

The complaint

Mr T has complained that AXA PPP Healthcare Limited (trading as AXA Health) declined a claim he made on a private medical insurance policy.

What happened

In February 2025, Mr T contacted AXA to request pre-authorisation for a dental implant. AXA declined the claim on the basis that the treatment is not covered under the policy terms.

Our investigator thought that AXA had acted reasonably in declining the claim. Mr T disagrees and so the complaint has been passed to me for a 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.

I've carefully considered the obligations placed on AXA by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for AXA to handle claims promptly and fairly, and to not unreasonably decline a claim.

Mr T has mentioned that the policy may have been mis-sold to him. However, he holds the policy via a group scheme provided by his employer, therefore the sales process was between AXA and the group, rather than directly with Mr T. It was his employer that chose this particular policy and therefore the level of cover available to him.

Insurance policies aren't designed to cover every eventuality or situation. An insurer will decide what risks it's willing to cover and set these out in the terms and conditions of the policy document. The test then is whether the claim falls under one of the agreed areas of cover within the policy.

Mr T's reason for believing dental implants are covered is because, in the benefit table of the policy, next to 'Oral surgery', it states:

'Paid in full so long as you use a facility that we have an agreement with covering oral surgery (.....).'

He says that the big green tick, next to the above text, indicates that any oral surgery would be covered as long as he went to an approved facility.

However, in the column to the right of this text, it then says:

'So long as your dentist refers you, we will pay for:

- reinserting your own teeth after a trauma*
- surgical removal of impacted teeth, buried teeth and complicated buried roots*

- *removal of cysts in the jaw (sometimes called enucleation).*

(.....)'

Mr T says that these are just examples of the type of treatment that is covered under Oral surgery, rather than being an exhaustive list. However, there is no suggestion that cover extends beyond what is contained in the list and I'm not persuaded it reads in that way.

I appreciate that Mr T has interpreted the table of benefits differently. Regardless of that, the policy is designed to be read in its entirety to understand the level of cover provided. He's said that, having read the table of benefits, there would be no reason to go searching through the wider documents. However, AXA advises policyholders to read the full handbook. And, if he thought that the righthand column was just referring to a selection of the treatments covered, he then needed to refer to the main sections of cover set out within the policy to understand the full picture.

Section 4.33 of the policy, headed 'Teeth and dental conditions, states:

'We will cover the following types of oral surgery when you are referred for treatment by a dentist:

- *reinserting your own teeth after an injury*
- *removing impacted teeth, buried teeth and complicated buried roots*
- *removal of cysts of the jaw (sometimes called enucleation)'*

So, contrary to what Mr T has said, there is no contradiction between what is said here and what is stated in the earlier benefits table. Had he read this section, he would have seen that it is an exact repeat of the cover stated in the benefits table. I consider this would have alerted him to the three listed treatments being the full extent of cover available under oral surgery.

I'm sympathetic to Mr T's situation. He had a cracked tooth removed and would like an implant to enable him to eat more easily. However, the matter at hand is whether AXA has done anything wrong – and I'm unable to conclude that it has. I consider the policy wording to be clear and transparent in relation to what is covered under oral surgery. As dental implants are not covered, it was fair and reasonable for it to decline the claim, in line with the policy terms and conditions. It follows that I do not uphold the complaint.

My final decision

For the reasons set out above, I do not uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr T to accept or reject my decision before 27 January 2026.

Carole Clark
Ombudsman