



Paul MoultonCorporate and SME
Distribution Director

Welcome and thank you

Welcome to our April 2024 product updates.

We continue to see significant demand for private health insurance despite the increased pressure on costs and premiums. As a responsible insurer, it is important that we provide the best possible care and benefits to our members, whilst also ensuring that we do this in a manageable and sustainable way.

In this product review, we've worked on wording within our customer documents and communications to provide clarity around the eligible benefits for comparable procedures and drugs. We are also continuing our work to ensure that our services are accessible and easily understood for all customers.

Thank you for continuing to demonstrate to your clients the value of the private healthcare market and AXA Health.

For more information about any of the changes in this update, please speak to your Relationship Manager.

Best regards,

Paul Moulton

Corporate and SME Distribution Director

Sign up for our broker newsletter



Better



Clearer



Fairer



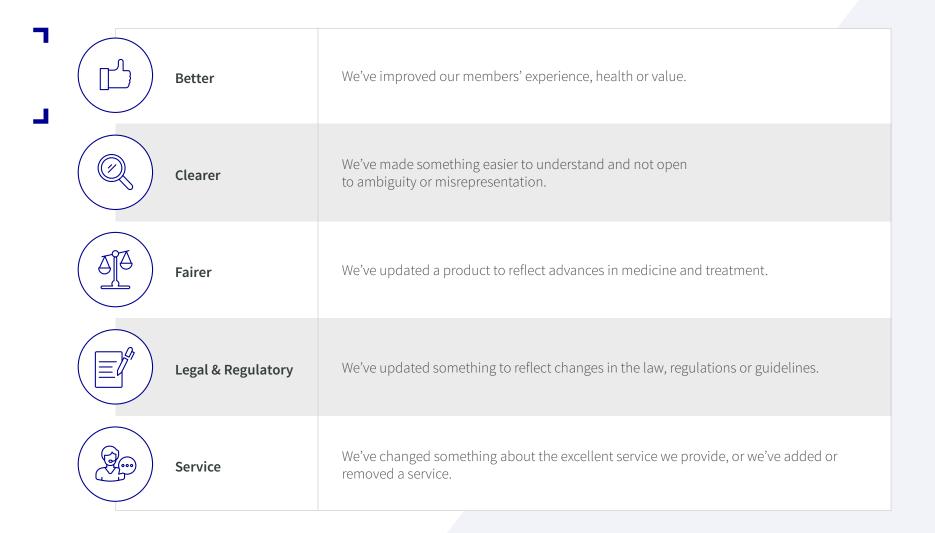
Legal & Regulatory



Service

Update types

This key indicates the kinds of changes we've made. Check the 'Products affected' field, too, to see if a change is relevant to the products you offer.



Making our Policy Wording Clearer

We want to make sure that the way we explain our products is clear. This review we have made a number of small changes to policy wording across a number of plans to make sure that they are easier to understand and not open to ambiguity for customers.





Clearer

Service

Change:	We've reflected the introduction of a mixed clinical workforce in our handbook wording for our online GP service.
Products affected:	Individual, SME, Large Corporate (Insured and Trusts) and PHC
Update type:	Clearer, Service

With the introduction of a mixed clinical workforce (GPs or Advanced Nurse Practitioners (ANPs)) we needed to reflect this in our handbooks.

Having already been introduced to our large corporate handbook during our October 2023 product review, we are now adding to our Individual and SME member handbooks an explanation that consultations may be offered with ANPs as well as GPs.

AXA Doctor at Hand remains a GP led service, just with the option of an ANP consultation.

Some small changes to the service terms will be made during this review process for all business areas.

Where are we telling members about this?

Clearer

Change:	We've removed the definition of a GP in our handbooks.
Products affected:	Individual, SME, Large Corporate (Insured and Trusts) and PHC
Update type:	Clearer

We previously included a definition of a GP in our handbooks, this is no longer required as GP is a known term. So we have removed this as a defined term.

Previously under our Glossary page we included the definition of GP and information regarding who we would accept referrals from, this now sits under Section 2 (Making a claim) for our Individual and SME handbooks and Section 1 for our Large Corporate handbooks.

Who can refer for treatment has been moved and amended. We explain that we will accept referrals from the AXA Doctor at Hand service or a GP at your GP practice.

Where are we telling members about this?

L .



Clearer

Change:	We've updated the names of some of our services.
Products affected:	Individual, SME, Large Corporate (Insured and Trusts), PHC, Budget and Travel
Update type:	Clearer

To ensure it's clear what our services offer, we've changed how we refer them. These changes have now been reflected in the handbooks for all of our products where relevant. A summary of these changes can be found below:

Working Body

is now **Support for muscles bones and joints** or **Our muscles, bones and joints service**, and we've added wording so members know this is available on line as well as by calling their Personal Advisory Team. This has been amended throughout the handbook.

Health at Hand

is now the **24/7 health support line** and instead of saying **Ask the expert**, this is now **Ask our health professionals**.

Fast Track Appointment service

this is now Specialist appointment booking service.

Stronger Minds

this is now Mental health assessments and support service.

Where are we telling members about this?



Better

Clearer

Change:	We've updated our handbook wording regarding conventional and drug treatments.
Products affected:	Individual, SME, Large Corporate (Insured and Trusts) and PHC
Update type:	Better, Clearer

When paying claims, it is important that we're both fair to members, paying the claims they expect, whilst also ensuring good claims management.

To ensure clarity for members, we have made a number of changes to our handbooks. These changes include:

Restrictions on what we pay for conventional treatment – A new paragraph in handbooks explaining the benefit we pay if there is more than one conventional treatment option available. We will pay a higher cost surgery only if it gives a better clinical outcome.

Drug treatments – New wording has been added to the section 'Are there any additional requirements for drug treatment'. This follows the same ethos as paying surgery and treatment costs, if there is no better clinical outcome (e.g. a branded drug vs an unbranded drug that have received the same clinical approvals) then we'll not pay for the more expensive drug.

Where are we telling members about this?

L





Better

Clearer

Change:	We've updated our wording relating to cancer nursing at home.
Products affected:	Individual, SME, Large Corporate (Insured and Trusts) and PHC
Update type:	Better, Clearer

We've made changes to the wording relating to cancer nursing at home when receiving cancer treatment to ensure it better reflects the benefit we pay.

Our handbook wording only mentioned chemotherapy at home which doesn't detail the extent of the eligible benefits for cancer services at home. In the revised wording we confirm that home nursing is available for chemotherapy by intravenous drip, an injection, delivery of oral chemotherapy tablets or other treatment. This is providing the treatment is under the referral of a specialist and is with a nurse from a healthcare services supplier we have a contract with.

To ensure clarity, this has meant removing all reference to chemotherapy under the main benefits table. It's not needed there anymore, as all information on cancer benefits can be found in the cancer benefit table and information.

Where are we telling members about this?

Clearer

Change:	We've made changes to the wording relating to breast reconstruction.
Products affected:	Individual, SME, Large Corporate (Insured and Trusts) and PHC
Update type:	Clearer

We've made changes to the wording relating to breast reconstruction to more accurately reflect all of the eligible benefits.

The first minor change is to clarify our intention is to allow fat transfer surgeries to the diseased breast, not to the unaffected breast.

The second and more significant change is to make it clear that if a member should need their first reconstruction surgery re-done, if this is required due to a medical reason, then the member will be eligible for this benefit. This must be within three years of the original first reconstruction surgery and would have to be agreed with us first.

Where are we telling members about this?

Handbooks and Important changes leaflet



Clearer

Change:	We've clarified our wording regarding our payment for equivalent costs for unproven treatment.
Products affected:	Individual, SME, Large Corporate (Insured and Trusts) and PHC
Update type:	Clearer

We've included clarification of how we calculate the equivalent amount if a member is having unproven treatment.

The wording now states that when a member is having unproven treatment, the amount we will pay will be based on the UK average amount. The amount would be based on what we would have paid for a fee-approved specialist and a hospital in the Directory of Hospitals.

If a group doesn't have this option, they won't see this change. This option is only available for Large Corporate clients.

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Clearer

Change:	We've clarified our wording regarding group scheme leavers.
Products affected:	SME and PHC
Update type:	Clearer

We've updated some of our documents to make it clear that if the lead member leaves their group scheme, their cover and any family members on cover will stop when they leave the group.

Our current process for lapsed employees is that if an employee is lapsed, we can backdate this up to 30 days from the notification. This is not currently mentioned in our handbook, Group Insurance Contract or Managing your Group Plan guide. For clarity, new wording has been added to these documents so groups will be fully aware what will happen if a member is to leave their employment.

In the Group Insurance Contract and the Managing your Group Plan. We advise if a group contact us prior to the member leaving the group then cover stops at the end of the day they leave. If within 30 days of the member leaving the group, we'll stop cover at the end of the day on which they leave employment. If more than 30 days after the member has left employment, we'll backdate removal, this will be done up to a max of 30 days from when the notice is received.

We're also clear that the group remains responsible for the premium until the eligible member's cover has stopped.

The handbook has had a small amend, so it's clear that if the lead member leaves their group scheme, their cover and any family members on cover will stop when they leave the group.

Where are we telling members about this?

Handbooks, Group insurance contract and Managing your group plan guide

General wording changes





Better

Clearer

Change:	We've updated our handbooks to improve accessibility.
Products affected:	Individual, SME, Large Corporate (Insured and Trusts), PHC, Budget and Travel
Update type:	Better, Clearer

We've made the information provided to members on accessibility more prominent and made sure it's all in one place.

To find out more about what we do to improve the accessibility of our website, documents and interactions with us for customers, please visit axahealth.co.uk/accessibility

Where are we telling members about this?

General wording changes



Clearer

Change:	We've clarified our handbook wording regarding our No Claims Discount Protection (NCD).
Products affected:	Individual
Update type:	Clearer

We offer members NCD Protection when they are on their maximum NCD. It's not available to members who are lower down the NCD scale.

To ensure that this is clear, we've removed the wording that advised members, if they have the no claims protection and they don't claim, they will increase one step as usual as this is not possible given NCD protection is only available when the member is on their maximum NCD.

Where are we telling members about this?

Large Corporate changes

Clearer

Change:	We've clarified our handbook wording regarding the neurodiversity benefit.
Products affected:	Large Corporate (Insured and Trusts)
Update type:	Clearer

We've added wording to the handbooks for groups that have the neurodiversity benefit.

This additional wording explains that if the group is not on Medical History Disregarded underwriting, the neurodiversity benefit may still be available to members as long as they did not receive assessment or treatment through a GP referral, the NHS or private healthcare service for any neurodiverse condition prior to joining.

Where are we telling members about this?

Health assessment benefit

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Better

Change:	We've increased the benefit we will pay for health assessments.
Products affected:	SME
Update type:	Better

We've increased the benefit we will pay for a health assessment on Business Health and Business Protect products.

The Health Assessment module which is available on Business Health and Business Protect has had a benefit increase. The amount payable will increase from £275 to £350 towards a health assessment per year.

Where are we telling members about this?

PHC updates

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Clearer

Change:	Our handbooks have been updated to reflect the fact that the childbirth benefit now covers adoption.
Products affected:	PHC
Update type:	Clearer
In the new wording, the name of the benefit has been changed to New Child Benefit. Our handbook wording reflects that this is available for each child born or adopted by a parent named on the birth or adoption certificate.	
Where are we telling members about this?	Handbooks and Important changes leaflet

Virtual Specific Stop Loss updates



Fairer

Change:	We've reviewed the Specific Stop Loss (SSL) within our mid corporate Advance product.
Products affected:	Mid Corporate
Update type:	Fairer

We've reviewed the Specific Stop Loss (SSL) within our mid corporate Advance product, for businesses with 65 to 250 employees.

The SSL helps to protects renewal premiums from increasing significantly due to individual members making very large claims. We've increased the SSL from £35,000 to £45,000 to reflect our wider pricing approach and recent medical cost inflation, whilst still ensuring we bring value to clients and that they still have a level of certainty over future costs. This change will come into effect from April 2024 renewals, impacting premiums from April 2025 renewals onwards.

Please note that this change will be made to client contracts and will not impact members.

Which documents are we updating?

Contracts

If you'd like to know more about any of the changes in this update, simply contact your AXA Health Relationship Manager.

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