

FOR EMPLOYERS

Your programme, *with the receipts.*

International medical cover is bought once a year and then goes quiet. Deronda keeps the year visible: what your broker owes you, what your people are using, and what the renewal will actually turn on.

Annual premium

£186,000

AXA Global Healthcare

↓ 2.4% vs last year

People covered

84

across 6 countries

— No change

Renewal

1 Apr 2027

92 days to go

Broker commission

12%

Agreed 14 Mar 2026

Never edited

Your account, as it appears — the four numbers that answer most questions.

THE RENEWAL IS A SEASON, NOT A DEADLINE

Apr — Jun	Jul — Sep	Oct — Dec	Jan — Mar
Opening. Claims gathered, membership confirmed, duties reviewed.	Market review. Terms secured, and benchmarked against them.	Terms. Options with a written view. One decision meeting.	Close. Terms bound, members told, the year filed.

ONE CONVERSATION, PREPARED

You arrive at the renewal meeting with the year already written down.

What your broker owes you, with dates

Every duty your broker agreed to is written down with a date — renewal terms eight weeks out, the quarterly claims statement, member changes inside ten working days. If one stalls it is chased, and you can watch that happen rather than wonder.

WHAT YOUR PEOPLE GET

Cover explained in sentences, and the amenities most people never discover.

THE DESK

Your people, told what they already have

Every member gets their cover in plain sentences: covered in full, to an annual limit, or not on the plan. Alongside it, the things nobody uses because nobody mentions them — the virtual GP, the second opinion, the annual health check, the assistance line.

And the three checks before any planned treatment: is it covered, does it need pre-authorisation, do you have the referral.

Deronda is not where claims happen. Claims go to your insurer, as they always have — Deronda makes sure your people go in prepared, and does not sit between them and their care.

What you will never see

You see claims as counts, totals and settlement times. You do not see who claimed, or what for — and below three claims in a period even the totals are withheld, because in a small population an aggregate can still name someone.

This is enforced in the database, not promised in a policy: the individual rows are never sent to your screen.

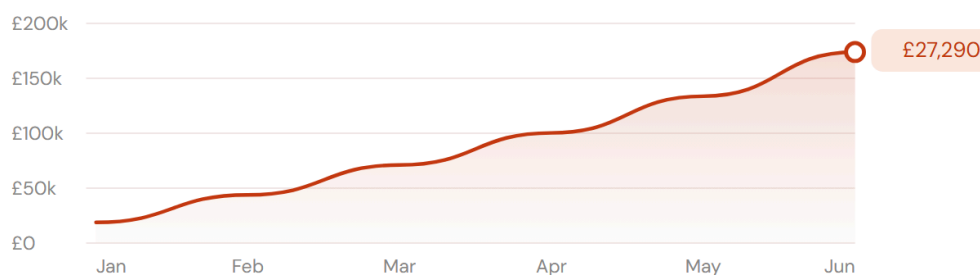
Spend overview

This year ▾

£27,290

YTD claims spend

↑ 8.7% vs last year



9 claims recorded, 5 settled, median 17 days to settle. Aggregate only — never who claimed.

Claims experience on the account — aggregate only, and it says so.

GETTING STARTED

- 1 One onboarding call**
Policy, membership data, and the duties your broker agreed to.
- 2 We load the record**
Policy, commission terms and duties written once. The commission entry can never be edited afterwards.
- 3 You invite your people**
Members claim their own sign-in from a link.
- 4 The first quarterly account**
What was owed, what was done, what your people used.