

The complaint

Mr A has complained about the private medical insurance policy he has through his employer with AXA PPP Healthcare Limited.

What happened

Mr A is a member of the scheme, as is his young son. Specifically, his complaint is that AXA only allows one parent access to its Doctor Care Anywhere/Doctor at Hand service. As he co-parents his son with his former wife, Ms K, he feels that they should both have access to the app in case of a medical emergency.

Our investigator didn't find that AXA had done anything wrong. Mr A appealed.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Firstly, I'm aware I've summarised the background to this complaint. No discourtesy is intended by this. Instead, I've focused on what I find is the key issue here. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts. If there's something I haven't mentioned, it isn't because I've ignored it. I've fully reviewed the file and Mr A's response to the investigation outcome. Having done so I agree with the conclusion reached by our investigator for the following reasons:

- I appreciate that Mr A feels the existing policy fails to address the diverse needs of contemporary families, and that a disproportionate burden is placed on one parent. The issue here though is that Ms K is not a policy member. The terms of the policy say you must agree to Doctor at Hand's terms when registering and this states "*adult main policy holders can use the Platform to book appointments for and discuss healthcare concerns.*". This precludes Ms K, but I don't find that is unreasonable. Only one parent can have access to the app, and to have access they must be a policy member.
- This service can't instruct insurers how to operate. Our function is to resolve disputes, not to regulate. That is the role of the Financial Conduct Authority. AXA's partner service recognises the issue its platform may pose for those co-parenting. Mr A has highlighted the impact in respect of his family. But AXA has confirmed that Ms K *can* contact it directly on behalf of their son and can access the 24-hour medical advice line. I find that is fair. I don't find that AXA has failed to provide fair and reasonable treatment to families with varied family set-ups. The policy terms are clear and don't extend to Ms K who is not a member.
- I understand that Mr A has private medical health insurance for a reason but for completeness I would add that his policy doesn't provide cover for every situation. It doesn't, for example, provide emergency cover. It is designed to complement the

National Health Service, not replace it.

- I recognise that Mr A will be disappointed by my decision, but I don't find that AXA has treated Mr A unfairly or contrary to his policy terms. It follows that I don't require AXA to take any action or to pay compensation.

My final decision

For the reasons set out above my final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr A to accept or reject my decision before 25 October 2023.

Lindsey Woloski
Ombudsman