

The complaint

Mr C is unhappy about his private medical insurance policy with AXA PPP Healthcare Limited (AXA).

What happened

Mr C has a global private medical insurance policy. AXA is the underwriter.

In November 2023, Mr C requested a copy of his policy document with AXA. He'd been informed that his policy had a limit to his out-patient benefit.

AXA referred Mr C to his policy handbook, but he said he wanted to see a one-page document which provided him the information in a single document. AXA said the terms and conditions of Mr C's insurance contract were spread out over several documents and it couldn't include all of this information in one single document.

Unhappy with this, Mr C brought his complaint to this service. Our investigator didn't uphold Mr C's complaint. He didn't think AXA had acted unfairly or unreasonably.

Mr C disagreed and asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

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 won't be upholding the complaint. I'll explain why.

At the outset I acknowledge that I've summarised this complaint in far less detail than Mr C has, and in my own words. I won't respond to every single point made. No discourtesy is intended by this. Instead, I've focussed on what I think are the key issues here. The rules that govern our service allow me to do this as we are an informal dispute resolution service.

The insurance industry regulator, the Financial Conduct Authority ('FCA'), has set out rules and guidance for insurers in the 'Insurance: Conduct of Business Sourcebook' ('ICOBS'). ICOBS says that insurers should act honestly, fairly and professionally in accordance with the best interests of their customers.

I confirm that it is not the role of this service to determine how an insurer should operate or what processes it should put in place. This service's role is to look at what's happened in the individual circumstances of the complaint and to determine whether the consumer has been treated fairly and reasonably.

I've therefore considered what happened in the circumstances of this complaint. Mr C is unhappy that AXA has referred him to multiple documents rather than provide one single policy document, which would form the insurance contract between him and AXA.

It's not unusual for the terms and conditions of a policy to be set out in a number of separate documents. I can see that AXA has provided these documents to Mr C and they are to be read together as one. AXA is entitled to set out the terms and conditions of the policy in this way and it's not something this service can interfere with as it's a business decision that AXA has made. I've looked at the documents relating to Mr C's policy. I don't think AXA has acted unfairly or unreasonably in the way it's presented the policy information to Mr C or that the information is unclear. I appreciate that Mr C is concerned with how the information is presented but that doesn't mean that it's not clear or AXA has acted unfairly.

Mr C says he's also unhappy about the excess and what cover was available for the out-patient benefit under his policy. I've looked at the letter dated 21 September 2023. The letter provides Mr C's overall claim summary and any amounts AXA paid as well as any that aren't covered under the policy. I'm satisfied the information in the letter is clear and all claim related information is available on his customer online portal. I also note that AXA provided the claims statements that Mr C's claims related to in the policy year. So, I don't think AXA has treated Mr C unfairly.

Overall, in the circumstances of this complaint, I'm satisfied that AXA hasn't treated Mr C unfairly. I understand Mr C will be disappointed, but it follows that I don't require AXA to do anything further.

My final decision

For the reasons given above, I don't uphold Mr C's complaint about AXA PPP Healthcare Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 5 February 2025.

Nimisha Radia
Ombudsman