



Accident Healthcare Policy booklet

Provided with your Private Medical Insurance

AA

Welcome to your membership handbook

Quick reference guide for important information

Personal Advisory Team

0800 096 6579

Our team of Personal Advisers is available to discuss your membership.
Monday to Friday 8am to 8pm and Saturday 9am to 5pm.

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

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

For example, our team of Personal Advisers can be contacted by Text Relay on 18001 0800 096 6579.

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

Contents

1 Introduction	3
What is AA Accident Healthcare?	3
What is the purpose of this handbook?	3
2 Your cover	5
The purpose of your policy	5
3 Benefits table	7
4 Arranging treatment and making a claim	9
The procedure you should follow to arrange treatment and make a claim	9
What happens if I require emergency treatment?	9
How are my medical bills settled?	9
5 Type of treatment	12
What treatments are not covered?	12
Will my policy cover me for dental treatment?	14
Will my policy cover me for new or experimental treatments?	14
6 Recurrent, continuing and long-term treatment	15
7 Who we pay for treatment and where you can be treated	16
What services under the direction of a fee approved specialist are eligible for benefit?	16
What if an anaesthetist becomes involved in my treatment?	16
Will hospital charges be paid in full?	17
What services provided by a recognised therapist are eligible for benefit?	17
What services provided by a recognised practitioner, acupuncturist or homeopath are eligible for benefit?	17
8 Complaint and regulatory information	19
Not happy with our service?	19
What regulatory protection do I have?	20
What we do with your personal data	20
Legal rights and responsibilities	22
9 Glossary	24

1 Introduction

What is AA Accident Healthcare?

The AA Accident Healthcare **policy** offers you cover, as a **UK** resident, for a period of up to 12 months for private medical **treatment** made necessary as a direct result of an **injury** sustained in a **road** traffic accident in the **UK** involving a moving motor vehicle. This includes **in-patient** and **day-patient treatment**, associated **specialists'** charges and **out-patient surgical procedures**. In addition, it provides you with cover for computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) as well as **diagnostic tests**, **out-patient** consultations and **therapist, acupuncturist, homeopath** and **practitioner** charges.

What is the purpose of this handbook?

This handbook sets out the terms of your cover. It is an important document as it details:

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

Each section of this handbook looks at a different aspect of your cover and is set out in a similar style. At the beginning of each section you will find a short summary of the terms in that section, in a question and answer format. This is followed by a table containing more detailed **policy** wording.

Throughout your handbook certain words and phrases appear in **bold type** to indicate they have a special medical or legal meaning. You will find a glossary of these words on page 24.

AA Accident Healthcare is underwritten by AXA PPP healthcare, therefore any reference to 'we', 'us' or 'our' means AXA PPP healthcare.

Additionally, when we refer to 'you' or 'your' throughout this document, we mean the **policyholder** and any **family members**.

Please note: _____

This AA Accident Healthcare **policy** has been provided to you as you have taken out a private medical insurance plan introduced to you by the AA. This policy has been provided at no cost for one year, after which time the policy will end.

If you cancel your **AA private medical insurance**, the 12 months cover offered by this AA Accident Healthcare **policy** will also be cancelled. For more details about this, please read 8.2(a) in the 'Legal rights and responsibilities' section of this membership handbook.

Contacting us

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

You should always call our team of Personal Advisers on 0800 096 6579 when you need **treatment** so we can help you to understand the extent of your cover before you incur any **treatment** costs.

2 Your cover

The purpose of your policy

- 2.1 In return for payment of the premium we agree to provide cover as set out in the terms of this **policy**.
- 2.2 This **policy** is designed to cover you whether you are a driver, passenger, cyclist, motorcyclist or pedestrian, for **treatment** made necessary as a direct result of an **injury** sustained in a **road** traffic accident involving a motor vehicle in the **United Kingdom**, and which occurred on or after the date you joined this **policy**. Cover does not include **treatment** needed in the accident and emergency department of the **hospital** or any immediate **treatment** needed in an intensive therapy unit or **treatment** which is received more than 12 months after the date of the **road** traffic accident. Cover commences when you no longer require **treatment** in an intensive therapy unit. We will pay for the diagnosis and/or necessary active **treatment** of an **injury**:

- if the **road** traffic accident giving rise to the need for **treatment** was reported to the police, or the driver's motor insurer, within 24 hours of its occurrence and **treatment** (or the initial visit to your general practitioner (GP)) began within 14 days of the date of the accident;
- provided the charges actually incurred are for items listed in your **benefits table** and subject to any limits shown there;
except when the **treatment** is excluded by the **policy**.

The **policy** does not cover you for:

- 2.3 Any **treatment** which is not directly attributable to a physical **injury** sustained in a **road** traffic accident which involved a moving motor vehicle.
- 2.4 Any **treatment** of an **injury** sustained at any time before the date you joined this **policy**.
- 2.5 Any **treatment** unless such **treatment** (or the initial visit to the GP) began within 14 days of the date of the **road** traffic accident.
- 2.6 **Treatment** of an **injury** sustained as the driver or the passenger in a vehicle taking part in racing or rallying of any kind or any off-road activity.
- 2.7 **Treatment** received by the driver of any vehicle involved in a **road** traffic accident if, at the time of the **road** traffic accident, such driver:
- did not hold a valid license to drive the vehicle; or
 - was not insured to drive the vehicle; or
 - had more than the maximum legally permitted limit of alcohol in the blood; or
 - was under the influence of drugs or substances, other than in accordance with a doctor's prescription.

- 2.8 **Treatment** of any **injury** sustained outside the **United Kingdom**.
- 2.9 The full terms of the insurance contract between the **policyholder** and us are set out in the current versions of the following documents, which are sent to the **policyholder** from time to time:
- any Statements of Fact we have sent you
 - the terms set out in this handbook and the **benefits table** setting out your cover
 - your welcome letter /letter of acceptance.
- 2.10 We will consider your claims carefully against all the terms, benefits and exclusions set out in this **policy** which should all be read together.

3 Benefits table

You must read this table in conjunction with the rest of your handbook. This **table** shows the benefits available to you for the cost of **treatment**. These benefits are explained fully in this handbook. You must read this table in conjunction with the rest of your handbook.

This **policy** provides cover for **treatment** made necessary as a direct result of **injury** sustained in a **road** traffic accident in the **United Kingdom** involving a moving motor vehicle. The cover does not include **treatment** needed in the accident and emergency department of the **hospital**, or any immediate **treatment** needed in an intensive therapy unit (except the cash benefit).

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

AA Accident Healthcare	
Benefits	Amount payable
Policy benefit limit: We will pay up to the maximum shown for each person covered by the policy for the 12 month period following the date of the accident.	£1,000,000
In-patient & day-patient treatment	
1. Hospital charges: including charges for accommodation, diagnostic tests , operating theatre charges, nursing care, drugs and dressings, physiotherapy, and surgical appliances used by the specialist during surgery.	Paid in full at any hospital or day-patient unit within your policy benefit limit.
For more information on the above please see:	Page 16
2. Specialists' fees (surgeons', anaesthetists' and physicians').	Covered within your policy benefit limit.
For more information on the above please see:	Page 16
3. In-patient consultations. Benefit for a consultation with a second specialist arranged by the treating specialist .	Covered within your policy benefit limit.
For more information on the above please see:	Page 16
4. Parent accommodation. This benefit is for the cost of one parent staying in hospital with a child under 16 years old while the child is receiving eligible private treatment . The child must be covered by the policy and the benefit is paid from the child's benefits.	Paid in full in any hospital within your policy benefit limit.

AA Accident Healthcare	
Benefits	Amount payable
Out-patient treatment	
5. Surgical procedures.	Covered within your policy benefit limit.
For more information on the above please see:	Page 17
6. Specialist consultations.	Covered within your policy benefit limit.
7. Diagnostic tests on specialist referral.	We will pay for GP referred therapist, acupuncturist and/or homeopath treatment in any combination, up to an overall maximum of ten sessions a year.
8. Acupuncturist and homeopath treatment.	
9. Practitioner charges.	
10. Therapist charges.	
For more information on the above please see:	Page 16
11. (i) Computerised tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) on specialist referral.	Paid in full within your policy benefit limit.
For more information on the above please see:	Page 16
Other benefits	
12. Ambulance transport. When you are receiving private in-patient or day-patient treatment and it is medically necessary to use a road ambulance to transport you between a hospital and another medical facility.	Paid in full within your policy benefit limit.
13. NHS cash benefit. This benefit is paid for each night you receive free treatment under the NHS and only if: (i) you are admitted for in-patient treatment before midnight for treatment of an injury caused by a road traffic accident (ii) the treatment you receive under the NHS would have been eligible for benefit privately under this policy . (This benefit is also paid for each night you receive treatment in an accident and emergency ward or intensive therapy unit.)	£100 a night up to £2,000 for each accident.

4 Arranging treatment and making a claim

The procedure you should follow to arrange treatment and make a claim

To ensure your claim proceeds smoothly, please follow these simple steps.

Step One	Report the accident to the police or the driver's motor insurer within 24 hours of its occurrence. If you have not required emergency treatment , visit your GP within 14 days of the accident.
Step Two	If your GP refers you to a specialist for private treatment , you need to call us to check that the treatment is eligible . Please help us by having the following details available: <ul style="list-style-type: none"> • Specialist or group practice name. • Hospital name and any admission dates. • A procedure code if you are having a surgical procedure. We will then: <ul style="list-style-type: none"> • Check that we will pay the specialist's fees in full. • Send you a claim form.
Step Three	You need to complete your section of the claim form and ask the specialist to complete it and return it to AXA PPP healthcare. (Note: if you ask your GP to complete the claim form they may make a charge, which we will not refund.)
Step Four	If you require further treatment contact us to confirm your cover.
Step Five	Send any outstanding accounts for treatment to AXA PPP healthcare.

Please send any correspondence to:

AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, TN1 2PL.

What happens if I require emergency treatment?

Your **policy** does not cover you for **treatment** needed in the accident and emergency department of a **hospital** or for the immediate **treatment** needed in the intensive therapy unit of a **hospital**. However if you are admitted as an **in-patient** at an NHS hospital, please ask someone to phone us as you may be entitled to claim for the NHS cash benefit shown in the **benefits table**.

How are my medical bills settled?

We normally receive accounts for **treatment** directly from **specialists** or hospitals. However, if you receive an account for payment, please forward it to us. We can settle **eligible** bills direct with the hospital or **specialist**. If you have paid the accounts, then we will reimburse you.

What must I provide when making a claim?

4.1 Before we can consider a claim you must ensure that:

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

Do I need to provide any other information?

4.2 It may not always be possible to assess the eligibility of your claim from the claim form (or patient's declaration and consent form) alone. In such situations we may require additional information and it is your responsibility to provide any reasonable additional information to enable us to assess your claim.

Be aware: _____

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

4.3 There may be instances where we are uncertain about the eligibility of a claim. If this is the case, we may at our own cost ask a specialist, chosen by us, to advise us about the medical facts relating to a claim or to examine you in connection with the claim. In choosing a relevant specialist we will take into account your personal circumstances. You must co-operate with any specialist chosen by us or we will not pay your claim.

What should I do if another party is responsible for some of my claims costs?

4.4 You must contact us if you are able to recover any part of your claims costs from any other party, for example if you have another insurance policy, cover through a state healthcare system or are legally entitled to recover costs from another third party. We will only pay our proper share (see also 8.3(c)).

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

4.5 You must tell us on the claim form (if applicable) or patient's declaration and consent form if you can claim any of the cost from anyone else. If benefits are claimed for **treatment** to you when the **injury** or **medical condition** was caused by some other person (the 'third party'), we will pay those benefits you can claim under the **policy**.

If another insurance policy covers those benefits then we will only pay our proper share of the benefits. However, in paying those benefits, we obtain both through the terms of the **policy** and by law, a right to recover the amount of those benefits from the third party.

In this case, the following shall apply:

- you must tell us as quickly as possible if you believe a third party caused the injury or **medical condition**, or if you believe they were at fault. We may then write to you or the third party if we require further information; and
- you must include all monies paid by us in respect of the injuries (and interest on those monies) in your claim against the third party ('our outlay'); and
- you (or your solicitors) must keep us fully informed about the progress of your claim and any action against the third party or any pre-action matters; and
- you (or your solicitors) must keep us informed of the progress and outcome of any action or settlement discussions (providing us with access to the details of any such settlement);
- should you successfully recover any monies from the third party they should be repaid directly to us within 21 days of receipt on the following basis:
 - if the claim against the third party settles in full, you must repay our outlay in full; or
 - if you recover only a percentage of your claim for damages you must repay the same percentage of our outlay to us; or
 - if your claim is repaid as a global settlement (where our outlay is not individually identified), you must repay our outlay in the same proportion as the global settlement bears to your total claim for damages against the third party.
- If you do not repay to us such monies (and any interest recovered from the third party), we shall be entitled to recover the same from you and your **policy** may be cancelled in line with 8.3(d) in the 'Complaint and regulatory information' section.

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

5 Type of treatment

What treatments are not covered?

There are a number of **treatments** (listed below) that your **policy** does not cover. These include **treatments** that may be considered a matter of personal choice (such as cosmetic **treatment**) and other **treatments** that are excluded from cover to keep premiums at an affordable level (such as **out-patient** drugs and dressings).

5.1 We pay for **eligible**:

- (a) **Diagnostic tests** ordered by a **specialist**.
- (b) Initial reconstructive surgery to restore function or appearance after a **road** traffic accident, provided that:
 - we have covered you under this **policy** when the accident happened
 - it is done within 12 months of the date which the **road** traffic accident occurred
 - we agree the cost of the **treatment** in writing before it is done.
- (c) Reasonable costs incurred for a live donor to donate an organ or tissue provided that:
 - the operations to both the donor and the recipient are carried out simultaneously; and either
 - both the donor and the recipient are immediate relatives (ie parent, child or sibling) and either the donor or the recipient is covered on this **policy**; or
 - both the donor and the recipient are members of AXA PPP healthcare at the time the operations are carried out and both have been members since before the recipient developed the **medical condition** requiring the transplant.
- (d) **In-patient** rehabilitation of up to 28 days when it is an integral part of **treatment**; and
 - it is carried out by a **specialist** in rehabilitation
 - it is carried out in a recognised rehabilitation hospital or unit which we have written to confirming it is covered by the **policy**
 - the costs have been agreed by us before the rehabilitation begins.

We will extend **in-patient** rehabilitation to a maximum of 180 days in cases of severe central nervous system damage caused by an external trauma.

5.2 What we do not pay for:

- (a) **Diagnostic tests** ordered by anyone other than a **specialist**.
- (b) Any separate charge made by a **specialist** for consultations within 10 days after they have performed the **surgical procedure**. Our payment of the fee for the **surgical procedure** will include an allowance for those consultations.

- (c) Any **treatment** which is not directly attributable to a physical injury sustained in a **road** traffic accident which involved a moving motor vehicle.
- (d) Claims on this **policy** if you live outside the **United Kingdom** or any **treatment** received outside the **United Kingdom**.
- (e) **Out-patient** drugs or dressings.
- (f) Any **treatment** of an **injury** sustained at any time before the date you joined this **policy**.
- (g) The costs of providing or fitting any external prosthesis or appliance.
- (h) Charges for general chiropody or foot care (including but not limited to gait analysis and the provision of orthotics), even if this is carried out by a surgical podiatrist.
- (i) Cosmetic (aesthetic) surgery or **treatment**, or any **treatment** relating to previous cosmetic or reconstructive **treatment**.
- (j) Costs incurred for, or related to, any kind of bariatric surgery, regardless of the reason the surgery is needed. This includes but is not limited to the fitting of a gastric band or creation of a gastric sleeve.
- (k) The cost of collecting donor organs or tissue or for any related administration costs (such as, but not limited to, the cost of a donor search).
- (l) Any charges which you incur for social or domestic reasons (such as travel or home help costs) or for reasons which are not directly connected with **treatment**.
- (m) Any charges for primary care services, such as any services that would typically be carried out by a GP or dentist.
- (n) Any **treatment** costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).
- (o) Any **treatment** costs incurred as a result of your active involvement in criminal activity.
- (p) **Treatment** of any psychiatric illness– except neuropsychiatric **treatment** needed as the result of a head **injury** – even when such illness is directly attributable to a **road** traffic accident.
- (q) **Treatment** which arises from or is directly or indirectly caused by a deliberately self-inflicted **injury** or an attempt at suicide.
- (r) **Treatment** of or **treatment** which arises from or is in any way connected with, alcohol abuse or drug abuse or substance abuse.
- (s) Any costs incurred as a consequence of **treatment** that is not **eligible** under your **policy**, including increased **treatment** costs.
- (t) Special nursing in **hospital** unless we have agreed beforehand that it is necessary and appropriate.

Will my policy cover me for dental treatment?

No, there is no cover for **treatment** provided by a dentist or for any dental procedures or orthodontics. However we will pay for the replantation of your own teeth following a trauma, if carried out by an oral or maxillofacial surgeon.

Will my policy cover me for new or experimental treatments?

Your **policy** only covers you for established medical **treatments**. There is no cover for any **treatment** or procedure that has not been established as being effective or which is experimental. However, we will pay if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body and we have agreed with the **specialist** and the **hospital** what the fees will be.

6 Recurrent, continuing and long-term treatment

6.1 We pay for **eligible**:

- (a) **Treatment** of a **medical condition** which is commonly known to respond quickly to **treatment**. When the **medical condition** has stabilised we will stop making payments.

6.2 What we do not pay for:

- (a) **Treatment** which is received more than 12 months after the date of the **road** traffic accident.
- (b) More than 180 days' **in-patient treatment** in respect of any **road** traffic accident.
- (c) Non-surgical **treatment** of a **medical condition** which does not respond quickly to **treatment** or which continues or recurs.
- (d) The monitoring of a **medical condition** once it has been stabilised.

7 Who we pay for treatment and where you can be treated

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

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

We pay **eligible treatment charges** made by a **fee approved specialist** for consultations, **diagnostic tests**, **treatment** in hospital and **surgical procedures** when you are referred for **specialist treatment** in that medical speciality.

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

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

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

Be aware

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

What if an anaesthetist becomes involved in my treatment?

Before receiving surgical **treatment** it is advisable to establish which anaesthetist your **specialist** intends to use. This will mean we can tell you if that anaesthetist is a **fee approved specialist**. However, if you don't know when you call us which anaesthetist your **specialist** intends to use we will make every effort to notify you whether they commonly work with an anaesthetist who we do not pay in full. If you choose to receive **treatment** with an anaesthetist who is a **fee limited**

specialist, we will pay up to the amount shown within the schedule of procedures and fees towards the charges for their services.

Will hospital charges be paid in full?

When you receive **eligible treatment** under the direction of a **fee approved specialist** at a hospital or **day-patient unit** in the **UK** we will pay up to the normal daily rates published and charged by the hospital or **day-patient unit**. Your **policy** includes cover for computerised tomography (CT), magnetic resonance imaging (MRI) scans and positron emission tomography (PET). If you require CT, MRI or PET under the direction of a **fee approved specialist** and use a **scanning centre** in the **UK** we will pay up to the normal daily rates published and charged by the **scanning centre**.

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

If you have **eligible in-patient treatment** as an NHS patient incurring no charges at all, then we will pay any NHS cash benefit shown in the **benefits table**.

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

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

We will pay recognised **therapists'** charges in full for **eligible treatment** when you are referred by your GP or a **specialist** (subject to 7.2(e)).

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

We will pay for up to an overall maximum of up to ten sessions of **treatment** a year with a **therapist**, as detailed in the **benefit table**. If you require more than the overall maximum for your cover level, such **treatment** must be under the direction of a **specialist**. The **specialist** will then be able to establish whether the **treatment** you are receiving is the most appropriate form of **treatment** for your particular **medical condition**.

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

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

We will pay for up to an overall maximum of ten sessions of **treatment** a **year** with an **acupuncturist** or **homeopath** as detailed in the **benefit table**.

Be aware

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

7.1 We pay for **eligible**:

- (a) Charges made by, or incurred in, a **hospital, day-patient unit** or **scanning centre** in the **UK**.

7.2 What we do not pay for:

- (a) **Treatment** in an accident and emergency department of a **hospital** (except the cash benefit).
- (b) Immediate **treatment** needed in the intensive therapy unit of a **hospital** (except the cash benefit).
- (c) Any **treatment** received outside the **United Kingdom**.
- (d) Charges made by a **specialist, therapist, acupuncturist** or **homeopath** when you have been referred by a member of your family, or if that **specialist, therapist, acupuncturist** or **homeopath** is a member of your family.
- (e) **Treatment** charges made by a **fee approved specialist, therapist, practitioner, acupuncturist** or **homeopath** that we have identified to you as someone whose fees we will pay in full if, without our prior agreement, they charge significantly more than their usual amount for **treatment**.
- (f) Charges made by anyone other than a **specialist, therapist, practitioner, acupuncturist** or **homeopath** including charges for primary care services, such as any services of a GP or dentist.
- (g) **Treatment** charges made by a **fee approved specialist** who we have identified to you as someone whose fees we will pay in full if, without our prior agreement, they charge significantly more than their usual amount for **treatment**.
- (h) Any charges from health spas, spas, nature cure clinics or any similar place, even if it is registered as a hospital.
- (i) Special nursing in hospital unless we have agreed beforehand that it is necessary and appropriate.
- (j) Any charges made for written reports or any other administrative costs.

8 Complaint and regulatory information

Not happy with our service?

The most important thing for us is to help resolve your concerns as quickly and easily as possible. We'll do all we can to resolve your complaint by the end of the next business day. However, if we can't do this, we'll contact you within five working days to acknowledge your complaint and explain the next steps. Letting us know when you're unhappy with our service gives us the opportunity to put things right for you and improve our service for everybody.

No matter how you decide to communicate your concerns, we'll listen. You can call us on 0800 096 6579, or write to us at:

**AXA PPP healthcare,
Phillips House,
Crescent Road,
Tunbridge Wells,
Kent, TN1 2PL**

To help us resolve your complaint, we'll need the following:

- Your name and membership details
- A contact telephone number
- A description of your complaint
- Any relevant information relating to your complaint that we may not have already seen.

Financial Ombudsman Service

We will generally issue our final response within eight weeks from when you originally contacted us. However, we will respond sooner than this, if we are able.

If it looks as though our review of your complaint will take longer than this, we will let you know the reasons for the delay and will keep you updated.

If we cannot respond fully 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 only consider your complaint once we have issued a final response, or if eight weeks has passed since you first notified us of your complaint.

How to contact the Financial Ombudsman Service

**The Financial Ombudsman Service,
South Quay Plaza,
183 Marsh Wall,
London,
E14 9SR**

By telephone: 0845 080 1800

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

Website: financial-ombudsman.org.uk

None of these procedures affect your legal rights.

What regulatory protection do I have?

AXA PPP healthcare is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. The FCA have set out rules which regulate the sale and administration of general insurance, which we must follow when we deal with you. Our register number is 202947. This information can be checked from the FCA website: fca.org.uk

The Financial Services Compensation Scheme (FSCS)

We are also participants in the Financial Services Compensation Scheme established under the Financial Services and Markets Act 2000. The scheme is administered by the Financial Services Compensation Scheme Limited (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. The scheme may assist by providing financial assistance to the insurer concerned, by transferring policies to another insurer, or by paying compensation to eligible policyholders.

Further information about the operation of the scheme is available on the FSCS website:

fscs.org.uk

What we do with your personal data

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

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

The AA and the underwriters, AXA PPP healthcare Limited will hold and use information about you and any **family members** covered by your **policy**, supplied by you, those **family members**, medical providers or your employer (if applicable) to provide the services set out under the terms of this **policy**, administer your **policy** and develop customer relationships and services. In certain circumstances we may ask medical service providers (or others) to supply us with further information.

When you give us information about **family members** we will take this as confirmation that you have their consent to do so. As the legal holder of the insurance **policy** we will send correspondence about the **policy**, including claims correspondence to the **policyholder**. If any **family member** over 18 insured under the **policy** does not want us to do this they should apply for their own **policy**.

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

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

Legal rights and responsibilities

8.2 Your rights and responsibilities

- (a) Your **policy** is for the **contract period**. AA Accident Healthcare is provided alongside your **AA private medical insurance**. If for any reason you decide to cancel your **AA private medical insurance** this **policy** will also be cancelled. If you require **eligible** treatment as the result of a road traffic accident which occurred prior to cancelling the policy, you are eligible to receive treatment for up to 12 months after the date of the road traffic accident, regardless of whether the **policy** has been cancelled.
- (b) You must make sure that whenever you are required to give us any information all the information you give us is sufficiently true, accurate and complete so as to give us a fair presentation of the risk we are taking on. If we discover later it is not then we can cancel the **policy** or apply different terms of cover in line with the terms we would have applied had the information been presented to us fairly in the first place.
- (c) You and we are free to choose the law that applies to this **policy**. In the absence of an agreement to the contrary, the law of England and Wales will apply.
- (d) You must write and tell us if you change your address.
- (e) Only the **policyholder** and we have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including your **partner**.
- (f) You must pay your premium for your **AA private medical insurance** when it is due for this **policy** to be valid.
- (g) You may cancel this **policy** at any time during the **contract period** by contacting us.

8.3 AXA PPP healthcare's rights and responsibilities

- (a) We will tell the **policyholder** in writing the date the **policy** starts and any special terms which apply to it.
- (b) We will pay for **eligible** costs incurred during the **contract period**, subject to 8.2(a).
- (c) We, or any person or company that we nominate, have subrogated rights of recovery of the **policyholder** or any **family members** in the event of a claim. This means that we will assume the rights of **policyholders** or any **family members** to recover any amount which they are entitled, for example from someone who caused your **injury** or illness, another insurer or a state healthcare system, and which we have already covered under this **policy**. The **policyholder** must provide us with all documents, including medical records and provide any reasonable assistance we may need to enable us to exercise these subrogated rights and must not do anything to prejudice such rights at any time. We reserve the right to deduct from any claims payment otherwise due to you or an amount equivalent to the amount you could recover from a third party or state healthcare system

- (d) If you break any of the terms of the **policy** which we reasonably consider to be fundamental, we may (subject to 8.3(e)) do one or more of the following:
- refuse to make any benefit payment or if we have already paid benefits we can recover from you any loss to us caused by the break;
 - refuse to renew your **policy**;
 - impose different terms to any cover we are prepared to provide;
 - end your **policy** and all cover under it immediately.
- (e) If you (or anyone acting on your behalf) make a claim under your **policy** knowing it to be false or fraudulent, we can refuse to make benefit payments for that claim and may declare the **policy** void, as if it never existed. If we have already paid benefit we can recover those sums from you. Where we have paid a claim later found to be fraudulent, (whether in whole, or in part), we will be able to recover those sums from you.
- (f) This **policy** is written in English and all other information and communications to you relating to this **policy** will also be in English.

9 Glossary

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

To aid customer understanding certain words and phrases in this glossary have been approved by the Association of British Insurers and the Plain English Campaign. These particular terms will be commonly used by most medical insurers and are highlighted below by a ♦ symbol.

AAIS – Automobile Association Insurance Services Limited, part of the AA group of companies ('the AA')

AA private medical insurance – the private medical insurance policy introduced to you by the **AAIS** and underwritten by AXA PPP healthcare.

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

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

AXA UK Group – AXA PPP healthcare, Health-on-Line, SecureHealth, AXA Wealth, Sunlife Direct, Swiftcover, AXA Insurance and Architas Multi-Manager. The companies that make up the AXA UK Group may change from time to time. Please visit axapphealthcare.co.uk/group for the most up to date list.

benefits table – the table applicable to this **policy** showing the maximum benefits we will pay you.

commencement date – the date on which cover under this **policy** begins. This is the date on which your **AA private medical insurance** comes into force.

contract period – 12 calendar months from the **commencement date** of your **AA private medical insurance**.

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

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

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

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

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

family member – (1) the **policyholder's** current spouse or civil partner or any person (whether or not of the same sex) living permanently in a similar relationship with the **policyholder** and (2) any of their or the **policyholder's** unmarried children. Unmarried children cannot stay on the policy after the renewal date following their 18th birthday.

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

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

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

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

hospital – any establishment which is licensed as a medical or surgical hospital in the **United Kingdom**.

injury – physical injury to you caused by a **road** traffic accident involving a moving motor vehicle.

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

medical condition – any disease or illness, which is directly attributable to and is caused by an **injury**.

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**.

physiotherapist – a medical practitioner who practices physiotherapy and who meets our recognition criteria for benefit purposes in their field of practice and who we have told in writing that we currently recognise them as a physiotherapist for benefit purposes.

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

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

policy – the insurance contract between you and us relating specifically to **AA Accident Healthcare**. Its full terms are set out in the current versions of the following documents as sent to you from time to time:

- these terms and the **benefits table** setting out your cover
- your welcome letter /letter of acceptance
- any Statements of Fact we have sent you

policyholder – the first person named on the **policy** membership statement.

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

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

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

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

road – a public highway, private road or car park to which the public has a normal right of access.

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

specialist – a medical practitioner with particular training in an area of medicine (such as consultant surgeons, consultant anaesthetists and consultant physicians) with full registration under the Medical Acts, who meets our criteria for specialist recognition for benefit purposes, and whom we have told in writing that we currently recognise them as a specialist for benefit purposes in their field of practice.

A full explanation of the criteria we use to recognise a specialist is available on request.

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

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

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

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

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

Call to find out more about:

Insurance

- Car Insurance
- Motorcycle Insurance
- Van Insurance
- Classic Car Insurance
- Home Insurance
- Travel Insurance
- Life Insurance
- Pet Insurance
- Caravan Insurance
- Holiday Home Insurance
- Personal Injury Claims
- Overseas Car Insurance
- Golf Insurance
- Business Insurance

Breakdown

- Breakdown Cover
- European Breakdown Cover

Financial Services

- Credit Card

Other Services

- Driving School
- Maps, Guides and Atlases

Call **0800 21 11 11**
or visit **theAA.com**

You may contact us using Text Relay. Information is also available in large print, Braille and audio on request. Please call us on **0845 366 1601** for details.

Automobile Association Insurance Services Limited is an insurance intermediary authorised and regulated by the Financial Conduct Authority. Registered Office: Fanum House, Basing View, Basingstoke, Hampshire RG21 4EA. England and Wales. Registered Number: 2414212.

AXA PPP healthcare is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.