

## The complaint

Mr J has complained that AXA PPP Healthcare Limited trading as AXA Health declined a claim under his group private medical insurance policy.

## What happened

The details of this complaint are well known to both parties, so I won't repeat them again here. Instead I'll focus on giving the reasons for my decision.

## 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.

Having done so I agree with the conclusions reached by the investigator for these reasons:

- The relevant regulator's rules say that insurers mustn't turn down claims unreasonably. So I've considered, amongst other things, the terms of Mr J's policy and the available evidence, to decide whether I think AXA treated him fairly.
- AXA authorised a diagnostic test for Mr J and subsequently a follow up appointment. This was authorised on 26 April 2023. AXA was unaware at this time that Mr J's cover was due to end on 15 May 2023. I appreciate that Mr J feels that as cover had been authorised, AXA should pay for the consultation that he had on 22 May 2023. I recognise Mr J will be disappointed by my decision, but I don't agree this is so. This is because the terms of his policy set out that cover will end if the lead member stops working for the company or if the company's group membership ends. This is not an unusual term, and I don't find it was unfair of AXA to rely on it.
- I haven't disregarded Mr J's argument that he wasn't requesting new treatment, but the consultation was to receive the results of a scan which took place whilst his cover was in force. However the policy does make clear that *all cover ends* when the lead member stops working for the company. I note that Mr J was trying to arrange ongoing cover with AXA in April, but I find the policy is sufficiently clear and don't conclude that there was any obligation on the adviser to remind Mr J of this policy term when providing authorisation. In the circumstances I don't find that AXA treated Mr J unfairly or unreasonably by declining his claim for a consultant's appointment after he had left his employment at the company.

## My final decision

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 J to accept or reject my decision before 4 March 2024.

Lindsey Woloski  
**Ombudsman**