



Health

healthcare

Business Health

Membership handbook

Dentist and Optician option

April 2025

Questions about your plan

0800 587 0955

Monday to Friday 9.00am to 5.00pm

Claims

0800 317 810

Monday to Friday 9.00am to 5.00pm and Saturday 9.00am to 5.00pm

24 hour medical help and information

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

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 have hearing, speech or visual difficulties

axahealth.co.uk/accessibility

This gives helpful information and support on how to access your documentation and different ways to communicate with us.

This handbook and any other literature can be provided in Braille, large print, or digital audio. 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 legal holder of the policy. The **group** has chosen this **plan** to provide cover for its members or employees.

Lead members and any **family 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**.

Your rights to cover arise under the **group insurance contract** 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 > Ask our health professionals

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 our muscle, bones and joint service 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 a dental care contract scheme (such as Denplan), we will not pay for any premiums you have paid for this scheme. 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.

Benefit Table		
AXA Doctor at Hand	✓ Video or telephone consultations through the AXA Doctor at Hand service	Access to the AXA Doctor at Hand service for video or telephone consultations. For information on terms and conditions, registering and how to use this service please visit: axahealth.co.uk/onlinegpservice/register If you have an excess, we will not take this off this benefit.
Muscles, bones and joints service 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
Ask our health professionals	✓ Direct access to our health professionals for members 24/7	» For details see 1.3

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. If you have a dental care contract scheme (such as Denplan), we will not pay for any premiums you have paid for this scheme.

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

The AXA Doctor at Hand service offers you cover for video or phone consultations and can refer you for private specialist treatment.

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

When you contact the AXA Doctor at Hand service, you may be offered an appointment with a GP or another registered medical practitioner.

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. You should be aware that there are some conditions that can't be assessed online, so you may need to make an appointment with your GP instead. The service cannot help in an emergency. You should call an NHS ambulance or go to an NHS A&E department.

If the medical practitioner at the AXA Doctor at Hand service refers you for further treatment you must contact us to check if you will be covered under your plan.

Private prescriptions and delivery

If the medical practitioner 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

When you use the AXA Doctor at Hand service, you agree to the terms and conditions of the third party providing the service. You will be asked to review and confirm you agree to these when you register.

1.3 > Ask our health professionals

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 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 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.

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.

24/7 health support line

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 health professionals

- nurses
- counsellors
- midwives
- pharmacists.

Health Information you can trust

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.

Visit our website

axahealth.co.uk/health

The health professionals

- 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

The health professionals

- 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**. When we add a **family member**, the underwriting we apply for **pre-existing conditions** will depend on the agreement we have with your **group**.

» 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, 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

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 2.7 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** membership ends. If the **lead member** leaves the **group**, cover for the **lead member** and their **family members** end.

The **group** is responsible for paying the **premium**.

We will pay for covered costs under the terms of this **plan** when treatment takes place in a period for which the **premium** has been paid. We will not pay any costs for treatment or services received after the end of your period of cover under the **plan** even if we had already pre-authorised it.

Before you have **treatment** you will make a separate agreement with the provider of the **treatment**. The date(s) you receive your **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.

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

This **plan** is made for your benefit and, even though your cover arises under the **group insurance contract** between the **group** and us, you are entitled to your cover under this **plan** as if you 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 **group**. The rights of us and the group to terminate, rescind or vary the group insurance contract (including this plan) are not subject to the consent of any other person (including you). 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.

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](https://www.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 Customer Service Data Team, AXA Health, International House, Forest Road, Tunbridge Wells, Kent TN2 5FE.

If you want to contact the Data Protection Officer you can do so at Data Protection Team, Jubilee House, Vale Road, Tunbridge Wells, Kent TN1 1BJ.

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 something or someone else contributed to or caused the need for your **treatment**. For example, if you were injured in a road traffic accident that wasn't your fault or potential clinical negligence.

This does not change the benefits you can claim under your **plan** (your "Claim"). It 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 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 treatment, plus 8% interest per year.

The amount we paid for your 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 your name 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.

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, 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.