



Health

healthcare

Business Health

Membership handbook
Dentist and Optician option
April 2023

Questions about your plan

0800 587 0955

Monday to Friday 8.30am to 5.30pm

Claims

0800 317 810

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

24 hour medical help and information

Talk to a medical professional at any time, day or night.

0800 003 004

We are committed to giving customers access to our products. To contact us by Next Generation Text on any of the numbers listed in this handbook just prefix the number listed with 18001. For example, our team of Personal Advisers can be contacted by Next Generation Text on 18001 0800 587 0955. For health queries and information 18001 0800 003 004.

Manage your membership online

You can make a claim or pre-authorise treatment.

You can also view your membership documents, update your details, message us and manage your plan securely online at axahealth.co.uk/Mol

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

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1 Guide to your membership

This section explains the cover your **group** has chosen.

Reading this section will help you to understand the rest of the information in the handbook. This section contains details of the Dentist and Optician cashback option available with the Business Health plan. Please check your Membership Certificate for details of all the options you have.

The table in this section only gives you an outline of your cover. For full details of your cover, please read the rest of your handbook too.

Cover is provided under a **group insurance contract** provided to the **group**, who is the policyholder. The **group** has chosen this **plan** to provide cover for its members or employees.

Lead members covered under the **group insurance contract** are entitled to the benefits as set out within this handbook, subject to receipt of the **premium** from the **group**.

You do not have legal rights under the **group insurance contract** as the contract is with the **group**. Renewal of your cover under the **group insurance contract** is dependent on the **group** renewing the **group insurance contract** and your cover under that contract.

If you have any questions about your membership to the **plan** or want to make any changes such as adding a **family member** or ending your cover under the **plan** please contact your group administrator.

[1.1 > Your cover](#)

[1.2 > Your benefits in more detail](#)

[1.3 > Expert Help](#)

Words and phrases in bold type

Some of the words and phrases we use in this handbook have a specific meaning.

We've highlighted these words in bold. You can find their meanings in the glossary or in the section they apply to.

You and your

When we use you and your, we mean the **lead member** and any **family members** covered by your **plan**.

We, us and our

When we use we, us or our, we mean AXA PPP healthcare Limited, trading as AXA Health, who is the insurance company who underwrite this product.

1.1 > Your cover

This benefit table shows you the cover the Dentist and Optician cashback option, the AXA Doctor at Hand service and Working Body give you. Depending on the options you have, you may have additional handbooks with details of other cover options. Your membership certificate will confirm which options you have.

Benefit Table		
Dentist fees	✓ 80% of your dentist's fees, up to £400 a year	We will pay for fees that you have paid directly to a dentist or dental hygienist, so long as they are registered with the General Dental Council. If you have an excess, we will not take this off this benefit.
Optician fees	✓ 80% of the cost of prescribed glasses and contact lenses, up to £200 a year	We will pay this so long as the glasses or lenses are used to correct your vision. If you have an excess, we will not take this off this benefit.
Eye test	✓ Up to £25 a year for an eye test	If you have an excess, we will not take this off this benefit.
AXA Doctor at Hand	✓ Unlimited video or telephone consultations through the AXA Doctor at Hand service, an online, private GP	Access to the AXA Doctor at Hand service, a private GP for video or telephone consultations. For information on terms and conditions, registering and how to use this service, please visit: member.doctorcareanywhere.com/SignUp/axa If you have an excess, we will not take this off this benefit
Working Body phone line for physiotherapy advice	✓ Telephone access to physiotherapy advice	Telephone consultations with a physiotherapist for advice on muscle, bone or joint pain. This benefit is available to members ages 18 or over. Just call 0800 587 0955 Monday to Friday 8.30am to 5.30pm If you have an excess, we will not take this off this benefit. » For details see 1.2

Benefit Table

Expert Help	✓ Direct access to healthcare experts for members 24/7	» For details see 1.3
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1.2 > Your benefits in more detail

Dentist or Optician cashback

Dentist and Optician cashback allows you to claim money back towards the cost of fees from your Dentist and Optician in the **UK**. When you have your appointment with your Dentist or Optician please ask them for fully itemised receipts for everything you wish to claim for. We cannot pay any claims without an itemised receipt showing how much you have paid. Then contact us on 0800 317 810 or through your on-line account and we will tell you what to do.

The AXA Doctor at Hand service - GP consultations by video or by phone

The AXA Doctor at Hand service offers you cover for video or phone consultations, wherever you may be in the world.

Appointments available 24 hours a day, seven days a week, 365 days a year (subject to appointment availability).

Register for the AXA Doctor at Hand service

For everything you need to know about the service, including how to register and full terms and conditions, please visit: member.doctorcareanywhere.com/SignUp/axa

Using the AXA Doctor at Hand service

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

Your condition and treatment

You can use the AXA Doctor at Hand service for any **medical condition** or concern, whether or not this would be covered under the other benefits of your **plan**.

If the doctor says you need **treatment**, you must call us to check that the **treatment** is covered.

The AXA Doctor at Hand service cannot refer you to the NHS for specialist **treatment** directly. If you want to have NHS treatment, please contact your NHS **GP**.

Private prescriptions and delivery

If the **GP** at the AXA Doctor at Hand service has prescribed medication, this can be delivered to an address of your choice. Private prescription and delivery charges are not covered by your **plan**.

About the AXA Doctor at Hand service terms

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

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

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

For muscle, bone and joint pain, you can use Working Body

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

With 'Working Body' you can get access to advice without the need for a **GP** referral. As soon as you develop a problem, just call your Personal Advisory Team. We'll check what cover you have and you'll get a call back by the end of the next working day to arrange a free telephone assessment.

During your phone assessment, a physiotherapist will listen to your concerns, take you through an initial assessment and then advise the most appropriate treatment for you.

Working Body is available to members aged 18 or over.

1.3 > Expert Help

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

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

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

Call with your health queries any time – just ask

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

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

Health at Hand

0800 003 004

24 hours a day, 365 days a year.

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

The experts

- nurses
- counsellors

- midwives
- pharmacists.

Health Information you can trust

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

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

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

[Visit our website](#)

axahealth.co.uk/health

The experts

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

Support from our Dedicated Nurse Service

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

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

The experts

- dedicated nurses.

2 Managing your membership

- 2.1 > Adding a family member or baby
- 2.2 > Keeping us informed
- 2.3 > If you move abroad
- 2.4 > Paying income tax on your premium
- 2.5 > Cancelling your membership
- 2.6 > Leaving your group
- 2.7 > Making a complaint

2.1 > Adding a family member or baby

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

» Please call us if you wish to add a **family member** or baby. To add any **family member** or a new baby to your cover, call us on 0800 587 0955 or speak to your intermediary.

Who you can add

You can normally add:

- Your partner. You must be either married, in a civil partnership, or living together permanently in a similar relationship.
- Any of your children or your partner's children.

If you would like to add a new baby to your cover, you can normally do this from their date of birth, so long as you call us within 13 weeks of their birth. We normally will not need details of their medical history.

2.2 > Keeping us informed

If any of your personal details change, it's important that you let us know as soon as possible. If you're unsure whether the change is important, it's best to tell us and we can explain if it affects your membership.

Changes you must tell us about

If you send us any form, and anything changes between the time you send the form and the time we confirm that we have made the change shown in the form, you must tell us.

2.3 > If you move abroad

If you move abroad, you won't be able to keep your current membership and you will not be able to make any claims for **treatment**. If you are going to live outside of the **UK** please call us so we can discuss your options.

2.4 > Paying income tax on your premium

If cover is available under an arrangement with your employer, you will have to pay income tax on the **premiums** paid by your employer, less any amount made good by you as the employee.

2.5 > Cancelling your membership

As your membership is part of a **group** membership that has been arranged by your employer you are not able to cancel it. If you want to stop your membership to the **plan**, please contact your **group** administrator.

2.6 > Leaving your group

We'll try to get in touch with you when we know that you're leaving your **group**. Call us on 0800 028 2915 when you know you're leaving so that we can discuss your options.

2.7 > Making a complaint

Your cover is provided under our **group insurance contract** with your **group**. However we do give all members full access to the complaint resolution process.

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

Making a complaint

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

Please call us on 0800 587 0955.

Or write to: AXA Health Phillips House Crescent Road Tunbridge Wells Kent TN1 2PL

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

If we cannot fully respond to your complaint within eight weeks, or you are unhappy with our final response, you can refer your complaint to the Financial Ombudsman Service for an independent review.

The Financial Ombudsman Service will be able to look into your complaint once eight weeks has passed since you first told us of your complaint, or once we've given you our final response if that's sooner.

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

Phone: 0300 123 9 123 or 0800 023 4567

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

Website: financial-ombudsman.org.uk

Your legal rights

None of the information in section 2.8 affects your legal rights.

3 Legal information

3.1 > Rights and responsibilities

3.2 > Our authorisation and regulation details

3.3 > The Financial Services Compensation Scheme (FSCS)

3.4 > Your personal information

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

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

3.1 > Rights and responsibilities

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

The plan

The cover is provided under a **group insurance contract**.

The **plan** is for one **year**.

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

All cover ends when the **group's** group membership ends. Cover for **family members** ends when the **lead member's** cover ends.

We will pay for covered costs incurred during a period for which the **premium** has been paid.

If you pay a contribution to the **group** towards cover for the **lead member** or **family members** (for example by salary deduction or Direct Debit) it does not give you any rights under the **group insurance contract**, which is between the **group** and us.

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

Your membership certificate is proof of your cover. We may charge you £25 plus VAT if you ask us to provide a copy of your membership certificate.

Renewal

At the end of each **plan year**, we will contact the **group** 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 **group** asks us to make changes or tells us they wish to cancel. You will be bound by those terms.

Providing us with information

Whenever we ask you to give us information, you will make sure that all the information you give us is sufficiently true, accurate and complete for us to be able to work out the risk we are considering. If we later discover that it is not, we can cancel the **plan** or apply different terms of cover in line with the terms we would have applied if the information had been presented to us fairly.

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

Our right to refuse to add a family member

We can refuse to add a **family member** to the **plan**. We will tell the **lead member** if we do this.

Subrogated rights

We, or any person or company that we nominate, have subrogated rights of recovery of the **lead member** or any **family members** in the event of a claim. This means that we will assume the rights of the **lead member** or any **family members** 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 a state healthcare provider. We may use external legal, or other, advisers to help us do this.

The **lead member** must provide us with all documents, including medical records, and any reasonable assistance we may need to exercise these subrogated rights.

The **lead member** must not do anything to prejudice these subrogated rights.

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

What happens if you break the terms of your plan

If you break any terms of your **plan** that we reasonably consider to be fundamental, we may do one or more of the following:

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

If you (or anyone acting on your behalf) claim knowing that the claim is false or fraudulent, we can refuse to pay that claim and may declare your membership to 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 your **plan** if you or a **family member** are directly or indirectly subject to economic sanctions, including sanctions against your country of residence. We will do this even if you have permission from a relevant authority to continue cover or subscription payments under a plan. In this case, we can cancel your **plan** or remove a **family member** immediately without notice, but will then tell you if we do this. If you know that you or a **family member** are on a sanctions list or subject to similar restrictions you must let us know within 7 days of finding this out.

What happens if the group insurance contract ends

If the **group insurance contract** ends, you can apply to transfer to another plan.

Legal rights

Each **family member** may make individual claims under the **plan**, which may be without the knowledge of the **lead member** in accordance with our approach to personal data. Only the **group** and we have legal rights under this **plan**. No clause or term of this **plan** will be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person, including any **family member**. Consequently, the **lead member** remains liable for excesses and shortfalls incurred by a **family member** under the **plan**.

Law applying to your plan

The **group** and we are free to choose the law that applies to the **plan**. The law of England and Wales will apply unless the **group** and we agree otherwise.

Language for your plan

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

3.2 > Our authorisation and regulation details

AXA PPP healthcare Limited 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

3.3 > 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 to **lead members**.

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](https://www.fscs.org.uk).

3.4 > 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 everyone covered by this **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 0800 364 524 and we'll send you one.

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

We get information about you and the **family members** who are covered by your **plan** from you, those **family members**, your healthcare providers, your employer (if you are on a company plan), your insurance broker if you have one and third party suppliers of information, such as credit reference agencies.

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

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

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

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

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

If you want to ask to exercise any of your rights just call us on 0800 587 0955 or write to us at Continuous Improvement Team, AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

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

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

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

- an insurer that you have 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. We may use external legal, or other, advisers to help us do this.

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

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

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

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

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

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

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

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

If you have any questions please call 0800 587 0955 and ask for the Third Party Recovery team.

4 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.

eligible members – the individuals currently employed by the **group** (and/or a company group) and accepted by AXA Health as members under the **plan** or any other category of alternative members as set out in the Certificate of Insurance.

family member – 1) The **lead member's** current spouse or civil partner or any person living permanently in a similar relationship with the **lead member**; and 2) any of their or the **lead member's** children. Children cannot stay on the **plan** after the renewal date following their 30th birthday.

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

group – the company or legal entity who hold the group insurance policy with AXA PPP healthcare Limited that the **plan** is part of.

group insurance contract – the contract we have with the **group** for the group private medical insurance policy.

lead member – the first person named on your membership certificate.

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

- the **group insurance contract**
- the Certificate of Insurance we issue to the **group**
- any application form we ask you to fill in
- any statement of fact we send you
- this handbook
- any additional handbooks
- your membership certificate and our letter of acceptance.

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

premium – the insurance amount payable by the **group** to AXA PPP healthcare Limited for the **year** in return for AXA PPP healthcare Limited providing this group insurance cover for the benefit of **eligible member** and **family members**.

United Kingdom (UK) – England, Scotland, Wales and Northern Ireland. Please note, this excludes the Channel Islands and the Isle of Man.

year – the 12 months from your **plan** start date or last renewal date. However, during the first **year** of membership your **plan** may begin part way through a month but will renew from the first of that month the next **year**.



This private medical insurance plan is underwritten by AXA PPP healthcare Limited.

AXA Health is a trading name of AXA PPP healthcare Limited (Registered No. 3148119). Registered in England and Wales. Registered office: 20 Gracechurch Street, London EC3V 0BG.

AXA PPP healthcare Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Aspects of policy administration may be undertaken on behalf of AXA PPP healthcare Limited by AXA Health Limited (Registered No. 12839134). AXA Health Limited is authorised and regulated by the Financial Conduct Authority. Write to us at: AXA Health, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL. 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.