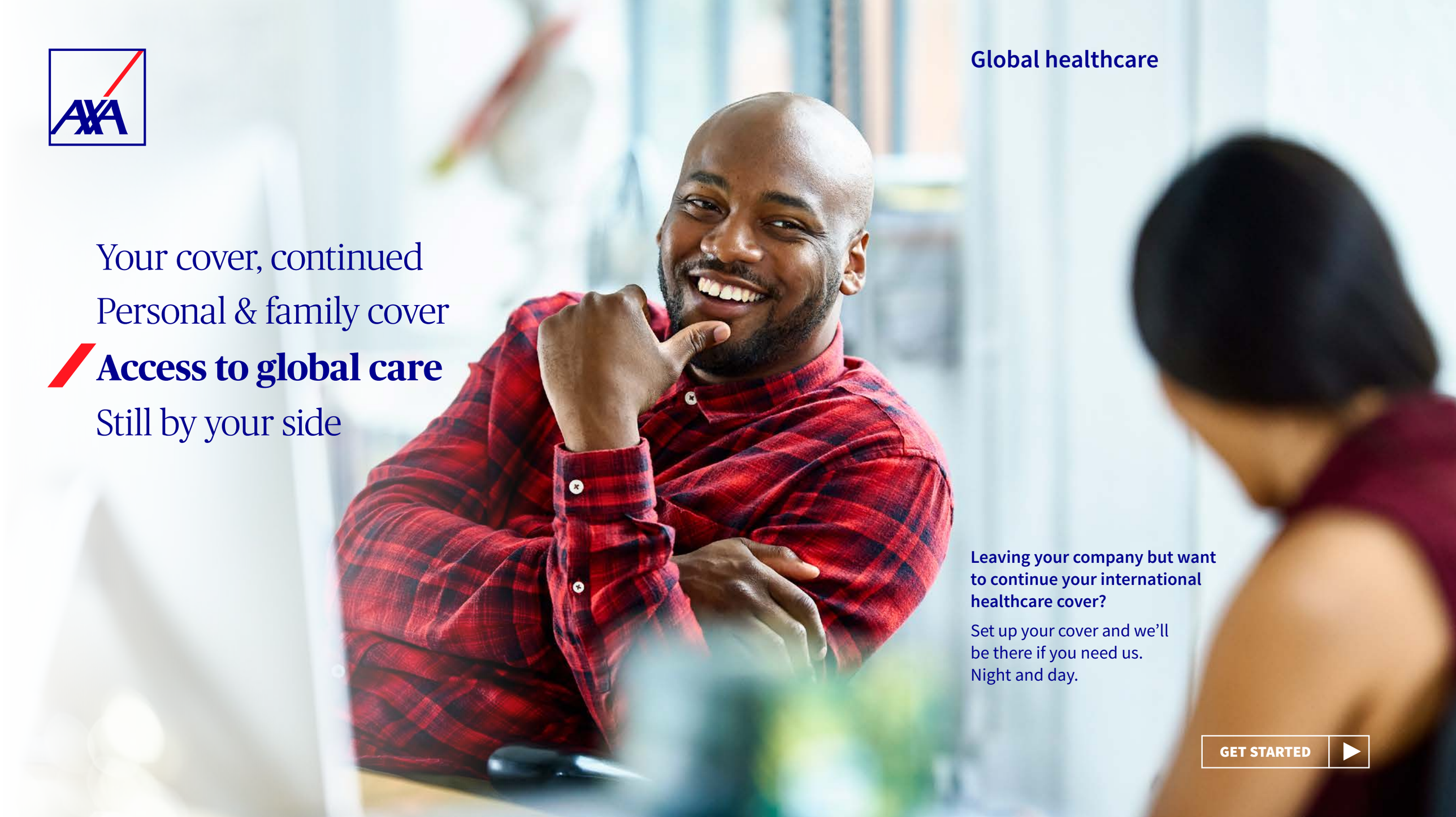


Global healthcare

Your cover, continued

Personal & family cover

Access to global care

Still by your side

Leaving your company but want to continue your international healthcare cover?

Set up your cover and we'll be there if you need us. Night and day.

GET STARTED

Continuing your international healthcare cover

Once you leave your company, you'll no longer be covered on their international healthcare scheme. But don't worry, as the scheme was provided by AXA, it's easy for you and your family to continue your cover on one of our personal plans. And you can have it all set up before you leave.†

What we're offering you:

- A chance to keep your cover for previous and existing medical conditions. (Some of the benefit limits you had on your company plan may differ on a personal plan).
- Up to 120 days to take up the offer after leaving your company scheme. You can also benefit from this offer before you leave – it's your choice.

You may find it difficult to continue your cover for any existing or previous medical conditions at a later date.

It's also important to note that if you decide to move insurers, you and any family members covered on your policy, wouldn't be guaranteed the continuity of the cover you previously had.

Choose where you want treatment

- With access to over 2.1 million healthcare facilities worldwide in 195 countries, you can choose where you want your treatment. Whether that's locally, back home, or with a specialist in a different country.[1]

How to continue your cover

Call us today on our dedicated helpline: +44 (0) 1892 612 080.*

We can help explain your options, go through what is and isn't covered and set up your cover for you.

†Due to restrictions in some countries, we might not be able to provide you with cover. To find out more, just get in touch.
*Lines are open Monday to Friday, 8am-5pm (UK time). We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

How to get the right cover for you

To take out a new policy for you and your family, just give us a call.

1 Tell us who to cover

Whether it's just you, or your family too, you will all be looked after on one plan.

You'll need to give us the basic details of anyone covered on your policy, such as date of birth and country of residence.

Here's an example

Emma works in Spain. She chooses Comprehensive cover for the outpatient cover, and includes dental care for routine check-ups.

She doesn't visit the USA, so has excluded it, knowing she can still have emergency cover if she finds herself there unexpectedly. She's also chosen to cut costs by adding an excess of £250.

2 Choose what to include in your cover

Depending on the level of cover you choose, you can opt for any of the following:

- ✔ **Outpatient treatment** – including consultations, vaccinations, diagnostic tests and more.
- ✔ **Dental care** – routine care such as check-ups, scale and polish.
- ✔ **Drugs and dressings**

3 Find the cover that's right for you

Choose a plan to meet your needs and budget.

Click below to find out more:

Foundation cover for essentials

Standard cover, including non-routine dental treatment

Comprehensive for extra cover, including outpatient

Prestige for more reassurance, including annual health checks

Prestige Plus for our ultimate cover, highest limits and palliative care

4 Tailor your cover

It's your choice.

- ✔ **Add an excess:** when you claim, you'll agree to pay up to a set amount per person, per policy year, and you'll pay less for your premiums.
- ✔ **Choose how often you'd like to pay:** monthly, quarterly or annually.
- ✔ **Include or exclude the USA:** it's that simple. This can alter the cost of your premiums. Even if you choose 'Worldwide excluding the USA', you'll still have cover with emergency treatment when visiting the USA, with all our cover levels except Foundation.

5 Let us do the rest

We'll help you continue your cover.

From that moment, we'll be there for you whenever you need us. Even if it's just a simple question about your health cover, all you need to do is call us.*

You can start your policy from the day your company policy ends, so you won't have any gaps in your cover.

*Lines are open 24 hours a day, 7 days a week. We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

AXA at your side

Focus on getting the most from life's adventures, knowing we've got your back if you need us. Here are just six of the reasons it pays to have AXA with you, available on all levels of cover.

You've had the diagnosis, but you just aren't sure…

You can turn to us

When your health feels out of your hands, the Second Medical Opinion service gives you the confidence and reassurance you need to take control of your next steps. Benefit from a network of over 50,000 specialists across 450 medical fields worldwide.[6]

You're walking into a hospital or clinic, but you don't know if they'll recognise your cover…

You're covered by a leading insurance brand

Our global reach means that hospitals and clinics around the world will trust your cover. This means, in many cases, we can pay the costs directly for you.

AXA is one of the largest insurers in the world, with offices in 51 countries,[2] and local knowledge and support wherever you happen to be.

Speak to a doctor from anywhere in the world

Speak to doctor from anywhere in the world – home to hotel, office to overseas.

Enjoy hassle-free healthcare at your fingertips. Book a consultation in minutes and get the answers you need, without the wait.[3]

Expert mental health support worldwide

Speak to a psychologist

When stress, anxiety or life's challenges feel overwhelming, the Mind Health service connects you with the people who care. Qualified psychologists will listen, support and help you to feel more like yourself again.[5]

It's an emergency, but you know you can't get the help you need close by…

We'll get you where you need to be

If you have a serious accident or illness and can't get the help you need locally, we'll arrange for you to be evacuated to the nearest suitable medical facility – whether that's a short drive or an international flight away. And then when you're ready, we'll get you back home.

You can rely on us to be there when you need us most…

Extra cancer support

Our dedicated care team is available by phone from 9am to 5pm UK time (Monday to Friday) for members receiving cancer treatment. They can:

- give you ideas on the questions to ask at appointments
- help you decide on a treatment plan
- advise on how to cope with chemotherapy
- simply just be there to listen.

The Virtual Doctor, Second Medical Opinion and Mind Health services are part of our Virtual Care from AXA offering.

Our award-winning service is rated consistently high by our members, with a rating of 4.75/5.[4]

A closer look at the plans

This is just a summary to help you choose. For more detail, just ask us for a benefits table.

Foundation | **Standard** | Comprehensive | Prestige | Prestige Plus

Foundation plan

A summary of what's included in the Foundation plan:

- ✔ An overall policy limit of £250,000/ €312,500 / $400,000.
- ✔ Hospital charges if you need to stay in hospital overnight or as a day patient.
- ✔ Surgery – whether you're staying overnight or not.
- ✔ A second medical opinion if you need some reassurance, including a medical case manager.
- ✔ Virtual Doctor and Mind Health services.
- ✔ We'll get you to the care you need and home again: emergency evacuation and repatriation – covered in all our plans.
- ✔ Emergency inpatient and day patient cover everywhere, excluding USA (unless you have chosen Worldwide cover).
- ✔ A wide range of cancer treatment, including radiotherapy, chemotherapy, bisphosphonates, biological therapies and experimental drugs.
- ✔ Ambulance transport, to and between hospitals.
- ✔ You can stay with your child if they need hospital treatment.
- ✔ Cover for accidental damage to teeth.
- ✔ Medical conditions that start during pregnancy.
- ✔ Cancer support: A nurse to give chemotherapy or antibiotics by drip in the comfort of your home.

Upgrade Foundation:

- + Outpatient treatment such as extra tests or physiotherapy.
- + You'll have two outpatient options to choose from (core outpatient option £1,000 and enhanced outpatient option £2,500).

Standard plan

Everything in Foundation, plus:

- ✔ A higher overall policy limit of £1,000,000 / €1,275,000 / $1,600,000.
- ✔ Cover for wigs or external prostheses for patients in active cancer treatment.
- ✔ Emergency inpatient and day patient treatment in the USA no matter your chosen area of cover.
- ✔ Cash benefit for free inpatient treatment.
- ✔ Cover for non-routine dental treatment (e.g. replacing crowns).

Upgrade Standard:

- + Extra cover for treatment you have as an outpatient, such as specialist visits or diagnostic tests.
- + You'll have two outpatient options to choose from (outpatient option £1,000 and enhanced outpatient option £2,500).

✔ Included ✘ Not included + Optional upgrade available | The policy limits shown in the table are annual limits per member unless it says differently.

A closer look at the plans continued

Foundation | Standard | Comprehensive | Prestige | Prestige Plus

Comprehensive plan

Everything in Standard, plus:

- ✔ A higher overall policy limit of £1,500,000 / €1,900,000 / $2,400,000.
- ✔ Health checks.
- ✔ More cover for treatment you have as an outpatient, such as specialist visits or extra tests.
- ✔ Drugs and dressings when you're an outpatient.
- ✔ Cover for chronic conditions that arise after you join, such as asthma and diabetes.
- ✔ Cover if you ever need kidney dialysis.
- ✔ Cover for eye tests and prescription glasses.
- ✔ Chinese herbal medicine.
- ✔ Cover for the hire or purchase of prescribed durable medical equipment.

Upgrade Comprehensive:

+ Cover for your routine dental check-ups and care.

Prestige plan

Everything in Comprehensive, plus:

- ✔ A higher overall policy limit of £2,000,000 / €2,550,000 / $3,200,000.
- ✔ Outpatient cover up to £10,000 / €12,750 / $16,000.
- ✔ Cover for your routine pregnancy check-ups and childbirth.*
- ✔ An allowance you can use to get annual health checks – helping to spot potential problems early.
- ✔ Palliative care if you're diagnosed with cancer, to relieve pain if other treatment is no longer working.
- ✔ Disability compensation to give you and your family some financial reassurance if you become disabled after you join.

Upgrade Prestige:

+ Cover for your routine dental check-ups and care.

Prestige Plus plan

Everything in Prestige, plus:

- ✔ A higher overall policy limit of £5,000,000 / €6,375,000 / $8,000,000.
- ✔ Extra outpatient cover.
- ✔ Extra emergency cover in the USA (if you've chosen Worldwide excluding the USA).
- ✔ Higher limits to give you more flexibility and treatment choices.
- ✔ Cover for your routine dental check-ups and care.
- ✔ More cover for Chinese herbal medicine.

What's not included

As with most health insurance, there are some exclusions and limits on all of these plans.

The plans don't cover:

- ✘ Treatment outside your area of cover or against medical advice.
- ✘ Treatment for injuries as a result of sports that you receive money for taking part in.
- ✘ Your costs for arranging treatment, such as phone calls and travel.
- ✘ Treatment designed to prevent illness rather than treat it.
- ✘ Treatment charges that the hospital or medical practitioner would not usually and customarily charge in the country where you have the treatment.

Speak to your AXA representative if you have any questions and to find out what's not covered on each plan.

✔ Included ✘ Not included + Optional upgrade available | The policy limits shown in the table are annual limits per member unless it says differently.

*An 18-month waiting period (Moratorium) applies to the pregnancy benefit, which means you'll need to be covered by us continuously for this length of time before you can claim for it.

Common questions

If you're thinking about continuing your healthcare cover, let us help.

What is the continuation of cover offer?

If you begin your personal plan within the 120 day period after your corporate scheme ends, you can stay covered for your previous and existing medical conditions, subject to the benefits and terms of the new plan you've chosen.

How long do I have to use the offer?

You have 120 days from the date your corporate healthcare cover ends, to take up our offer. You'll have no gaps in your cover and you can choose from our range of personal plans.

Why is it important to take the offer now?

After the first 120 days, we can't guarantee that we'll be able to offer you continuous cover so if you still need healthcare insurance, it's best to speak to us straight away.

Plus if you decide to move insurers, they may not be able to offer you cover for medical conditions you or your family had while you were with us.

Do I have to wait until I've left my company before setting up my new plan?

No, you can talk to us anytime about your new plan and we can set it up to start the day you leave your company scheme.

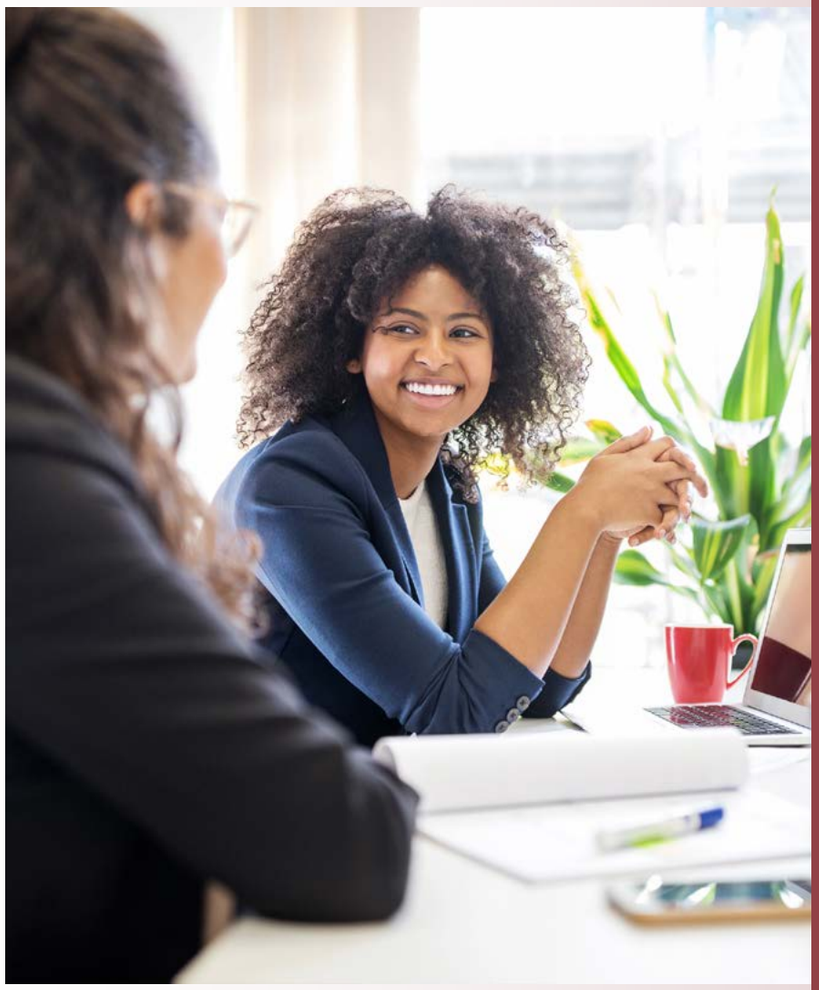
You don't need to give us any documentation from your company and if you have any questions about your new cover, we can go through them over the phone.

Can I add my family members?

Yes, you can add family members to your new policy. If any of your dependents were also covered on your corporate scheme, they'll be able to continue their cover too, as long as you let us know within 120 days.

Will my benefits stay the same?

Your benefits will depend on the cover level you choose. However your company may have chosen to include specific benefits and limits for their employees which may not be available on our personal plans.



Still want AXA by your side?

To help find a plan that suits your needs and budget and to get a quote, please simply get in touch.

Give us a call on
+44 (0)1892 612 080.

Lines are open
Monday to Friday
8am to 5pm (UK time).

Email us at
internationalsales.health@axa.com

Visit our website
axaglobalhealthcare.com

Speak to your AXA representative or intermediary today.

[1] The AXA Select medical provider network covers 195 countries and includes more than 2.1 million facilities where we can settle bills directly as of February 2025.
[2] Present in 50 countries, AXA's 154,000 employees and distributors are committed to serving our 95 million clients.
[3] The Virtual Doctor service is provided by Teladoc Health and is part of the Virtual Care from AXA offering. Telephone appointments can be booked 24/7, 365. Callbacks are typically within 24 hours. Operating hours vary according to region. For availability in your local market and further information on the Virtual Doctor service, please **click here**.
[4] Customers rated our service 4.75 out of 5 stars via the Customer Service Instant Customer Feedback tool between 1st November 2023 and 31 October 2024, based on 21,218 responses.
[5] The Mind Health service is provided by Teladoc Health and is part of the Virtual Care from AXA offering. The service provides up to six sessions with a psychologist per non-emergency mind health concern, per year. For further information about the Mind Health service, including consultation availability, please **click here**.
[6] The Second Medical Opinion service is provided by Teladoc Health and is part of the Virtual Care from AXA offering. For further information about the Second Medical Opinion service, please **click here**.

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