pay **out-patient treatment** fees up to the levels shown in the benefits table for **acupuncturists** we recognise. We will pay as long as the **child's treatment** is covered and the **child's** GP or **specialist** refers them.

We pay **acupuncturists** up to the levels shown in our schedule of procedures and fees.

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

Who will be paid for mental health treatment?

We will pay for covered **in-patient** or **day-patient** mental health **treatment**, including **specialist** fees. If the **child** needs to go into hospital for **in-patient** or **day-patient treatment** of a mental health condition, the hospital will contact us to check their cover before they go in.

We 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 the **treatment**.

We will pay psychologists and psychotherapists up to the levels shown in our schedule of procedures and fees.

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

3.8 > The places where the child can be treated

Where can the child have treatment?

If the **child's treatment** is covered by their membership, we will pay the hospital fees in full. This is so long as a **specialist** is overseeing **treatment**, and they use one of the following listed in the **Directory of Hospitals**:

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

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

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

>> For more information about how we pay for treatment, see Section 3 - 'Paying specialists, practitioners and therapists'

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

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

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

What must you tell the place where the child has treatment?

You must tell the place where the **child** has their **treatment** that they are an AXA Health member. This will help to ensure that the fees charged for their **treatment** are those we have agreed with the hospital or centre.

What happens if the child uses a different hospital or scanning centre that we have not sourced for you?

If it is medically necessary for the **child** to use a **hospital**, **day-patient unit** or **scanning centre** not listed in the **Directory of Hospitals**, we will pay £100 a day for **day-patient treatment** or £100 a night for **in-patient treatment** or £100 a visit to a **scanning centre**. You will need to pay any remaining balance yourself. This could be a significant amount.

In some cases there will not be a **private hospital** with the necessary paediatric facilities within a reasonable distance. In those cases we can pay for **treatment** that is covered to be provided privately in an NHS hospital.

Where can the child have out-patient treatment?

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

- the **child's treatment** is covered by their membership; and
- a **specialist** is overseeing it; and
- the facility is recognised by us to provide **out-patient** services.

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

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

We do not pay for **out-patient** drugs or dressings.

What about intensive care?

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

- the **child** is already having private **treatment** that is covered by their membership; and
- the intensive care **treatment** immediately follows the private **treatment** that was covered by their membership; and
- you have asked for the **child** to have the intensive care **treatment** privately; and
- we have agreed the costs before the **child** starts the intensive care **treatment**.

If the **child** needs intensive care **treatment**, you or their **specialist** should call us on 03301 025 503 before they are admitted to intensive care so we can tell you if the **child** is covered.

Where can I have cataract surgery?

If the **child** needs cataract **surgery**, we will pay for their **treatment** at any **facility** where we have an agreement covering cataract **surgery**. These are shown in the **Directory of Hospitals**. The **child's** GP will need to refer them for the **treatment**.

Where can the child have oral surgery?

We will pay for oral **surgery** at any **facility** that we have an agreement with covering oral **surgery**. These are shown in the **Directory of Hospitals**. The **child's** dentist will need to refer them for the **treatment**.

Please contact us to find an appropriate specialist and facility for the child's treatment.

What about treatment on the NHS?

If the **child** has free **treatment** on the NHS that would have been covered by their membership, we will pay them 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.

Does the plan cover payment for treatment anywhere else?

We only pay for **treatment** at the places listed. For example, we do 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

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

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

Treatment and referrals by family members

We will not pay for drugs or **treatment** if:

- the person referring the **child** is a member of their family
- the person who treats the **child** is a member of their family.

4 Cover for specific conditions, treatment, tests and costs

There are particular rules for how we cover some conditions, **treatments**, tests and costs. This section explains what these are.

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

Any questions?

If you're unsure how something works, just call 03301 025 503 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 therapies
4.3 > Breast reduction
4.4 > Chiropody and foot care
4.5 > Contraception
4.6 > Cosmetic treatment, surgery or products
4.7 > Criminal activity
4.8 > Dialysis
4.9 > Drugs and dressings
4.10 > External prostheses or devices
4.11 > Eye conditions
4.12 > Fat or surplus tissue removal
4.13 > Gender re-assignment or gender confirmation
4.14 > Genetic tests
4.15 > GP and primary care services
4.16 > Learning and developmental disorders
4.17 > Mechanical heart pumps (Ventricular Assist Devices (VAD) and artificial hearts)
4.18 > Mental Health
4.19 > Nuclear, biological or chemical contamination and war
4.20 > Organ or tissue donation
4.21 > Preventative treatment and screening tests
4.22 > Reconstructive surgery
4.23 > Rehabilitation
4.24 > Self-inflicted injury and suicide
4.25 > Sexual dysfunction
4.26 > Social, domestic and other costs unrelated to treatment
4.27 > Sports related treatment
4.28 > Teeth and dental conditions
4.29 > Treatment abroad
4.30 > Treatment that is not medically necessary
4.31 > Treatments not covered by the plan
4.32 > Vaccinations
4.33 > Warts, verrucas and skin tags
4.34 > Weight loss treatment

4.1 > Cancer

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

About our cover for cancer treatment

We will cover 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 the **child's** treatment.

The child's nurse or case manager will be happy to speak to the **child's** 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 the illness to friends and family.

Alternative support if you choose to have treatment on the NHS

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

Please call us before the **child's treatment** begins so we can discuss the options and what is available.

If cancer is diagnosed, please call us on 03301 025 503 so we can explain what support we can offer

If the **child** has **day-patient** or **out-patient** radiotherapy or chemotherapy on the NHS, and the **plan** would have covered that **treatment**, we will make a cash payment of £100 a day.

We will also make a cash payment for **in-patient treatment** on the NHS (as well as **out-patient** and **day-patient** radiotherapy or chemotherapy). Please see the details in the benefits table.

If the **child** is having **in-patient treatment**, and the **plan** covers that **treatment** there is benefit for an adult to stay in the hospital with the **child**. In addition there is benefit for a second adult to stay in a hotel nearby. Please see the details in the benefits table.

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

We don't apply our rules about chronic or recurring conditions to **cancer**. Please carefully read all of this section to find out how we cover **treatment** for **cancer**.

Comparing our cancer cover

To help make our **cancer** cover clearer, the following information is in a format that the Association of British Insurers (ABI) recommend.

Place of treatment	Is the **child** covered?
Private hospitals, **day-patient units** or **scanning centres** listed in the **Directory of Hospitals**	Yes
Drug **treatment** for **cancer** at home or somewhere else that is appropriate	Yes. We will pay in full for a **nurse** from a healthcare services supplier that we have a contract with to give the **child** drug **treatment** to kill **cancer** cells. The **child** can have this **treatment** at home or another place that is appropriate. This could be chemotherapy by intravenous drip, an injection, delivery of oral chemotherapy tablets or other **treatment**. The **child's cancer treatment** needs to be under the supervision of a **specialist** and we must agree to it first.

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

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

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

Preventative	Is the **child** covered?
Preventative treatment, such as: • screening when there are no symptom(s) of **cancer**. For example, if the **child** had a screen to see if there was a genetic risk of breast **cancer**, we would not cover 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 the **child** covered?
Out-patient drugs or other drugs that a GP could prescribe or could be bought over the counter. This includes drugs or prescriptions given to take home if the **child** has had **in-patient**, **day-patient** or **out-patient treatment**	No – Please call us about these drugs. We don't cover them, but we can help you apply to get these paid for by the NHS. Call us on 03301 025 503 and we can talk you through this.
Drug **treatment** to kill **cancer** cells – including: • biological therapies • chemotherapy	Yes There is no time limit on how long we cover these drugs. We will cover if: • they have been licensed by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency, and • they are used according to their license, and • they have been shown to be effective. Because drug licenses change, this means that the drugs we cover will change from time to time. Please call us once you know the treatment plan.
Advanced therapies	We only cover advanced therapies when they are used as listed on our 'advanced therapies' list at the time the **child** needs the **treatment**. Please see axahealth.co.uk/advancedtherapies for details of the **treatments** we cover, or call us. >> For more information, see Section 4 – 'Advanced therapies'

Drug Therapy	Is the **child** covered?
Unproven drugs	No. There is no cover for unproven drugs or drugs that are used outside of their licence. >> For more information about conventional treatment and unproven treatment, see Section 3 – 'Our cover for treatment and surgery'
Other Drugs We cover: • Bone-strengthening drugs such as bisphosphonates or Denosumab • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex) • Antivirals, antibiotics, antifungals, antisickness and anticoagulant drugs	Yes. We will only pay for these drugs for a period of three months when they can't be prescribed by a GP
Drugs for treating conditions secondary to **cancer** such as erythropoietin (EPO)	Yes, while the **child** is having chemotherapy that is covered by the **plan**.

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

Palliative and end of life care	Is the **child** covered?
Care to relieve pain or other symptoms rather than cure the **cancer**	We will provide cover and support throughout **cancer treatment** even if it becomes incurable. We cover radiotherapy, chemotherapy and **surgery** (such as draining fluid or inserting a stent) to relieve pain.
Donation to a hospice where the **child** is having end of life care, or a donation to a service providing hospice at home care. Donation to a registered hospice charity that is providing the **child** with end of life care, either at a hospice or for hospice at home care	£100 for each night. This is a charitable donation paid direct to a registered hospice charity when the **child** is provided free **treatment** in a hospice. £100 for each day. This is a charitable donation paid direct to a registered hospice charity when the **child** is provided free hospice at home **treatment** instead of having **treatment** in a hospice.

Monitoring	Is the **child** covered?
Follow ups – cover for follow up consultations and reviews for **cancer**	Yes, so long as this is appropriate for the **child's cancer**, the **child** is still a member and has a plan that covers this. Please contact us before the **child's treatment** so we can explain the cover we offer.
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

Limits	What limits are there?
Time limits on **cancer treatment** The **child's** membership covers them while they are having **treatment** to kill **cancer** cells	None
Money limits on **cancer treatment**	No specific limits – the same rules apply to **cancer treatment** as for any other **treatment.**

Other benefits	Is the **child** covered?
Stem cell or bone marrow transplant	Yes. We will cover the reasonable costs for a stem cell or bone marrow transplant as long as: • the stem cell or bone marrow transplant is for the **treatment** of **cancer**; and • it is **conventional treatment** for that **cancer**. It does not include any related administration costs. For example, we will not cover the cost of searching for a donor, the harvesting of cells from a donor or transport costs for tissue or harvested cells. » For more information, see Section 3 – 'Our cover for treatment and surgery' and Section 4 – 'Organ or tissue transplant'
The cost of wigs or other temporary head coverings or external prostheses needed because of **cancer** whilst the **child** is having **treatment** to kill **cancer** cells	Yes – up to £400 a **year** for wigs or other temporary head coverings and up to £5,000 a **year** for prostheses.

4.2 >Advanced therapies

There are a number of highly specialised **treatments** being developed which involve modification of genetic material as part of their production. We call these 'advanced therapies'. Examples of these include advanced therapy medicinal products (ATMP), gene therapies and therapeutic vaccines.

Your **child's plan** will only cover these advanced therapies when they are listed on our 'advanced therapies list' at the time the **child** needs the **treatment**. Full details on the cover we will provide can be found at axahealth.co.uk/advancedtherapies or by calling us before you start **treatment**.

4.3 > Breast reduction

We do not cover either male or female breast reduction

4.4 > Chiropody and foot care

We will not cover any general chiropody or foot care, even if a surgical podiatrist provides it. This includes things like gait analysis and orthotics.

4.5 > Contraception

We do not cover contraception or any consequence of using contraception.

4.6 > Cosmetic treatment, surgery or products

We do not cover:

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

>> See also Section 4 – 'Reconstructive surgery'

4.7 > Criminal activity

We do not cover **treatment** the **child** needs as a result of their active involvement in criminal activity.

4.8 > Dialysis

We do not cover regular or long-term dialysis if you have chronic organ failure.

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

4.9 > Drugs and Dressings

We don't cover drugs, dressings or prescriptions that:

- are given to take home after **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 the **child** attends 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 how we cover cancer treatment in Section 4 – 'Cancer'

4.10 > External prostheses or devices

We do not cover any costs relating to external devices, this includes the buying, hiring or fitting of the device. We do not cover crutches, joint supports or contact lenses.

We will pay the cost of wigs or other temporary head coverings and external prostheses needed because of **cancer** whilst the **child** is having **treatment** to kill **cancer** cells up to the amount shown in the **cancer** table.

4.11 > Eye conditions

We do not cover any **treatment** or investigations to do with:

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

4.12 > Fat or surplus tissue removal

We do not cover the removal of fat or surplus tissue, such as abdominoplasty (tummy tuck), whether the removal is needed for medical or psychological reasons.

4.13 > Gender re-assignment or gender confirmation

We do not cover gender re-assignment or gender confirmation or any connected **treatments**.

4.14 >Genetic tests

What is covered?

We will pay for genetic testing when it is proven to help choose the best **eligible treatment** for the **child's medical condition**.

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

What is not covered?

We do not cover genetic tests:

- to check whether the **child** has a **medical condition** when they have no symptoms; or
- they have a genetic risk of developing a **medical condition** in the future; or
- to find out if there is a genetic risk of them 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 the **child's** 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:

- listed in the NHS England National genomic test directory and used for the purposes listed in the directory; and
- 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.

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

Please call us before the **child** has any genetic tests to confirm that we will cover them. The **child's specialist** might want to do a variety of tests and they might not all be covered. The cost to you might be significant if the tests aren't covered under the **child's plan**.

4.15 > GP and primary care services

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

4.16 > Learning and developmental disorders

We do not cover any **treatment**, investigations, assessment or grading to do with:

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

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

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

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

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

4.18 > Mental health

We will cover the **child's treatment** for mental health conditions up to the levels shown in the benefits table.

Cover includes:

- **out-patient treatment**; and
- **in-patient** and **day-patient treatment** in hospital paid up to 45 days in a **year**.

What happens if the child needs to go into hospital for a mental health condition?

If the **child** needs to go into hospital for **in-patient** or **day-patient treatment** of a mental health condition, the hospital will contact us to check the **child's** cover before they go in. If the **child's treatment** is covered, 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 the condition goes on for a long time?

Our normal rules on **chronic conditions** apply to mental health conditions. So if the **child's** condition becomes chronic, unfortunately we may no longer be able to cover their **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 the **child** to the NHS.

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

What is not covered?

We do not cover any **treatment** connected in any way to:

- an injury the **child** inflicted on themselves deliberately; or
- a suicide attempt.

4.19 > Nuclear, biological or chemical contamination and war risks

We do not cover **treatment** the **child** needs as a result of nuclear, biological or chemical contamination. We do not cover **treatment** the **child** needs as a result of war (declared or not), an act of a foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a lawful government, explosions of war weapons, or any similar event.

We do cover **treatment** due to a **terrorist act** so long as the act does not cause nuclear, biological or chemical contamination.

4.20 > Organ or tissue transplant

What is covered for organ or tissue transplant?

We 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 is not covered for organ or tissue transplant?

We do 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.

4.21 > Preventative treatment and screening tests

Health insurance is designed to cover problems that the **child** is experiencing at the moment, so it generally doesn't cover preventative **treatment** or screening tests including genetic tests.

What is not covered for preventative treatment and screening tests?

We do not pay for:

- preventative **treatment** such as preventative mastectomy; or
- preventative screening tests; or
- routine preventative examinations and check-ups; or
- tests to check whether:
  - the **child** has a **medical condition** when they have no symptoms; or
  - the **child** has a risk of developing a **medical condition** in the future; or
  - there is a risk of the **child** 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 the **child's** 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 the **child** has a **medical condition** if they do not have symptoms; or
- vaccinations.

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

If you're unsure whether the child's treatment is preventative or not, please call us on 03301 025 503 before going ahead with the treatment.

4.22 > Reconstructive surgery

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

What is covered?

We will cover the **child's** first reconstructive **surgery** following a medically documented accident or **surgery** for a **medical condition**.

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

Please call us on 03301 025 503 before agreeing to reconstructive surgery so we can tell you if the child is covered.

What is not covered?

We do not cover **treatment** that is connected to previous reconstructive or cosmetic **surgery**.

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

4.23 > Rehabilitation

We do cover **in-patient** rehabilitation for a short period, but there are some limits to our cover.

What is covered for rehabilitation?

We will cover **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** that is covered by the **child's** membership; and
- a **specialist** in rehabilitation is overseeing **treatment;** and

- the **child** has their **treatment** in a rehabilitation hospital or unit that is included in the **Directory of Hospitals**; and
- the **treatment** can't be carried out as a **day-patient** or **out-patient**, or in another suitable location; and
- we have agreed the costs before the **child** starts rehabilitation.

If the **child** needs rehabilitation, please call us on 03301 025 503, as we will need to confirm that we recognise the hospital or unit where they are having the rehabilitation.

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

4.24 > Self-inflicted injury and suicide

We do not cover **treatment** needed as a direct or indirect result of a deliberately self-inflicted injury or a suicide attempt.

4.25 > Sexual dysfunction

We do not cover **treatment** for sexual dysfunction or anything related to sexual dysfunction.

4.26 > Social, domestic and other costs unrelated to treatment

We do not cover the costs that are paid for social or domestic reasons, such as home help costs. We do not cover the costs that are paid for any reasons that are not directly to do with **treatment** such as travel to or from the place the **child** is being treated.

4.27 > Sports related treatment

We do not cover **treatment** the **child** needs as a result of training for or taking part in any sport for which they:

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

4.28 > Teeth and dental conditions

The **plan** does not cover 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 we will not pay any fees for dental specialists, such as orthodontists, periodontists, endodontists or prosthodontists.

We will cover the following types of oral **surgery** when the **child** is referred for **treatment** by a dentist:

- removing impacted teeth, buried teeth and complicated buried roots
- removal of cysts of the jaw (sometimes called enucleation).

4.29 > Treatment abroad

There is no cover for assistance or treatment outside of the **UK**.

4.30 > Treatment that is not medically necessary

Like most health insurers, we only cover **treatment** that is medically necessary. We do not cover **treatment** that is not medically necessary, or that can be considered a personal choice.

4.31 > Treatments not covered by the plan

We don't cover **treatment** that is connected to anything not covered under the **child's plan**. This means we won't pay for further **treatment** or increased **treatment** costs if the **child** has any medical or surgical procedure we wouldn't have covered under the **child's plan**. We also won't pay if the **child** needs **treatment** as a result of a body modification.

There is no cover for any costs for investigations, tests or **treatments** which are only needed so the **child** can have **treatment** that isn't covered under the **child's plan**. There is also no cover for costs if you are planning for the **child** to have a medical or surgical procedure or body modification that wouldn't be covered under the **child's plan**.

>> See also Section 4 – 'Vaccinations'

4.32 >Vaccinations

What is covered?

Your **child's plan** will cover **treatment** your **child** needs if they 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 cover on your **child's plan** for vaccinations or their administration.

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

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

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

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

4.33 > Warts, verrucas and skin tags

We do not cover **treatment** of skin warts, verrucas or skin tags.

4.34 > Weight loss treatment

We do not cover any weight loss **treatment**, regardless of why it is needed. This includes drug **treatment**, **surgery** and procedures such as the fitting of a gastric band, creation of a gastric sleeve, or other similar **treatments**.

5 Managing membership

5.1 > Making a complaint

5.2 > When the child leaves the school

5.1 > Making a complaint

Cover is provided under our group insurance contract with the **school**. However, we do give all members full access to the complaint resolution process.

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

Making a complaint

If you want to make a complaint, you can call us or write to us using the contact details below.

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

- Your **child's** name
- a contact telephone number
- the details of your complaint
- any relevant information that we may not have already seen.

Please call us on 03301 025 503.

Or write to:

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

Answering your complaint

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

If we can't get back to you straight away, we'll contact you within five working days to explain the next steps.

We always aim to resolve things within eight weeks from when you first told us about your concerns. If it looks like it will take us longer than this, we will let you know the reasons for the delay and regularly keep you up to date with our progress.

The Financial Ombudsman Service

You may be entitled to refer your complaint to the Financial Ombudsman Service. The ombudsman service can liaise with us directly about your complaint and if we can't respond fully to a complaint within eight weeks, or if you're unhappy with our final response, you can ask the Financial Ombudsman Service for an independent review.

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR

Phone: 0300 123 9 123 or 0800 023 4567 (These numbers may not be available from outside the **UK** – so from abroad please call +44 20 7964 0500)

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

Website: financial-ombudsman.org.uk

Legal rights

None of the information in this section affects the **child's** legal rights.

5.2 > When the child leaves the school

Call us on 0800 521 872 when you know the **child** is leaving the **school** and will no longer be covered under the Pupils' Healthcare Scheme.

It's quick and easy to transfer their cover to a personal plan.

If a **child** transfers 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 forms.

Please call us as soon as you know the **child** is leaving the school as you may find it difficult to get continued cover for any existing or previous **medical conditions** later.

6 Legal Information

6.1 > Rights and responsibilities

6.2 > Our authorisation and regulation details

6.3 > The Financial Services Compensation Scheme (FSCS)

6.4 > Personal information

6.5 > What to do if somebody else is responsible for part of the cost of a claim

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

6.1 > Rights and responsibilities

The plan

The cover is provided under a group insurance contract with the **school.**

The **plan** is for one **year** unless the **school** has advised you otherwise.

Only those pupils listed in the **school** group insurance contract can be members of this **plan**.

All cover ends when the **child** leaves the **school** or if the **school's** group insurance contract ends.

We will pay for covered costs under the terms of this **plan** when **treatment** takes place in a period for which the subscription has been paid. We will not pay any costs for **treatment** that happens outside the period of cover even if we had pre-authorised it during the period of cover under the **child's plan**.

The **child's treatment** is provided through a separate agreement between you and the **child's treatment** provider. The date(s) the **child** receives their **treatment** is part of that agreement.

We will confirm the date that the **plan** starts and ends, who is covered, and any special terms that apply.

The welcome communication you receive from the **school** is proof of the **child's** cover under the **plan**.

If the child moves abroad

If the **child** moves abroad, the **child** will no longer be able to stay a member of this **plan** and the **child** will not be able to make any claims for **treatment**.

Renewal

At the end of each **plan year**, the **school's** intermediary will contact the **school** to tell them the terms the **plan** will continue on if the **plan** is still available. We will renew the **plan** on the new terms unless the **school** asks us to make changes or tells us they wish to cancel.

Providing us with information

Whenever we ask you or the **child** to give us information about the **child**, you or the **child** will make sure that all the information given to 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, we can cancel the membership or apply different terms of cover in line with the terms we would have applied if the information had been presented to us fairly.

Subrogated rights

We, or any person or company that we nominate, have subrogated rights of recovery in the event of a claim. This means that we will assume your rights or those of the **child** to recover any amount they are entitled to that we have already covered under this **plan**.

For example, we may recover amounts from someone who caused injury or illness, or from another insurer or state healthcare provider. We may use external legal, or other, advisers to help us do this.

You or the **child** must provide us with all documents relating to the **child**, including medical records, and any reasonable assistance we may need to exercise these subrogated rights.

You or the **child** must not do anything to prejudice these subrogated rights.

We reserve the right to deduct from any claims payment otherwise due an amount that will be recovered from a third party or state healthcare provider.

What happens if you or the child break the terms of the plan?

If you or the **child** or anyone acting on their behalf break any terms of the **plan** that we reasonably consider to be fundamental, we may do one or more of the following:

- refuse to pay any of the claims;
- recover from you any loss caused by the break;
- refuse to renew the **child's** membership to the **plan**;
- impose different terms to the **child's** cover on the **plan**;
- end the **child's** membership of the **plan** and all cover immediately.

If you or the **child** (or anyone acting on your or their behalf) claim knowing that the claim is false or fraudulent, we can refuse to pay that claim and may declare the **child's** membership of the **plan** void, as if it never existed. If we have already paid the claim we can recover what we have paid from you.

If we pay a claim and the claim is later found to be wholly or partly false or fraudulent, we will be able to recover what we have 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 cover and stop paying claims on the **plan** if you or the **child** 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 the **child's** membership of the **plan** immediately without notice, but will then tell you if we do this. If you know that you or the **child** 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 group insurance contract with the school ends?

If the group insurance contract with the **school** ends, you can apply to transfer the **child's** cover to another plan.

Legal rights

This plan is made for your **child's** benefit and, even though your **child's** cover arises under the group insurance contract between the **school** and us, your **child** is entitled to cover under this **plan** as if they were a party to that group insurance contract. Subject to that exception, no clause or term of this **plan** will be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any person other than us and the **school**. The rights of us and the **school** to terminate, rescind or vary that group insurance contract (including this **plan**) are not subject to the consent of any other person (including your **child**).

A **child** may make individual claims under the **plan**, and this may be without your knowledge in accordance with our approach to personal data.

The person who is dealing with the claim is liable for shortfalls incurred by the **child** under the **plan**. This may be you, an individual from the **school**, the **child,** or another person you or the **child** have requested to act on their behalf.

Law applying to the plan

The law of England and Wales will apply to the **plan**.

Language for the plan

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

6.2 > Our authorisation and regulation details

AXA Health is a trading name of AXA PPP healthcare Limited and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority.

The FCA sets out regulations for the sale and administration of general insurance. We must follow these regulations when we deal with you.

Our financial services register number is 202947.

You can check details of our registration on the FCA website: fca.org.uk

6.3 > The Financial Services Compensation Scheme (FSCS)

AXA PPP healthcare Limited is a participant in the Financial Services Compensation Scheme (FSCS). The Scheme may act if it decides that an insurance company is in such serious financial difficulties that it may not be able to honour its contracts of insurance. It may do this by:

- providing financial assistance to the insurer
- transferring policies to another insurer
- paying compensation.

The Scheme was established under the Financial Services and Markets Act 2000 and is administered by the Financial Services Compensation Scheme Limited. You can find more information about the scheme on the FSCS website: fscs.org.uk.

6.4 > 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 you, any Authorised Guardian and the **child** over 16 covered by the **plan** 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 03301 025 503 and we'll send you one.

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

We get information about you, any Authorised Guardian and the **child** who is covered by the **plan**. This information can be provided by you, any Authorised Guardian, your **child's** healthcare providers and third party suppliers of information, for example on-line shopping surveys.

We process information mainly for managing your **child's** 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 or your **child**, statistical analysis, for example to help us decide on premiums.

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

- manage your **child's** claims e.g. to deal with your **child's** 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.

Neither AXA PPP healthcare Limited or any other member of the AXA UK Group will use the information you have provided to contact any person about other products and services. Communication will only be in respect of the **child's** cover with AXA including cover options when your **child** is leaving the school.

6.5 > What to do if somebody else is responsible for part of the cost of a claim

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

- an insurer that you have another 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.

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

You must tell us as quickly as possible if you believe something or someone else contributed to or caused the need for the **child's treatment**. For example, if the **child** was injured in a road traffic accident or potential clinical negligence.

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

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

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

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

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

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

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

If you have any questions please call 03301 025 503 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.

◆ The terms marked with this symbol have meanings that are agreed by the Association of British Insurers.
These meanings are used by most medical insurers.

acupuncturist – a medical practitioner who specialises in acupuncture who is registered under the relevant Act or a practitioner of acupuncture who is registered as a member of the British Acupuncture Council (BAcC). In all cases, the acupuncturist needs to meet our criteria for recognition. We must have told them in writing that we currently recognise them as an acupuncturist to provide **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 the **child** to the state of health they were in immediately before suffering the disease, illness or injury, or which leads to their full recovery.

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

child – a **child** who, under the **school's** group membership, is entitled to cover under the **plan.**

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 the **child** rehabilitation or for them 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.

conventional treatment – **treatment** that is established as effective and delivered as best medical practice for the **child's medical condition**. It must be known to be clinically safe, effective and appropriate in terms of necessity, type, frequency, extent and duration. It must include the involvement of a multidisciplinary team where required and must be delivered at an appropriate facility or location.

In addition, to meet our definition it must be approved by NICE (The National Institute for Health and Care Excellence) as a **treatment** which may be used in routine practice for the **child's medical condition** and underpinned by high quality evidence.

Otherwise, it must have evidence that meets the guidance criteria we set out which is available at axahealth.co.uk/healthcare-funding or on request.

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

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

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

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

diagnostic tests ◆ – investigations, such as x-rays or blood tests, to find or to help to find the cause of the **child's** symptoms.

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

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

eligible treatment - treatment of a **medical condition** that is covered by this **plan** and is not excluded by any of the rules in this handbook. You should read all sections of this handbook together.

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

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

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

fee-approved specialist – a **specialist** whose fees for covered **treatment** we routinely pay in full.

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

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

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.

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**.

plan – the insurance contract between the school and us. The full terms of the plan are set out in the latest versions of:

- the school group insurance contract
- any application form we ask you to fill in
- this handbook
- any other communication we send you regarding the terms of the **child's** cover

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 the **child** 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 the **private hospital** charges.

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

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

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

The centres we recognise are listed in the Directory of Hospitals

school –the school or college that pays for the group insurance contract that the **child's** cover is part of.

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

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

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

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

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

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

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

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

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

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

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

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

year – the 12 months from the **plan** start date or last renewal date. However, the group insurance contract with the **school** may amend the period of cover to something different. If this happens, you should be informed by the **school**.

Claims and queries

03301 025 503

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

Membership documents are available in other formats.

This handbook and other literature can be provided in Braille, large print or audio version, please contact us.

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Write to us at: AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE.
We may record and/or monitor calls for quality assurance, training and as a record of our conversation.
For information about AXA Health, visit axahealth.co.uk/aboutaxahealth.