

## **The complaint**

Mr B has complained that AXA PPP Healthcare Limited trading as AXA Health ('AXA') mis-sold a policy to him and deliberately gave him incorrect information. He also complained about increasing premiums.

## **What happened**

Mr B bought a private medical insurance policy, underwritten by AXA which covered Mr B, X and their children. In 2024, he called AXA following a renewal notice to discuss the premiums as the price was due to increase.

Mr B discussed his options with AXA and selected a new policy with a lower premium. AXA did not make any recommendations but outlined the options Mr B had to reduce the cost of his premiums. The call handler failed to mention that the therapies allowance was no longer unlimited and would now be limited to £500 a year. Around 9 days later, AXA called Mr B to explain this and he was unhappy and raised a complaint.

AXA accepted the call handler had made a mistake and apologised. It offered to put Mr B back in the position he would have been in had the mistake not been made. He was able to reactivate the original policy with a one-month discount. And was also offered £100 compensation for the impact of the error.

Unhappy, Mr B referred his complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint and found that although AXA had made a mistake, it had offered an appropriate remedy.

Mr B disagreed and asked for an Ombudsman's decision. And so the case has been passed to me for a final 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 don't think this complaint should be upheld. I'll explain why.

The background to this matter is well known to both parties. And I have carefully considered everything both parties have said even if I don't explicitly address every point in my decision. I won't repeat the facts here again. Instead I will focus on what I consider to be the crux of the complaint and what is key to my conclusions.

### Premium increases

When looking at complaints about premium increases, I can check whether AXA has treated Mr B fairly to ensure he hasn't been treated differently to someone else in the same position as him. I can check the premium calculations and any underwriting information to ensure the calculations are correct. I won't be able to share the underwriting information with Mr B as it

is commercially sensitive but I have checked it thoroughly.

Insurers are entitled to set the price of a policy based on the level of risk they are prepared to take. I cannot tell an insurer what price to charge or how to assess risk.

Having reviewed the calculations for the premium increases at renewals, I am satisfied that the premiums have been calculated fairly.

Mr B is unhappy that his premiums have increased each year. AXA has provided its commercially sensitive calculations for renewals between 2022 and 2025 which show how and why the prices have increased. I am satisfied that Mr B has been treated the same as any other customer in his position would, based on the information and factors used by AXA to calculate premiums.

#### The 2024 – 2025 renewal

When making recommendations during a non-advised sale, the relevant rules and industry guidelines say an insurer should provide information which is clear, fair and not misleading.

AXA accepts that it made a mistake by not telling Mr B that the therapies allowance on the cheaper plan would be capped at £500. It apologised, offered to discuss Mr B's options again (to see if any other changes could reduce the premium) and also paid £100 compensation for the distress and inconvenience caused.

Mr B is unhappy and doesn't think AXA has done enough to rectify its error.

AXA has put Mr B back in the position he would have been in by offering the previous policy and to discuss his options again. And it has recognised the frustration caused to him through its payment of compensation. Our award bands for compensation for distress and inconvenience can be found on our website. As the mistake was identified within less than 10 days, I am satisfied that AXA acted quickly to avoid any long-term impact. I therefore think AXA has done enough to remedy its error and I won't be asking it to do anything more.

I appreciate Mr B will be disappointed but AXA has done as I would expect it to. It has offered a fair and reasonable resolution to its mistake.

#### Quotes and discrimination

Mr B has also said that he has visited comparison sites and found cheaper quotes if he changed his name. I have seen no evidence of this and in any case, AXA is not responsible for information on comparison sites. I have seen no evidence of any discrimination on AXA's part.

Overall, I think AXA has provided fair and reasonable compensation to Mr B for its mistake and also put him back in the position he would have been in had the mistake not occurred. So I won't be asking it to do anything more.

#### **My final decision**

For the reasons set out above, I don't uphold this complaint

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B and X to accept or reject my decision before 17 March 2026.

Shamaila Hussain  
**Ombudsman**