Healthier Solutions

Terms and conditions

Contents

Welcome to Aviva

This terms and conditions booklet tells you about your policy, including:

- how to make a claim
- what's covered, and
- what's not covered.

It also contains explanations of terms used, so you can be fully aware of the cover you've bought.

When you make a claim you'll need to refer to this information, so please keep it somewhere safe. We recommend making a note of your policy number and our contact information in case this booklet is lost.

We've designed this to be as easy to understand as possible, but if you have any questions or feedback, please call us on **0800 158 3333**. Calls to and from Aviva may be recorded and/or monitored.

When we refer to 'you' or 'your' in this terms and conditions booklet, we mean a person named as an insured person in the policy schedule.

When we refer to 'we', 'our', or 'us', we mean Aviva Health UK Limited, which administers your policy on behalf of Aviva Insurance Limited, which underwrites and provides your contract of insurance. We are a wholly owned subsidiary of Aviva Insurance Limited and act as its agent for the purposes of: (i) receiving premium from our clients; and (ii) receiving and holding claims money and premium refunds prior to transmission to our client making the claim or entitled to the premium refund.

The words 'such as', 'including' and 'for example' are illustrative only and are not intended to define an exhaustive list.

Certain words are shown in **bold** type. These are defined terms and have specific meanings in this guide. The meanings are set out in the Definitions section.

This policy is underwritten by Aviva Insurance Limited and administered by Aviva Health UK Limited.

Treatment covered by your policy

The information on these pages details the cover and benefits available under your **policy**. If you are a resident in the Channel Islands or Isle of Man additional cover and benefits apply. Please see your member documents.

This **policy** covers **treatment** of **acute conditions**.

An **acute condition** is defined as a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return you to the state of health you were in immediately before suffering from it, or which leads to your full recovery.

The **policy** does not cover **chronic conditions**.

A **chronic condition** is defined as a disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

You're covered for eligible **treatment**, which is **treatment** of an **acute condition** that is:

- covered under your **policy**, including facilities, services and equipment
- shown by current best available clinical evidence to improve your health outcome at the time your **treatment** takes place
- appropriate for your individual care, including how it's carried out, how long it continues and how often it occurs
- carried out by a health care professional recognised by us and qualified to provide your **treatment**, and
- undertaken because you need it for medical reasons.
- If you are a resident in the Channel Islands or Isle of Man additional cover and benefits apply. Please see your member documents.
- All **treatment** and **diagnostic tests** must be by, and under the care of **specialists** following referral by a **GP**, unless otherwise stated.
- A no claim discount applies to this **policy**. For details please see **aviva.co.uk/health-ncd**
- We take our obligations under the Equality Act 2010 seriously, and do not exclude cover generally for people on the basis of their protected characteristics. The cover and exclusions detailed in your policy apply to everyone and are a reflection of the commercial risk we are prepared to accept as an insurance company.

Where you're covered for treatment

Expert Select

If you have the Expert Select hospital option, **treatment** will be covered when it's carried out by the **specialist** and at the **hospital** confirmed by us.

If your **GP** decides you need to be referred for further **diagnostic tests** or **treatment**, you must obtain an **open referral** and contact us. We will then use our clinical knowledge and independent quality data to locate a **specialist** and **hospital** for you. You must also obtain an **open referral** if you are referred for further **diagnostic tests** or **treatment** following NHS **treatment**. This includes **treatment** at an accident & emergency department.

We will only accept a named referral from a **GP** or a **specialist** if we agree there is a medical need for it. We maintain the right to request a report from the **GP** or **specialist** to get full details before we confirm **treatment** under a named referral.

If you have **treatment** with a **hospital** or **specialist** that has not been agreed by us, we will not pay that provider's fees.

Hospital lists

If you have a hospital list, **in-patient** and **day-patient treatment** will be covered when it takes place at a **hospital** on the chosen hospital list or at a facility within one of our **networks**.

All **treatment** and **diagnostic tests** must be carried out by providers (such as **hospitals**, facilities, **specialists**) recognised by us. If you have **treatment** with a provider that we do not recognise, we will not pay that provider's fees.

Networks

We've set up **networks** of treatment units, specialising in managing certain conditions. We only work with clinicians and medical facilities that meet our quality care standards. These facilities measure their outcomes using patient reported outcome measures, condition-specific clinical outcome scores and service user satisfaction scores.

More information on **networks** and a list of the conditions for which we have a **network** in place can be found at **aviva.co.uk/health-network**

If your **policy** includes Expert Select, you will always benefit from our **networks** as we will guide you to a **network** facility if we have one for your condition, following the **open referral** from your **GP**.

If your **policy** includes a hospital list and you need **treatment** for a condition for which we have a **network**, you can benefit from our **networks** by obtaining an **open referral** and allowing us to confirm a **treatment** facility for you, or you can choose to use a **hospital** on your hospital list.

What happens in an emergency

If you require emergency treatment as a result of an accident or illness, you'll normally be taken to the accident and emergency department of your nearest NHS hospital. The NHS is best placed to offer emergency treatment and facilities which aren't normally available at private hospitals.

If you need further care after the initial treatment and are considering private facilities, please discuss this with your hospital doctor and contact the customer service helpline. You'll be able to discuss your claim in detail with an experienced adviser, to ensure you have access to the most appropriate facilities when you need them.

Benefit tables

All benefit limits and excesses (if applicable) apply to each **member** every **policy year** unless otherwise stated. The options you have chosen will be shown on your **policy schedule**.

Benefits	Amount payable	Notes
A. Hospital treatment as an in-patient or day-patient		See hospital charges benefit term
If you have the six week option, you cannot claim for these benefits if your **treatment** is available on the NHS (including **accident or emergency admissions**) within six weeks from the date your **specialist** recommends it.		
Hospital charges	Including accommodation and meals, nursing care, drugs and surgical dressings and theatre fees If you have Expert Select: we will pay charges in full for **treatment** carried out at the **hospital** confirmed by us. See hospital charges benefit term If you have a hospital list: we will pay charges in full for **treatment** carried out at a **hospital** on your list or a **network** facility. See hospital charges benefit term	
Specialists' fees	If you have Expert Select: we will pay fees in full for **treatment** carried out by the **specialist** confirmed by us**.** See specialists' fees benefit term If you have a hospital list: we will pay up to the limits in our fee schedule. See specialists' fees benefit term	
Diagnostic tests	In full	Including blood tests, X-rays, scans and ECGs
Radiotherapy/chemotherapy	In full	
NHS cash benefit*	£100 each night, up to 30 nights	See NHS cash benefit term
B. Additional benefits		
Home nursing	In full	Immediately following **treatment** as an **in-patient** or **day-patient** that is covered by the **policy**. See home nursing benefit term
Private ambulance	In full	See private ambulance benefit term
Parent accommodation when staying with a child covered by the **policy**	In full	Child of 15 or under receiving **treatment** that is covered by the **policy**; one parent only
Hospice donation*	£70 each day, up to 10 days	See hospice benefit term
GP referred **treatment** by a **speech therapist** for children*	Up to 2 speech therapy sessions	For each child covered by the **policy**. See speech therapy benefit term
Baby bonus*	£100 for each baby	Payable to the **policyholder**. See baby bonus benefit term
Stress Counselling helpline*	Unlimited number of calls	This service is available to **members** aged 16 and over. See Stress Counselling helpline benefit term

* Claims for these benefits will not affect the no claim discount.

The information on these pages must be read in conjunction with the definitions, benefit terms, policy conditions and exclusions and the **policy schedule**.

Over the next five pages there are five options for **out-patient** cover. If you have chosen one of the reduced **out-patient** options instead of C1 this will be shown on your **policy schedule**.

C1. Treatment as an out-patient		**Expert Select – see hospital charges benefit term**
Consultations with a **specialist**	If you have Expert Select: we will pay charges in full for consultations with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay up to the limits in our fee schedule. See specialists' fees benefit term	
Treatment by a **specialist** as an **out-patient**	In full	Including **hospital** fees, equipment charges, anaesthesia If you have Expert Select: we will pay **specialist** fees in full for **treatment** carried out by the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialist** fees up to the limits in our fee schedule. See specialists' fees benefit term
Diagnostic tests	In full	CT, MRI and PET scans as an **out-patient** are only covered at a **diagnostic centre** If you have Expert Select: we will pay **specialists'** fees for surgical procedures in full with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialists'** fees for surgical procedures up to the limits in our fee schedule. See specialists' fees benefit term
Pre-admission tests (tests carried out at **hospital** before your admission to check that you are fit to undergo surgery and anaesthesia. These can include ECGs, blood tests)	In full	
Radiotherapy/chemotherapy	In full	
Specialist referred **treatment** by: • a **physiotherapist** • a **chiropractor** • an **osteopath**	Up to the limits in our fee schedule	See practitioner fees benefit term
Mental health **treatment** as an **out-patient**	Up to £2,000	On **GP** referral to a **psychiatric therapist** or psychiatric **specialist**. See mental health, practitioner fees and specialists' fees benefit terms
Other benefits – for members with C1 option only		
Treatment for complications of pregnancy and childbirth as an **in-patient**, **day-patient**, or **out-patient**	In full	See pregnancy complications and specialists' fees benefit terms
Surgical procedures on the teeth performed in a **hospital** as an **in-patient**, **day-patient**, or **out-patient**	In full	See specialists' fees benefit term

Benefits	Amount payable	Notes
C1000. Reduced out-patient cover – £1000 limit – section C1 Treatment as an out-patient is deleted and replaced with:		
Treatment as an out-patient		**Expert Select – see hospital charges benefit term**
CT, MRI and PET scans	In full	These scans will only be covered at a **diagnostic centre**
Surgical procedures by a **specialist** in a clinical, sterile setting	In full	Including surgical **treatment**, guided injections and complex diagnostic procedures If you have Expert Select: we will pay **specialist** fees in full with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialist** fees up to the limits in our fee schedule. See specialists' fees benefit term
Pre-admission tests (tests carried out at **hospital** before your admission to check that you are fit to undergo surgery and anaesthesia. These can include ECGs, blood tests)	In full	We cover pre-admission tests that are carried out up to 14 days before **in-patient** or **day-patient treatment** that is covered by the **policy**
Radiotherapy/chemotherapy	In full	
The following benefits are subject to a combined limit of £1,000 for each **member** every **policy year**		
Consultations with a **specialist**		If you have Expert Select: we will pay in full (subject to the £1,000 limit) with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay up to the limits in our fee schedule. See specialists' fees benefit term
Non-surgical **treatment** by a **specialist** as an **out-patient**		If you have Expert Select: we will pay **specialist** fees in full (subject to the £1,000 limit) with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialist** fees up to the limits in our fee schedule. See specialists' fees benefit term
Diagnostic tests		Including pathology, X-rays and physiological tests such as ECGs
Specialist referred **treatment** by: • a **physiotherapist** • a **chiropractor** • an **osteopath**		We will pay up to the limits in our fee schedule. See practitioner fees benefit term
Mental health **treatment** as an **out-patient**		On **GP** referral to a **psychiatric therapist** or psychiatric **specialist**. See mental health, practitioner fees and specialists' fees benefit terms

If you have chosen option C1000 you are not covered as an **in-patient, day-patient,** or **out-patient** for **treatment** for:
- complications of pregnancy and childbirth, or
- surgical procedures on the teeth performed in a **hospital**, or any **treatment** related to surgical procedures on the teeth, including consultations, **diagnostic tests** and procedures.

This £1,000 limit does not apply to **out-patient cancer treatment** received after a **member** has been diagnosed with **cancer.** The limit will still apply to consequences of **cancer treatment** and conditions **related** to **cancer treatment**.

The monetary limit does not apply to **out-patient treatment** received through some of our **networks**. A list of the conditions for which we have a **network** in place and details of how the **out-patient** limit is applied can be found at **aviva.co.uk/health-network**

Benefits	Amount payable	Notes
C500. Reduced out-patient cover – £500 limit – section C1 Treatment as an out-patient is deleted and replaced with:		
Treatment as an out-patient		**Expert Select – see hospital charges benefit term**
CT, MRI and PET scans	In full	These scans will only be covered at a **diagnostic centre**
Surgical procedures by a **specialist** in a clinical, sterile setting	In full	Including surgical **treatment**, guided injections and complex diagnostic procedures If you have Expert Select: we will pay **specialist** fees in full with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialist** fees up to the limits in our fee schedule. See specialists' fees benefit term
Pre-admission tests (tests carried out at **hospital** before your admission to check that you are fit to undergo surgery and anaesthesia. These can include ECGs, blood tests)	In full	We cover pre-admission tests that are carried out up to 14 days before **in-patient** or **day-patient treatment** that is covered by the **policy**
Radiotherapy/chemotherapy	In full	
The following benefits are subject to a combined limit of £500 for each **member** every **policy year**		
Consultations with a **specialist**		If you have Expert Select: we will pay in full (subject to the £500 limit) with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay up to the limits in our fee schedule. See specialists' fees benefit term
Non-surgical **treatment** by a **specialist** as an **out-patient**		If you have Expert Select: we will pay **specialist** fees in full (subject to the £500 limit) with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialist** fees up to the limits in our fee schedule. See specialists' fees benefit term
Diagnostic tests		Including pathology, X-rays and physiological tests such as ECGs
Specialist referred **treatment** by: • a **physiotherapist** • a **chiropractor** • an **osteopath**		We will pay up to the limits in our fee schedule. See practitioner fees benefit term
Mental health **treatment** as an **out-patient**		On **GP** referral to a **psychiatric therapist** or psychiatric **specialist**. See mental health, practitioner fees and specialists' fees benefit terms

If you have chosen option C500 you are not covered as an **in-patient, day-patient,** or **out-patient** for **treatment** for:
- complications of pregnancy and childbirth, or
- surgical procedures on the teeth performed in a **hospital**, or any **treatment** related to surgical procedures on the teeth, including consultations, **diagnostic tests** and procedures.

This £500 limit does not apply to **out-patient cancer treatment** received after a **member** has been diagnosed with **cancer.** The limit will still apply to consequences of **cancer treatment** and conditions **related** to **cancer treatment**.

The monetary limit does not apply to **out-patient treatment** received through some of our **networks**. A list of the conditions for which we have a **network** in place and details of how the **out-patient** limit is applied can be found at **aviva.co.uk/health-network**

Benefits	Amount payable	Notes
C0. Reduced out-patient cover - £0 limit and selected benefit removal – section C1 Treatment as an out-patient is deleted and replaced with:		
Treatment as an out-patient		**Expert Select – see hospital charges benefit term**
If you have chosen option C0 the only **out-patient** benefits available on your **policy** are:		
CT, MRI and PET scans	In full	These scans will only be covered at a **diagnostic centre**
Surgical procedures by a **specialist** in a clinical, sterile setting	In full	Including surgical **treatment**, guided injections and complex diagnostic procedures If you have Expert Select: we will pay **specialist** fees in full with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialist** fees up to the limits in our fee schedule. See specialists' fees benefit term
Pre-admission tests (tests carried out at **hospital** before your admission to check that you are fit to undergo surgery and anaesthesia. These can include ECGs, blood tests)	In full	We cover pre-admission tests that are carried out up to 14 days before **in-patient** or **day-patient treatment** that is covered by the **policy**
Radiotherapy/chemotherapy	In full	

If you have chosen option C0 you will have no cover as an **out-patient** for:
- consultations with a **specialist**
- non-surgical **treatment** by a **specialist**
- **diagnostic tests** such as pathology, X-rays
- **specialist** referred **treatment** by a **physiotherapist**, **chiropractor** or **osteopath**, or
- mental health **treatment** as an **out-patient**.

You will also have no cover as an **in-patient, day-patient** or **out-patient** for:
- **treatment** for complications of pregnancy and childbirth, or
- surgical procedures on the teeth performed in a **hospital**, or any **treatment** related to surgical procedures on the teeth, including consultations, **diagnostic tests** and procedures.

This £0 limit does not apply to **out-patient cancer treatment** received after a **member** has been diagnosed with **cancer**. The limit will still apply to consequences of **cancer treatment** and conditions **related** to **cancer treatment**.

The monetary limit does not apply to **out-patient treatment** received through some of our **networks**. A list of the conditions for which we have a **network** in place and details of how the **out-patient** limit is applied can be found at **aviva.co.uk/health-network**

The information on these pages must be read in conjunction with the definitions, benefit terms, policy conditions and exclusions and the **policy schedule**.

Benefits	Amount payable	Notes
C2. Reduced out-patient cover and selected benefit reduction. Available to existing C2 option holders only -our **section C1 Treatment as an out-patient is deleted and replaced with:**		
Treatment as an out-patient		**Expert Select – see hospital charges benefit term**
Two consultations with a **specialist**		If you have Expert Select: we will pay **specialist** fees in full with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialist** fees up to the limits in our fee schedule. See specialists' fees benefit term
Diagnostic tests only if they: • lead directly to **treatment** as an **in-patient** or **day-patient** that is covered by the **policy**, or • take place within six months after **treatment** as an **in-patient** or **day-patient** that is covered by the **policy** and are required for the same condition		CT, MRI and PET scans as an **out-patient** are only covered at a **diagnostic centre** If you have Expert Select: we will pay **specialists'** fees for surgical procedures in full with the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay **specialists'** fees for surgical procedures up to the limits in our fee schedule. See specialists' fees benefit term
Radiotherapy/chemotherapy	In full	

If you have chosen option C2 you will have no cover as an **out-patient** for:
- **specialist** referred **treatment** by a **physiotherapist**, **chiropractor** or **osteopath**, or
- mental health **treatment** as an **out-patient**.

You will also have no cover for **treatment** as an **in-patient, day-patient,** or **out-patient**, for:
- complications of pregnancy and childbirth, or
- surgical procedures on the teeth performed in a **hospital**, or any **treatment** related to surgical procedures on the teeth, including consultations, **diagnostic tests** and procedures.

The C2 limit does not apply to **out-patient cancer treatment** received after a **member** has been diagnosed with **cancer**. The limit will still apply to consequences of **cancer treatment** and conditions **related** to **cancer treatment**.

The C2 limit does not apply to **out-patient treatment** received through some of our **networks**. A list of the conditions for which we have a **network** in place and details of how the **out-patient** limit is applied can be found at **aviva.co.uk/health-network**

Please see your **policy schedule** to see which options apply to you.

All benefit limits and excesses (if applicable) apply to each **member** every **policy year** unless otherwise stated.

Benefits	Amount payable	Notes
D. Other treatment and therapies. Claims for the benefits in option D will not affect your no claim discount		
GP referred **treatment** by: • a **physiotherapist** • a **chiropractor** • an **osteopath** • an **acupuncturist**	Up to 10 sessions in combined total	For each **member**, each condition, every **policy year**. We will pay up to the limits in our fee schedule for each session. See practitioner fees and therapies benefit terms
Minor surgery by a **GP**	Up to £100 for each procedure	For procedures appearing on our GP minor surgery list. For further details please see **aviva.co.uk/gp-minor-surgery**
E. Dental and optical benefits. Claims for the benefits in option E will not affect your no claim discount		
Treatment by a dentist of an accidental dental injury	Up to £600	See accidental dental injury benefit term
Routine dental treatment	Up to £250. A £50 excess applies	See routine dental treatment benefit term. See dental and optical excess benefit term for details of how the excess works
Optical benefit	Up to £150. A £50 excess applies	See optical benefit term. See dental and optical excess benefit term for details of how the excess works
F. Mental health treatment		
Treatment as an **in-patient** or **day-patient** – accommodation and nursing	In full up to 28 days	For each **member**, every **policy year**. See mental health and specialists' fees benefit terms
Specialists' fees for **treatment** as an **in-patient**	Up to the limits in our fee schedule	
G. Hospital list options. You will have the Expert Select hospital option unless you have chosen one of the following:		
Key hospital list		See hospital charges benefit term
Extended hospital list		See hospital charges benefit term
Trust hospital list		See Trust hospitals benefit term. This replaces the hospital charges benefit term
Signature hospital list – available to residents of Scotland and Northern Ireland only		See hospital charges benefit term
Fair+Square hospital list – available to existing Fair+Square hospital list holders only		See Fair+Square hospitals benefit term. This replaces the hospital charges benefit term

The information on these pages must be read in conjunction with the definitions, benefit terms, policy conditions and exclusions and the other documents forming the **policy**.

Benefits	Amount payable	Notes
H. Excess options		
£100	Benefits covered under this **policy** will be subject to an excess payable for each **member** every **policy year**. See excess benefit term	
£200		
£500		
£1,000		
£3,000		
£5,000		
I. Six week option		
You cannot claim for private **treatment** as an **in-patient** or **day-patient**, NHS cash benefit, NHS cancer cash benefit or for the cost of an NHS amenity bed if your **treatment** is available on the NHS (including **accident or emergency admissions**) within six weeks from the date your **specialist** recommends it		The six week option is not available to residents of the Channel Islands or the Isle of Man
J. Protected no claim discount		
Your no claim discount (NCD) is protected. Your discount will remain at its current level and not reduce at the next **renewal date** if a claim that would have caused your NCD to reduce is paid		Eligibility criteria apply. See **aviva.co.uk/health-ncd**

Benefit terms

Accidental dental injury

We will pay for **treatment** required as a result of an injury which causes damage or deformity to teeth or gums which have not previously been decayed, diseased, repaired, restored or treated (other than scaling or polishing). This does not include damage to dentures or implants. The injury must be caused by an accident which occurs after you join the **policy**.

Baby bonus

We pay the **policyholder** a baby bonus of £100 for each baby born to or adopted (within a year of birth) by a **member** during a **policy year**.

The baby bonus is payable once for each baby.

If you have moratorium or full medical underwriting, the baby bonus is only available if the baby is born or adopted more than ten months after the **policyholder** joins the **policy**.

Dental and optical excess

Routine dental treatment and optical benefit each have an excess of £50. You must pay the first £50 and we will then pay for costs up to the limit covered by the **policy**.

For example, if a claim is made for £220 for routine dental treatment covered by the **policy**, we will deduct the £50 excess from this sum and pay the balance of £170 to you. You are responsible for paying the £50 excess for the **treatment** received. This leaves a balance of £80 available to you in this example for subsequent claims in the same **policy year**. The excess is only deducted once for each **member** every **policy year**.

If you have chosen another excess on this **policy** it will not apply to option E (Dental and optical benefits).

Excess

If you have chosen an excess, we will pay benefits up to the amounts shown after the excess has been paid.

The excess is applied to each **member**, each **policy year**. This means that if a claim or course of **treatment** continues from one **policy year** to the next, the excess will apply again.

For example, if you have a £5,000 excess and your **treatment** in a **policy year** costs £10,000, you will pay the first £5,000 and we will pay the rest. If the **treatment** carries on into the next **policy year**, another excess will apply, so you will again pay the first £5,000 of **treatment** received in that **policy year**.

If the **treatment** you were claiming for cost £1,000 and your excess was also £1,000, you would have to meet the full cost of that **treatment** yourself. However, your excess would be paid and would not apply to other claims in that **policy year**.

The excess is applied on the date **treatment** takes place and not the date we pay the bill.

The excess does not apply to NHS cash benefit, NHS cancer cash benefit, the baby bonus, donations we make to a **hospice**, any benefit claimed under option E (dental and optical benefits), or to the wig benefit under benefits for **cancer treatment**.

If you claim for a benefit that has a monetary limit, the excess amount will not contribute to the monetary limit.

So if, for example, your excess was £200 and the **treatment** you were claiming for had a benefit limit of £500, you would have to pay the first £200 and we would pay up to a further £500 for that benefit in that **policy year**.

If we do not pay a claim because the amount due is less than the excess, the no claim discount will not be affected.

If an excess applies, we will write to you to advise who the excess should be paid to. You are liable for the excess and this should be paid directly to the provider of **treatment** or services, for example the **specialist** or **hospital**.

Fair+Square hospitals

The Fair + Square hospital list is a closed list. It is no longer available to new or existing customers who haven't already selected this list. It is only available to existing customers who currently have this list included on their **policy**, as shown on their **policy schedule**.

Hospital charges for **in-patient** and **day-patient treatment** are covered in full if you have **treatment** at a **hospital** on the Fair + Square hospital list, or a facility on one of our **networks**.

If you receive **treatment** as an **in-patient** or **day-patient** in a **hospital** or facility that is not included on the Fair + Square hospital list , or one of our **networks**, but is recognised by us, we will calculate the average cost of equivalent **treatment** across all **hospitals** on the Fair + Square hospital list, and that average cost is the maximum we will pay. This could leave you with a shortfall that the **policy** does not cover. If the actual cost of the **treatment** is less than the average cost, we will pay the **hospital** costs in full.

We will cover **specialists'** fees up to the limits in our fee schedule.

If you receive **in-patient** or **day-patient treatment** in a **hospital** that is not recognised by us, we will not pay any **hospital** fees for your **treatment**.

Home nursing

We cover home nursing if this:

- is recommended and supervised by your **specialist**
- takes place in your home
- immediately follows **treatment** as an **in-patient** or **day-patient** that is covered by your **policy**
- is carried out by a **nurse** and is the type of **treatment** that only a **nurse** can provide, and
- is needed for medical reasons and is not to help with your mobility, personal care or preparation of meals.

Hospice

We will pay a donation directly to the **hospice** when:

- you receive care as a patient of a **hospice**, and
- we have previously covered **treatment** for the condition.

Hospital charges

Expert Select

If you have Expert Select, we cover **treatment** that is carried out at the **hospital** confirmed by us. If you receive **in-patient**, **day-patient** or **out-patient treatment** at a **hospital** that has not been confirmed by us, we will not pay the **hospital** fees.

If you receive **treatment** as an NHS **in-patient** or **day-patient** whilst occupying an NHS amenity bed (a bed paid for by you in a single room or side ward in an NHS **hospital** where you receive NHS **in-patient** or **day-patient** treatment) and that **treatment** would have been covered by the **policy** if you had chosen to receive it as a private patient, we will reimburse you for the cost of the amenity bed. We will pay the fixed cost for the amenity bed only; we will not pay for additional extras (such as visitor meals).

If you claim for the cost of an NHS amenity bed you cannot also claim NHS cash benefit or NHS cancer cash benefit for the same **treatment**.

Hospital lists

If you have a hospital list, **hospital** charges for **in-patient** and **day-patient treatment** are covered in full if you have **treatment** at a **hospital** on your hospital list, a facility on one of our **networks** or an NHS pay-bed at an NHS hospital.

If you receive **treatment** as an **in-patient** or **day-patient** in a hospital or facility that is not:
• included on your hospital list, or
• included on one of our **networks**, or
• an NHS pay-bed at an NHS **hospital**
but is recognised by us, we will calculate the average cost of hospital charges for equivalent **treatment** across all **hospitals** on your list and that average cost is the maximum we will pay. This could leave you with a shortfall that the **policy** does not cover. If the actual cost of the **treatment** is less than the average cost, we will pay the **hospital** costs in full. We will cover **specialists'** fees up to the limits in our fee schedule.

If you receive treatment in a **hospital** that is not recognised by us, we will not pay any **hospital** fees for your **treatment**.

If you receive **treatment** as an NHS **in-patient** or **day-patient** whilst occupying an NHS amenity bed (a bed paid for by you in a single room or side ward in an NHS **hospital** where you receive NHS **in-patient** or **day-patient** treatment) and that **treatment** would have been covered by the **policy** if you had chosen to receive it as a private patient, we will reimburse you for the cost of the amenity bed.

We will pay the fixed cost for the amenity bed only; we will not pay for additional extras (such as visitor meals).

If you claim for the cost of an NHS amenity bed you cannot also claim NHS cash benefit or NHS cancer cash benefit for the same **treatment**.

Mental health

We cover acute mental health conditions. This means we will cover **treatment** which aims to lead to your full recovery.

We do not cover:

- **treatment** that is given solely to alleviate symptoms
- **treatment**, including **diagnostic tests** to treat or assess learning difficulties or developmental or behavioural problems such as attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder, or
- chronic mental health conditions.

We consider a mental health condition to be chronic if:

- it meets the definition of a **chronic condition**,

or

- we have paid for your **treatment** for that condition or a **related** mental health condition during three separate **policy years**. This will apply to acute flare-ups of a **chronic condition**, it will also apply if the **treatment** was not in consecutive **policy years**.

Treatment related to mental health conditions will not be covered under any other benefit on this **policy**.

NHS cash

We will pay NHS cash benefit if:

- you receive **treatment** as an NHS **in-patient**, and
- that **treatment** would have been covered by the **policy** if you had chosen to receive it as a private patient.

When you make a claim for NHS cash benefit, we may ask for the discharge summary from the **hospital**.

NHS cash benefit is not available:

- if you are a fee paying patient of any kind
- for the first three nights following an **accident or emergency admission**
- for **cancer treatment**
- for claims for mental health **treatment**
- if you claim for the cost of an NHS amenity bed for the same **treatment**.

Optical

Optical benefit is payable for contact lenses and glasses bought as a result of a change in your prescription.

We do not cover the cost of eye tests, optical solutions and accessories (for example cases, cleaning cloths) or contract schemes (for example monthly disposable contact lens schemes).

Practitioner fees

We cover practitioner's fees (such as **physiotherapists**, **osteopaths**, **psychiatric therapists**) up to the limits in our fee schedule. If the fee is higher than the limit in our fee schedule, it is your responsibility to pay the practitioner the difference.

You can view the fee schedule online at **aviva.co.uk/health/online-fee-schedule** or call the customer service helpline on **0800 158 3333**.

Calls to and from Aviva may be recorded and/or monitored.

Pregnancy complications

Cover will only be available for **treatment** directly or indirectly arising from or recommended by your **specialist** in connection with the following conditions once diagnosed:

- ectopic pregnancy (development of foetus outside the womb)
- miscarriage (if you have miscarried, but not investigations into the cause of miscarriage)
- still birth
- hydatidiform mole (cell growth abnormality in the womb)
- retained placenta (afterbirth retained in the womb)
- eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
- caesarean sections – in specific clinical circumstances (we require full clinical details from your **specialist** before we can make a decision about cover).

If you have moratorium or full medical underwriting – we will only pay for these conditions and **treatments** if they occur at least 10 months after you have joined the policy.

Private ambulance

We cover travel by a private ambulance to the nearest available facility if:

- it is needed in connection with **treatment** as an **in-patient** or **day-patient** that is covered by your **policy**, and
- you travel between **hospitals** as part of your **treatment** as an **in-patient** or **day-patient**, and
- it is **medically necessary** for you to travel by ambulance.

Routine dental treatment

We will pay for dental treatment carried out by a dental practitioner in a dental surgery including examinations, tooth cleaning, white fillings (where appropriate), crowns, extractions and surgery. We do not pay for contract schemes (for example monthly dental plans).

Specialists' fees

Expert Select

If you have Expert Select, we cover **treatment** that is carried out by a **specialist** confirmed by us. If you receive **in-patient**, **day-patient** or **out-patient treatment** by a **specialist** that has not been confirmed by us, we will not pay the **specialists'** fees.

If a **specialist** decides you need to be referred to another **specialist** for tests and/or **treatment** you should ask for the specialism and the sub-specialism of the person you need to see and contact us. We will then confirm the **specialist** that the **policy** will cover.

We will only accept a named referral from a **GP** or a **specialist** if we agree there is a medical need for it. We maintain the right to request a report from the **GP** or **specialist** to get full details before we confirm **treatment** under a named referral.

If you have received **treatment** and are discharged from the **specialist's** care but need further **treatment** for the same condition within three months of your discharge, the **policy** will cover further eligible **treatment** with the same **specialist**.

If you have been discharged from the **specialist's** care but need further **treatment** for the same condition more than three months after your discharge, you must obtain an **open referral** from your **GP** and we will confirm the **specialist** that the **policy** will cover.

We will only cover further **treatment** with the same **specialist** more than three months after your discharge if we agree there is a clinical need. We maintain the right to request a report from the **GP** or **specialist** to get full details before we confirm cover.

Hospital lists
If you have a hospital list, we cover **specialists'** fees up to the limits in our fee schedule. If the fee is higher than the limit in our fee schedule, it is your responsibility to pay the **specialist** the difference.

You can view the fee schedule online at **aviva.co.uk/health/online-fee-schedule** or call the customer service helpline on **0800 158 3333**. Calls to and from Aviva may be recorded and/or monitored.

Speech therapy

This benefit is available for each child covered by the **policy**, until the **renewal date** following their 18th birthday and includes cover for speech therapy needed for developmental delay.

Stress Counselling helpline

The Stress Counselling helpline service is designed to be available 24 hours a day but some reasonable delay may be experienced from time to time. This is not an emergency service. You may call on behalf of another **member** subject to any patient confidentiality requirements of the service provider. In using the helpline, you (where applicable, on behalf of another **member**) automatically authorise the use and disclosure of any medical or other information, on a fully confidential basis as between us and any service providers we use in making the service available, for the sole purpose of **policy** and service administration.

We will not be responsible for any failure in the provision of the helpline service to the extent that it is due to circumstances beyond the reasonable control of us or any of our service providers.

Stress Counselling helpline: **0800 158 3349**

This service is available to members aged 16 and over. Call charges are the responsibility of the caller.

Therapies

We cover up to ten sessions in combined total (for example five physiotherapy sessions and five osteopathy sessions) each **policy year** on referral from a **GP** for each separate condition.

If either C2 (Reduced **out-patient** cover and selected benefit reduction) or C0 (Reduced **out-patient** cover [£0 limit] and selected benefit reduction) options have also been chosen, there is no cover for **specialist** referred **treatment** by a **physiotherapist**, **osteopath**, **chiropractor** or **acupuncturist** in any circumstances.

Trust hospitals

If you have the Trust list, **hospital** charges for **in-patient** and **day-patient treatment** are covered in full if you have **treatment** at a **hospital** on the Trust list, a facility on one of our **networks**, an NHS pay-bed at an NHS **hospital**, or at a **hospital** that we have chosen if the **treatment** you need is not available at a **hospital** on the Trust list.

If you receive **treatment** as an **in-patient** or **day-patient** in a hospital or facility that is not:

- included on the Trust list, or
- included on one of our **networks**, or
- an NHS pay-bed at an NHS **hospital**, or
- a **hospital** that we have chosen for your **treatment**

but is recognised by us, we will calculate the average cost of hospital charges for equivalent **treatment** across all **hospitals** on your list and that average cost is the maximum we will pay.

This could leave you with a shortfall that the **policy** does not cover. If the actual cost of the **treatment** is less than the average cost, we will pay the **hospital** costs in full. We will cover **specialists**' fees up to the limits in our fee schedule.

If you receive **in-patient** or **day-patient** treatment in a **hospital** that is not recognised by us, we will not pay any **hospital** fees for your **treatment**.

If you receive **treatment** as an NHS **in-patient** or **day-patient** whilst occupying an NHS amenity bed (a bed paid for by you in a single room or side ward in an NHS **hospital** where you receive NHS **in-patient** or **day-patient** treatment) and that **treatment** would have been covered by the **policy** if you had chosen to receive it as a private patient, we will reimburse you for the cost of the amenity bed.

We will pay the fixed cost for the amenity bed only; we will not pay for additional extras (such as visitor meals).

If you claim for the cost of an NHS amenity bed you cannot also claim NHS cash benefit or NHS cancer cash benefit for the same **treatment**.

Cancer benefit tables

This section explains what Aviva will pay for **cancer treatment.**

If you have chosen a monetary limit for **out-patient treatment** (C0, C500 or C1000) the monetary limit will not apply to **cancer treatment** received after you have been diagnosed with cancer. The **out-patient** limit will still apply to consequences of **cancer treatment** and conditions **related** to **cancer treatment**.

If you have chosen the reduced **out-patient** cover and selected benefit reduction option (C2), after you have been diagnosed with **cancer** we will still cover in full any consultations and **diagnostic tests** required as part of your **cancer treatment**. The **out-patient** limit will still apply to consequences of **cancer treatment** and conditions **related** to **cancer treatment**.

If you have the six week option, we do not pay for **treatment** as an **in-patient** or **day-patient** if it is available on the NHS (including **accident or emergency admissions**) within six weeks from the date your **specialist** recommends it. The NHS can often treat **cancer** patients within six weeks, which means that we will not pay for most of the **treatment** you need.

However, if your **specialist** recommends **treatment** that is not available on the NHS, but is covered by the **policy**, we will pay for that **treatment**.

If you have the six week option and you have **treatment** as an **out-patient**, we do not apply the six week rule to that **treatment**. However, if you need to be admitted for emergency **treatment**, for example a blood transfusion, we will not pay for that **treatment**.

We cover **treatment** that is carried out at a **hospital** covered under your hospital option. We also cover **treatment** at home if your **specialist** agrees this is possible and it can be supported by a homecare provider recognised by us.

Benefits	Amount payable	Notes
Hospital charges for surgery and medical admissions	Including accommodation and meals, nursing care, drugs and surgical dressings and theatre fees If you have Expert Select: we will pay charges in full for **treatment** carried out at the **hospital** confirmed by us. See hospital charges benefit term If you have a hospital list: we will pay charges in full for **treatment** for treatment carried out at a **hospital** on your list or a **network** facility. See hospital charges benefit term	
Specialists' fees	If you have Expert Select: we will pay charges in full for **treatment** carried out by the **specialist** confirmed by us. See specialists' fees benefit term If you have a hospital list: we will pay up to the limits in our fee schedule. See specialists' fees benefit term	
NHS cash benefit for **cancer treatment**	£100 each day	See NHS cancer cash benefit term
Post-surgery services		For example, specialist nursing, feeding; see post-surgery services benefit term for details of services that the **policy** will pay for
Chemotherapy	In full	See chemotherapy benefit term
Radiotherapy	In full	See radiotherapy benefit term
Bone strengthening drugs (such as bisphosphonates)	In full	
Treatment for side effects of **chemotherapy** and radiotherapy	In full	See side effects benefit term

Genetic testing to support **treatment**	In full	See genetic testing benefit term
Molecular profiling	In full	See molecular profiling benefit term
Wig	Up to £100	In total whilst you are a **member** of the **policy** (not per **policy year**). See wig benefit term
External prostheses	Up to £5,000	See prostheses benefit term
Stem cell and bone marrow transplants	In full	See stem cell transplants benefit term
Monitoring	In full	See monitoring benefit term
Ongoing needs	Up to five years	See ongoing needs benefit term
Preventative **treatment** for **cancer**		See preventative treatment benefit term
End of life care		See end of life care benefit term

The information on this page must be read in conjunction with the definitions, benefit terms, policy conditions and exclusions, and other documents forming the **policy**.

Cancer benefit terms

Chemotherapy

We will pay for **chemotherapy** in full if you have the **treatment** at a **hospital** covered under your hospital option.

We also cover **chemotherapy** at home if your **specialist** agrees this is possible and it can be supported by the homecare provider.

We do not pay for hormone therapy.

BUT: We will pay for hormone therapy if you need it to shrink a tumour before you have surgery or radiotherapy.

End of life care

We will pay for end of life care in a **hospital** if it is **medically necessary**.

If you are admitted to a **hospice**, we will make a donation to the **hospice** of £100 each night, up to £10,000 (someone will need to tell us that you have been admitted to the **hospice**).

If you stay at home but are visited by a **nurse** from a registered charity, for example Macmillan Cancer Support or Marie Curie Cancer Care, we will donate £50 a day to one charity for each day they need to be with you, up to the £10,000 limit.

Genetic testing

We will pay for genetic testing in full if it is requested by a **specialist** to aid a diagnosis or to help determine the type of **treatment** required and is carried out at a facility recognised by us. But, we will not pay for genetic testing carried out:

- for screening purposes
- where there are no symptoms
- when the outcome of the test will not determine a **treatment** pathway.

Molecular profiling

During molecular profiling, the profile of the cancerous tissue is studied to help determine the most accurate and effective **treatment**. We pay for these tests in full when they are being used to determine the most appropriate **treatment** and are carried out at a facility recognised by us.

Monitoring

We will pay for monitoring after your **treatment** for **cancer** has finished. This includes **diagnostic tests** and consultations.

We do not pay for monitoring after **treatment** for non-melanoma skin **cancer**.

NHS cancer cash

We will pay NHS cash benefit for **cancer treatment** if:

- you receive **treatment** for **cancer** as an NHS patient, and
- that **treatment** would have been covered by the **policy** if you had chosen to receive it as a private patient.

We will pay £100 for each day you receive **treatment**:

- as an **in-patient**
- as a **day-patient**.

We will pay £100 for each day you:

- receive **out-patient** radiotherapy, **chemotherapy** or blood transfusions
- undergo **out-patient** surgical procedures.

We will pay £100 for:

- each day you receive intravenous (IV) **chemotherapy** at home
- each week whilst you are taking oral **chemotherapy** drugs at home.

We may need to contact your **specialist** for details of your **treatment** before we can pay your claim. When you make a claim for NHS cancer cash benefit, we may ask for the discharge summary from the **hospital**.

You will not be able to claim more than £100 in any one day.

NHS cancer cash benefit is not available if you claim for the cost of an NHS amenity bed for the same **treatment**.

Ongoing needs

If you have any ongoing medical needs, such as regular replacement of tubes, drains or stents, we will pay for up to five years after your **treatment** for **cancer** has finished, provided you are still a **member** of the **policy**.

Post-surgery services

Medical services

Following surgery for **cancer** there are a number of different specialist services that you may need, depending on the type of **cancer** you have and the surgery you have had. We will pay for consultations immediately following surgery with, for example, a:

- **dietician** in order to stabilise your diet following surgery or **chemotherapy**
- stoma **nurse** to show you how to care for your stoma
- **nurse** to show you how to manage lymphoedema.

Artificial feeding

If, due to your **cancer** or **treatment** of your **cancer**, you have problems eating and need artificial feeding, we will pay for the insertion and replacement of a tube (for example, a central line, PICC line or PEG) to deliver the food (called nutrition). Whilst you are in **hospital** for **cancer treatment** we will pay for the nutrition itself, although once your **cancer treatment** has finished we will no longer pay for the nutrition itself, or maintenance of the line (for example cleaning of the line).

Preventative treatment

We will pay for surgery to prevent further **cancer** only if you have already had **treatment** for **cancer** that we have paid for – for example, we will pay for a mastectomy to a healthy breast in the event that you have been diagnosed with **cancer** in the other breast.

We will not pay for surgery where you have no symptoms of **cancer**, for example where you have a strong family history of **cancer** such as breast cancer, or bowel cancer.

Prostheses

We will pay in full for prostheses that are inserted into the body.

For external prostheses following surgery for **cancer** – for example arms, legs, breasts, ears – we will contribute up to £5,000 towards the cost of purchasing the first prosthesis after your surgery. This includes any cost for fitting the prosthesis.

Radiotherapy

We will pay for radiotherapy in full if you have the **treatment** at a **hospital** covered under your hospital option.

Side effects

Whilst you are receiving **chemotherapy** or radiotherapy, we will pay for **treatment** prescribed by your **specialist** that you need to deal with the side effects, for example:

- antibiotics
- anti-sickness drugs
- steroids
- pain killers
- drugs to boost your immune system, and
- blood transfusions.

Specialists' fees

Expert Select

If you have Expert Select, we cover **treatment** that is carried out by a **specialist** confirmed by us. If you receive **in-patient**, **day-patient** or **out-patient treatment** by a **specialist** that has not been confirmed by us, we will not pay the **specialists'** fees.

If a **specialist** decides you need to be referred to another **specialist** for tests and/or **treatment** you should ask for the specialism and the sub-specialism of the person you need to see and contact us. We will then confirm the **specialist** that the **policy** will cover.

We will only accept a named referral from a **GP** or a **specialist** if we agree there is a medical need for it. We maintain the right to request a report from the **GP** or **specialist** to get full details before we confirm **treatment** under a named referral.

If you have received **treatment** and are discharged from the **specialist's** care but need further **treatment** for the same condition within three months of your discharge, the **policy** will cover further eligible **treatment** with the same **specialist**.

If you have been discharged from the **specialist's** care but need further **treatment** for the same condition more than three months after your discharge, you must obtain an **open referral** from your **GP** and we will confirm the **specialist** that the **policy** will cover.

We will only cover further **treatment** with the same **specialist** more than three months after your discharge if we agree there is a clinical need. We maintain the right to request a report from the **GP** or **specialist** to get full details before we confirm cover.

Hospital lists

If you have a hospital list, we cover **specialists'** fees up to the limits in our fee schedule. If the fee is higher than the limit in our fee schedule, it is your responsibility to pay the **specialist** the difference.

You can view the fee schedule online at **aviva.co.uk/health/online-fee-schedule** or call the customer service helpline on **0800 158 3333**. Calls to and from Aviva may be recorded and/or monitored.

Stem cell transplants

We will pay for:

- the collection of
- storage of, and
- implantation of

stem cells and bone marrow if you have this **treatment** at a **hospital** covered under your hospital option.

If the stem cells or bone marrow comes from another person, we will pay for their collection. We do not pay for search costs, including compatibility testing, to find a donor for a transplant. We do not pay for courier charges.

We will pay for drugs for you to take home at the time you are discharged from **hospital** following a stem cell or bone marrow transplant.

BUT: After you have been discharged from **hospital** following a stem cell or bone marrow transplant, you may need to take certain drugs (for example immunosuppressants, antibiotics, steroids) for a long period of time in order to prevent complications. We will not pay for these drugs.

Wig

We will pay up to £100 towards the cost of a wig if you need one due to hair loss caused by **cancer treatment**.

What's not covered - policy exclusions

AIDS and HIV

We do not cover **treatment** of AIDS (acquired immune deficiency syndrome), HIV (human immunodeficiency virus) or any condition arising from or **related** to AIDS or HIV.

Addictions and substance misuse

We do not cover **treatment** for addictions (such as alcohol addiction or drug addiction) or substance misuse (such as alcohol misuse or solvent misuse), or **treatment** of any illness or injury needed directly or indirectly as a result of any such misuse or addiction.

Appliances and prostheses

We do not cover:

- surgical or medical appliances such as wheelchairs, hearing aids, false limbs, crutches, dentures and orthotics (supports)
- neurostimulators or any **treatment** needed in connection with them.

BUT: We do cover

- prostheses inserted into the body during a surgical procedure
- external prostheses following surgery for cancer (see benefits for cancer treatment section)
- hand, back and knee braces required immediately after a related surgical procedure, and
- heart pacemakers and implantable cardioverter defibrillators.

Birth control

We do not cover **treatment** directly or indirectly related to birth control.

Chronic conditions

We do not cover **treatment** of a **chronic condition**.

Including:

- regular planned check ups for a **chronic condition** where you are likely to need **treatment**
- expected deterioration of a **chronic condition** which needs regular consultations, **diagnostic tests** or **treatment** from a **specialist**.

BUT:

- we do cover unexpected acute flare-ups of a **chronic condition** until your condition is re-stabilised (this does not apply to chronic mental health conditions - please see the mental health benefit term for further information)
- we do not apply this **chronic condition** exclusion to **treatment** for **cancer**. We will apply this exclusion to consequences of, or conditions **related** to **cancer treatment**.

Cosmetic treatment

We do not cover procedures, or any consequence of a procedure, that is intended to change your appearance (for example a tummy tuck, facelift, tattoo, hair dye, body piercing), whether or not this is carried out for psychological or medical reasons.

We do not cover procedures, or any consequence of a procedure, to remove undiseased tissue.

BUT: We will cover a surgical procedure to restore your appearance if:

- the surgical procedure immediately follows an accident or **treatment** for **cancer**, and
- the accident or **cancer treatment** took place when you were covered under the **policy** and you have had no break in cover since then.

If you have an implant or implants following **treatment** for **cancer** we will pay for the removal and replacement of the implant or implants at the end of their lifespan providing you were covered under the **policy** when the **cancer treatment** took place and you have had no break in cover since then.

We advise that you contact us before **treatment** begins so that we can confirm if you are covered.

Dental treatment

Please see the options chosen in your **policy schedule** to determine which exclusion applies.

We do not cover:

- **treatment** carried out by a dentist or dental surgeon
- **treatment** of gum disease or **treatment** carried out to help you wear dentures

- removable bridges, or **treatment** carried out to insert or help you wear removable bridges
- dental implants, or **treatment** carried out to insert or help you wear dental implants
- orthognathic (bite correction) surgery, or
- orthodontic **treatment** and any associated extractions.

OR

If you have chosen option E (dental and optical benefits) the exclusion that applies to you is:

We do not cover:

- dental **treatment** performed for cosmetic reasons such as teeth whitening
- **treatment** carried out to help you wear dentures
- removable bridges, or **treatment** carried out to insert or help you wear removable bridges
- dental implants, or **treatment** carried out to insert or help you wear dental implants
- orthognathic (bite correction) surgery, or
- orthodontic **treatment** and any associated extractions.

Dialysis

We do not cover kidney dialysis as part of long-term **treatment** of a **chronic condition**.

BUT: We cover short-term kidney dialysis:

- if you are admitted to **hospital** for eligible **treatment** as an **in-patient** for another condition and you need your regular kidney dialysis during this admission
- if required as a result of secondary kidney failure during eligible **treatment** as an **in-patient**, or
- immediately before or after a surgical procedure to transplant a kidney as part of **treatment** as an **in-patient**.

Drugs and dressings

We do not cover drugs or dressings for you to take home from **hospital**.

BUT: We do cover drugs and dressings that are needed during, and immediately related to, chemotherapy or radiotherapy.

Experimental treatment

We do not cover experimental **treatment**, unless it meets the criteria set out below.

We only pay for **treatment** that is:

- approved by European Medicines Agency (EMA) and Medicines & Healthcare products Regulatory Agency (MHRA) and is used within terms of its licence,

or

- part of a nationally approved clinical guideline (The National Institute for Health and Care Excellence or Scottish Intercollegiate Guidelines Network),

or

- supported by best quality evidence (prospective randomised controlled trials that have been published in peer reviewed journals, independent of conflicts of interest and applicable to the **member's** clinical condition), and offered by a **specialist** with documented evidence of positive clinical and patient reported outcomes within a **hospital** that is equipped with staff, equipment and processes to provide it.

If your **treatment** meets these requirements, we will not exclude **treatment** on the basis that it is experimental. Before we can decide if your proposed **treatment** is eligible, we must receive all the clinical details we need from your **specialist**, including a completed 'Treatment Request Form'. We must confirm your cover in writing before any **treatment** begins.

BUT:

Even if we consider your **treatment** to be experimental because it does not satisfy the requirements listed above, we will still pay for the lowest cost of either:

- the experimental **treatment** or
- the equivalent established **treatment** usually provided for your condition, if this is available.

Please note: No payment will be made if there is no established **treatment** available for your condition (for which the experimental **treatment** is being proposed). If you undergo experimental

treatment that is not successful, we will not pay towards further **treatment** of your condition or for any other condition that you develop as a result of undergoing experimental **treatment**.

Eyesight

Please see the options chosen in your **policy schedule** to determine which exclusion applies.

We do not cover **treatment** for short sight or long sight, such as glasses, contact lenses or laser eyesight correction surgery.

OR

If you have chosen option E (dental and optical benefits) the exclusion that applies to you is:
We do not cover **treatment** for short sight or long sight, such as laser eyesight correction surgery.

GP charges and treatment

Please see the options chosen in your **policy schedule** to determine which exclusion applies.

We do not cover:

- **treatment** provided by a **GP**
- **treatment** or **diagnostic tests** requested by a **GP**, such as X-rays, blood tests and scans (other than two speech therapy sessions per child), or
- **GP** charges or fees, including those for completing a claim form if the claim is not covered by the **policy**.

OR

If you have chosen option D (other treatment and therapies) the exclusion that applies to you is:

We do not cover:

- **treatment** provided by a **GP**, other than minor surgery from our published list
- **treatment** requested by a **GP**, other than **treatment** by a **physiotherapist**, **osteopath**, **chiropractor** or **acupuncturist**, and two speech therapy sessions per child
- **diagnostic tests** requested by a **GP**, such as X-rays, blood tests and scans, or
- **GP** charges or fees, including those for completing a claim form if the claim is not covered by the **policy**.

Hearing loss

We do not cover hearing aids or devices, cochlear implants, or any **treatment** related to their implantation or continued care.

BUT: We will cover **diagnostic tests** to investigate the cause of your deafness.

Hospital charges

Please see the options chosen in your **policy schedule** to determine which exclusion applies.

We do not cover hospital charges if you receive **treatment** at a hospital that has not been confirmed by us.

OR

If the **policy** has a hospital list option, the exclusion that applies to you is:

We do not cover charges from a hospital, facility or any other treatment centre if we do not recognise that provider.

Infertility treatment

We do not cover investigations into the causes of infertility, or infertility **treatment**.

Lipoedema

We do not cover **treatment** of lipoedema (the abnormal build-up of fat cells usually in the legs, thighs, buttocks or arms).

Mental health treatment

Please see the options chosen in your **policy schedule** to determine which exclusion applies.

We do not cover **treatment** of psycho-geriatric conditions of any kind.

BUT: We do cover **out-patient** mental health **treatment** from the mental health benefit in sections C1, C1000 or C500.

If option F (Mental health **treatment**) has been chosen, we also cover the **in-patient** and **day-patient** mental health **treatment** detailed

in this option only. Mental health **treatment** is not available under any other benefit.

OR

If you have chosen option C2 (reduced **out-patient** cover and selected benefit reduction) or C0 (reduced **out-patient** cover – £0 limit) but not option F (Mental health **treatment**) the exclusion that applies to you is:

We do not cover **treatment** of psychiatric, psychogeriatric or mental health illnesses or conditions of any kind, such as stress.

Non-medical admissions

We only cover **hospital** charges if you have been admitted to **hospital** for medical reasons.

We do not cover **hospital** charges if you have been admitted to **hospital** for any other reason, including help with mobility, personal care or preparation of meals.

Out-patient treatment

If you have chosen option C2 (reduced **out-patient** cover and selected benefit reduction), we do not cover **treatment** as an **out-patient**.

BUT: we do cover up to two consultations with a **specialist** each **policy year**, and limited **diagnostic tests**.

If you have chosen option C0 (Reduced **out-patient** cover – £0 limit) we do not cover **treatment** as an **out-patient**, including consultations and **diagnostic tests**.

BUT: we do cover CT, MRI and PET scans, pre-admission tests and radiotherapy/**chemotherapy**.

Overseas treatment

We do not pay for **treatment** outside the **UK**.

Pregnancy and childbirth

Please see the options chosen in your **policy schedule** to determine which exclusion applies.

We do not cover pregnancy and childbirth, or **related** conditions that can only be caused by pregnancy or childbirth.

BUT: We do cover:

- **related** conditions that can also be experienced outside of pregnancy and childbirth, and
- the specific complications listed under the pregnancy complications benefit term.

OR

If you have chosen option C2, C0, C500 or C1000 (a reduced **out-patient** option) the exclusion that applies to you is:

We do not cover pregnancy and childbirth as an **in-patient**, **day-patient** or **out-patient** or **related** conditions that can only be caused by pregnancy or childbirth.

BUT: We do cover **related** conditions that can also be experienced outside of pregnancy and childbirth.

Rehabilitation, convalescence and nursing home care

We do not cover rehabilitation, convalescence or nursing home care.

BUT: We do not apply the exclusion for rehabilitation to **treatment** for **cancer**. We will apply this exclusion to consequences of, or conditions **related** to **cancer treatment**.

Routine medical examinations, screening and preventative treatment

Please see the options chosen in your **policy schedule** to determine which exclusion applies.

We do not cover:

- routine medical examinations (such as sight tests), medical screening, health check-ups or vaccinations
- **treatment** to prevent a disease or illness, or
- any **treatment** to discover the presence of a potential disease or illness if symptoms are not present, for example genetic tests.

BUT: We do cover:

- routine monitoring for **cancer** after you have finished **treatment** for **cancer**
- genetic tests and molecular profiling to determine the type of **treatment** required for **cancer**.

OR

If you have chosen option E (dental and optical benefits) the exclusion that applies to you is:

We do not cover:

- routine medical examinations (other than routine dental treatment), medical screening, health check-ups or vaccinations
- **treatment** to prevent a disease or illness, or
- any **treatment** to discover the presence of a potential disease or illness if symptoms are not present, for example genetic tests.

BUT: We do cover:

- routine monitoring for **cancer** after you have finished **treatment** for **cancer**
- genetic tests and molecular profiling to determine the type of **treatment** required for **cancer**.

Self-inflicted injury

We do not cover **treatment** directly or indirectly arising as a result of self-inflicted injury.

Sexual dysfunction

We do not cover **treatment** of sexual dysfunction such as impotence.

BUT: We do cover investigations, including **diagnostic tests**, to find the cause of sexual dysfunction.

Sleep disorders and sleep problems

We do not cover **treatment** directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep).

Specialist and practitioner fees

Please see the options chosen in your **policy schedule** to determine which exclusion applies.

We do not cover specialists' fees if you receive **treatment** by a specialist that has not been confirmed by us. We do not cover practitioners' fees (such as **physiotherapists**, **acupuncturists**, **psychiatric therapists**) if you see a provider that we do not recognise.

OR

If the **policy** has a hospital list option, the exclusion that applies to you is:

We do not cover fees from a practitioner, **specialist** or other healthcare professional if we do not recognise that provider.

Sports related treatment

We do not cover **treatment** of an injury sustained whilst you are training for or taking part in sport for which you are:

- paid
- personally funded by sponsorship or grant (including equipment and any kit).

This exclusion does not apply if you are coaching the sport or receiving travel costs only.

Treatment that is not eligible

We do not pay for **treatment** that is not covered by your **policy** or the consequences of such **treatment**. For example, we do not cover **treatment** of an infection or corrective surgery needed as a result of ineligible cosmetic surgery.

Undiseased tissue

We do not cover **treatment**, or any consequence of **treatment**, to remove undiseased tissue.

BUT: We do cover surgery to prevent further **cancer** if you have already had **treatment** for **cancer** that we have paid for – for example, we will pay for a mastectomy to a healthy breast if you have been diagnosed with **cancer** in the other breast.

Varicose veins

We do not cover **treatment** of varicose veins of the leg.

BUT: We will cover **treatment** when:

The varicose veins are greater than 3mm in diameter and any of the following also applies:

- there is established lipodermatosclerosis or progressive skin changes
- there have been recurrent episodes of superficial thrombophlebitis
- there is active or healed venous ulceration.

We will need to contact your **GP** or **specialist** for details of your condition before we can confirm your claim.

War and hazardous substances

We do not cover **treatment** required as a direct or indirect result of:

- war (declared or not), military, paramilitary or terrorist activity (such as the effects of radiological, biological or chemical agents), or
- use, misuse, escape or the explosion of any gas or hazardous substance (such as explosives, radiological, biological or chemical agents).

Warts/verrucas/skin tags

We do not cover **treatment** of warts, verrucas or skin tags.

Weight loss surgery

We do not cover **treatment** that is directly or indirectly related to:

- bariatric surgery (weight loss surgery), such as gastric banding or a gastric bypass, or
- the removal of surplus or fat tissue.

Policy underwriting

Your **policy** is subject to one of five different types of underwriting. Your **policy schedule** will show which type of underwriting applies to you.

Full Medical Underwriting (FMU)

If you were covered on a **policy** that was updated to Healthier Solutions, the following wording applies to you:

Any medical exclusions we have applied are available online at **aviva.co.uk/myaviva** or on request by calling **0800 092 4590***.

If you do not have any personal medical exclusions applied to a medical condition, the wording that applies to your cover is:

We do not cover **treatment** of any **pre-existing condition**, or any **related** condition unless you advised us of that condition in writing when you applied for the **policy** and either we did not apply an exclusion for it, or it is not excluded under the **policy**.

We may review your personal medical exclusion(s) at your **renewal date**, if you ask us to. If we have recently applied an exclusion when you joined the **policy** or reviewed a medical exclusion at your **renewal date**, we will let you know when the medical exclusion may be reviewed again, if you ask us.

We will not alter or remove a medical exclusion if the excluded medical condition (or any **related** conditions) in our view is likely to need **treatment** in the future. There are some medical exclusions that we will not review, for example, if it is a **chronic condition**.

If you applied to join Healthier Solutions, the following wording applies to you:

We do not cover **treatment** of any **pre-existing condition**, or any **related** or associated condition unless you advised us of that condition in writing when you applied for the **policy** and either we did not apply an exclusion for it, or it is not excluded under the **policy**.

Any medical exclusions we have applied are available online at **aviva.co.uk/myaviva** or on request by calling **0800 092 4590***.

* Calls to and from Aviva may be recorded and/or monitored

We may review your personal medical exclusion(s) at your **renewal date**, if you ask us to. If we have recently applied an exclusion when you joined the **policy** or reviewed a medical exclusion at your **renewal date**, we will let you know when the medical exclusion may be reviewed again, if you ask us.

We will not alter or remove a medical exclusion if the excluded medical condition (or any **related** conditions) in our view is likely to need **treatment** in the future. There are some medical exclusions that we will not review, for example, if it is a **chronic condition**.

Moratorium (mori)

We do not cover **treatment** of any **pre-existing condition**, or any **related** condition, if you had:

- symptoms of
- medication for
- **diagnostic tests** for
- **treatment** for, or
- **advice** about

that condition in the five years before you joined the **policy**.

However, we will cover that condition if you do not have:

- medication for
- **diagnostic tests** for
- **treatment** for, or
- **advice** about

that condition during a continuous two year period after you join the **policy**.

With mori underwriting the claims process may take a bit longer, as each time you make a claim we'll look at your medical history, and may ask for information from your **GP**, to understand if your symptom or condition is new or pre-existing.

Continued Medical Exclusions (CME)

For **members** who were fully medically underwritten on another policy and then transferred to Healthier Solutions.

We apply the same personal medical exclusions for **pre-existing conditions** that were applied by your previous insurer, if any. New exclusions may be added to your policy based on the answers you have provided or are required to provide on your application. Any medical exclusions we have applied are available online at **aviva.co.uk/myaviva** or on request by calling **0800 092 4590**. Calls to and from Aviva may be recorded and/or monitored. The terms and conditions of this **policy** may be different to those of your previous policy.

Continued moratorium

For **members** who were insured on a moratorium basis on another policy and then transferred to Healthier Solutions.

We do not cover **treatment** of any **pre-existing condition**, or any **related** conditions, if you had:

- symptoms of
- medication for
- **diagnostic tests** for
- **treatment** for, or
- **advice** about

that condition in the five years before your initial date of cover. Your initial date of cover is the date you started cover with your first insurer (provided there has been no break in cover since then).

However, we will cover that condition if you do not have:

- medication for
- **diagnostic tests** for
- **treatment** for, or
- **advice** about

that condition during a continuous two year period after your initial date of cover.

The terms and conditions of this **policy** may be different to those of your previous policy.

Medical History Disregarded (MHD)

For **members** who have left a company scheme and who were insured on a MHD basis.

We do not apply any personal medical exclusions to your **policy** because of **pre-existing conditions**.

The terms and conditions of this **policy** may be different to those of your previous policy.

MyAviva

MyAviva is our online portal to help you manage your Aviva policies in one secure and easy-to-use place.

With a whole host of benefits at your fingertips, you can:

- check your policy information, including cover and benefit details
- start a new claim or update us on an existing one
- view your claims summary, update us on what's next and track bills paid against your claim
- keep track of your excess and out-patient benefits (if applicable), helping you stay in control
- live chat directly to one of our claims experts without having to pick up the phone.

MyAviva is also available to download from the App Store or Google Play. Mobile data charges may apply. MyAviva terms and conditions apply and are available to read in-app before signing up.

How to make a claim

Expert Select

You must call us before going ahead with any treatment.

- If your GP advises that you need to see a specialist, you need to ask for an open referral. This details the type of specialist you need to see, but doesn't name a specific specialist or hospital.
- Call our customer service helpline on **0800 158 3333***.
- If your claim is covered by the policy, we'll give you a choice of local hospitals and specialists who meet our quality standards. In most cases, we can transfer you to the booking team at your chosen hospital straightaway to make your first appointment.

If you have treatment with a hospital or specialist that has not been agreed by us, we won't pay that provider's fees.

If we require the completion of a claim form, we'll need five days to assess it. We do not cover GP charges or fees for completing a claim form if the claim is not covered by the policy.

We may ask for more information to assess your claim, such as:

- medical reports relating to your treatment
- previous medical records
- a doctor's report if we need one, and
- original bills and receipts where appropriate (not copies).

If your claim continues for some time or the symptoms re-occur, we may ask for more details to check that the claim is still valid.

Hospital lists

We strongly recommend that you call us before any treatment or diagnostic tests take place so that we can tell you if the treatment's covered, if there are any limits that apply, and if you need to complete a claim form.

- If your GP advises that you need to see a specialist, ask for a referral.
- Call our customer service helpline on **0800 158 3333***.
- If you have an open referral which details the type of specialist you need to see, but doesn't name a specific specialist or hospital, we can give you a choice of specialists who work out of the hospitals on your list. This sometimes means you can get an appointment quicker, as you can arrange an appointment with a specialist who can see you at a time that suits you.
- If you have a named referral, we'll check that the specialist is recognised by us.
- If we have a network for your condition, we can direct you to a facility within the network that meets our quality standards.

If you have treatment with a provider that we do not recognise, we won't pay that provider's fees.

Claim assessments

For both Expert Select and the hospital lists option, whenever possible we'll assess your claim over the telephone. Our claims consultants will talk you through the claims process and advise you what to do next.

Claim payments

Most hospitals will settle charges directly with us, although some may ask you to pay and then reclaim the money from us. You should check the bill on leaving the hospital or facility. The hospital or facility will then forward it to us for payment.

Sometimes you might be sent the bills first. All you need to do is forward them to us with a fully completed claim form (if one has been requested) or with details of your full name, address and policy number. We will then pay the provider (for example the hospital or specialist) direct for eligible costs. We pay all costs in sterling.

If you would like details of the bills we've paid for your treatment, please call us on **0800 158 3333*** and we'll send you a summary.

We do not pay any claims if premiums are not paid up to date at the time your treatment takes place.

* Calls to and from Aviva may be recorded and/or monitored

Private hospitals

Hospital lists are updated frequently as we work to ensure we get the best possible service for our customers. We regularly add new hospitals, transfer hospitals between lists or in the event hospitals close or change ownership we sometimes remove them. For this reason please check the list and call us on **0800 015 1013*** before arranging any treatment.

Hospital lists

Details of our hospital lists are available online at **aviva.co.uk/hospital-lists**. From here you can view the latest list on a PDF, which can be downloaded or printed.

If you do not have internet access and need to know whether or not a hospital is on your list, please call **0800 015 1013***.

Most of the hospitals on the list send bills directly to us. However, sometimes the bills might be sent to you first. If this happens, just forward them to us with your full name, address and policy number and we will pay the provider direct for eligible treatment costs.

If you have paid a bill, send the original receipt to us and we will reimburse you for all eligible costs. The address for all bills and receipts is:

Aviva Health UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire
SO53 3RY

Children

Only a limited number of hospitals in the UK are able to admit children for private treatment. Please contact our customer service helpline on **0800 158 3333*** if you have any queries about cover for children on your policy.

Accommodation

Many of the hospitals on the list will normally provide private en-suite facilities to Aviva members. It's likely that variations will exist with respect to the size and quality of these rooms so if you have any queries of the accommodation that will be available to you, please check with your specialist or the hospital before you are admitted.

Private Healthcare Information Network

You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network: **phin.org.uk**

Policy conditions

1. Who can be a member?

Policyholders must be aged 18 or over.

All those named on the **policy schedule** will be covered on this **policy**.

- The **policyholder**
- the **policyholder's** spouse, partner or civil partner and
- their children

can all be **members**, if the **policyholder** has chosen to include cover for them. Policyholders can choose not to be covered on the policy.

Only one spouse, partner or civil partner can be included on the **policy**.

Each **member** must be a **UK resident** for the duration of the **policy year**. You must notify us as soon as possible if:

- at any time a **member** ceases to be a **UK resident** during the **policy year**, or
- it might reasonably be expected that a **member** may cease to be a **UK resident** following any renewal of the **policy**.

If a **member** ceases to be a **UK resident**, we may cancel cover for that **member** from up to 14 days after we become aware, as the **policy** does not provide cover for any **members** who cease to be a **UK resident** and the relevant **member** will need to arrange alternative cover if they wish to continue their underwriting terms with another provider. If we cancel a **member's** cover for this reason:

- the **policyholder** will be entitled to a proportionate refund of the premium paid in respect of the cancelled cover (if applicable), less a proportionate deduction for the time we have provided cover, and
- we will notify the **policyholder** in writing by post to your last known address or appointed intermediary.

Adding members

The **policyholder** may add new **members** to the **policy** at any time by contacting us.

Newborn babies

If the **policyholder** or their spouse, partner or civil partner has a baby while they are covered by the **policy**, they can add their baby to the **policy** from the baby's birth date, if the **policyholder** applies to us within three months of the baby's birth date. This means that at the point of claim their medical history will be disregarded, and no personal medical exclusions will apply. No premium will be required either:

- for three months from the date of the baby's birth, or
- until the next **renewal date**

whichever happens sooner.

Please also see Child rates under Premiums section.

2. Premiums

The **policy schedule** shows you how much must be paid, when and by which payment method. We will advise the **policyholder** if the premium changes.

We will collect premiums in advance of the date they are due. We will collect any premiums due unless the **policyholder** tells us to cancel the **policy** in time for us to stop collecting the payment.

If any amounts paid under this **policy** need to be refunded to you (for whatever reason) they will be paid into the account from which we received the original funds.

We will not pay any claims if premiums are not paid to date at the time your **treatment** takes place.

Premiums should be paid from a **UK** bank account. We may ask for proof of account status such as a copy of your bank statement.

If you pay monthly, each monthly premium payment is for one month's cover. If you pay annually, each annual premium payment is for one year's cover. If you wish to change the frequency with which you pay the premium (for example from monthly to annually) you can do this at the **renewal date**. If there are no changes to your **policy** during the **policy year**, any change to your premium will only take effect from the **renewal date**. See section 5, changes to your circumstances.

We act as agent of Aviva Insurance Limited for the purposes of receiving premium, receiving and holding claims money and premium refunds. Once a premium is received by us it is treated as if it has been paid directly to Aviva Insurance Limited and claims money and premium refunds will only be treated as received by you when they are actually paid over by us.

Child rates

A premium is payable for all **members** on the **policy** aged 20 and over.

A premium is payable for the eldest **member** aged under 20 on the **policy**.

All other **members** aged under 20 on the **policy** are covered free. (This will only apply if there is at least one **member** aged 20 or over on the **policy**).

MyHealthCounts

If you choose to participate in our MyHealthCounts programme, you may receive a discount on your premium. This discount on your premium can go up or down at your **renewal date**, depending on the Q score you achieve.

The premium discount will depend on you completing your online Q score in full and on time. Please refer to the MyHealthCounts website for full details of when the final Q score is required.

We may change or remove all or any part of the MyHealthCounts offer at any time and we will advise the **policyholder** of any changes.

Full details are available on request or online at **myhealthcounts.aviva.co.uk**

3. No claim discount

Your **policy** includes a no claim discount (NCD) which is reviewed at each **renewal date**. For full details of how the NCD is applied, please see **aviva.co.uk/health-ncd**

4. Payments for ineligible treatment

If at any time, due to exceptional circumstances, we agree to pay for **treatment** that is not normally eligible on your **policy**, this does not mean that we will make another payment for **treatment** in the same or similar circumstances.

Any payments we do make towards the cost of ineligible **treatment** will count towards any benefit limit listed in your **policy** terms and conditions, your no claim discount and your excess (if you have an excess).

5. Changes to your circumstances

We reserve the right to alter the premiums or **policy** terms or cancel cover for a **member** of the **policy** following a change of risk.

The **policyholder** must tell us as soon as possible about any changes relating to **members**, for example a change of name, address, if somebody works for the diplomatic service or a foreign embassy or ceases to be a **UK resident**.

The following changes can be made to your **policy** at any time during the **policy year**, but this could result in your premium changing before your **renewal date**:

- changes relating to **members**, for example a change of name, title, address or change to their **UK resident** status
- the correction of any information shown on the **policy schedule**
- removing **members** from the **policy** (which will be done following notification they are no longer a **UK resident**), and
- changes to the underwriting terms.

Any changes made during the **policy year** will be treated as a continuation of your contract of insurance.

We will always write to your last known address with details of any changes to your cover.

6. Renewing the policy

The **policy** lasts for one year and (if we still offer Healthier Solutions) we will automatically renew it unless you notify us that you do not wish to renew.

We will send your renewal documents to you before your **policy** is due to renew in order to give you time to decide whether to renew the **policy** or cancel it.

Changes to your cover

We may change the terms and conditions of the **policy** at the **renewal date**. If there are changes to the **policy**, we will let you know before the next **renewal date**. If you decide to cancel the **policy** as a result of such changes, you must let us know.

Only Aviva can make changes to the terms and conditions of the **policy**.

If you wish to make any changes to your **policy**, for example adding or removing options, please contact us. We will review the claims that we have paid, the medical history, and the current health

for each **member** when deciding whether you can make these changes.

7. Cancelling the policy

When the **policyholder** may cancel the **policy**:

The cooling off period

The **policyholder** may cancel the **policy** for any reason within 14 days of purchasing the **policy** or receiving the **policy** documents, whichever is the later (this is called the 'cooling off period'). Provided no claims have been made during the cooling off period we will refund any premium already paid during that time.

After the cooling off period

The **policyholder** may cancel the **policy** after the cooling off period, but we will not refund any premiums that have been paid for cover up to the cancellation date.

If the **policyholder** has paid an annual premium, we will refund the premium that has been paid for the time that the **policy** is no longer in place (from the cancellation date to the end of the **policy year**).

If you wish to cancel your **policy**, you can do so by notifying our customer service department in writing at:

Aviva Health UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire
SO53 3RY

or by calling us on **0800 092 4590**.

Calls to and from Aviva may be recorded and/or monitored.

You are advised to call our customer service helpline to discuss your options before taking this step.

Important note

The Consumer Insurance (Disclosure and Representations) Act 2012 sets out situations where failure by a policyholder to provide complete and accurate information requested by an insurer allows the insurer to cancel the policy, sometimes back to its start date and to keep any premiums paid.

The **policyholder** must take reasonable care to provide complete and accurate answers to any questions we ask either in an application form, over the telephone or by any other means when the **policyholder** takes out, makes changes to or renews the **policy**.

When we may cancel the policy

If the **policyholder** has not taken reasonable care to provide complete and accurate answers to the questions we ask (see Important note above):

- we may cancel the **policy** back to its original start date and refuse to pay any claim, or
- we may not pay any claim in full, or
- we may revise the premium, or
- the extent of cover may be affected.

If we cancel the **policy** for this reason, the **policyholder** will be entitled to a refund of the premium paid in respect of the cancelled cover, less a proportionate deduction for the time we have provided cover, unless we are legally entitled to keep the premium under the Consumer Insurance (Disclosure and Representations) Act 2012.

If a claim made by, or on behalf of, the **policyholder** or a **member** is in any way fraudulent or fraudulently exaggerated or supported by a false statement or fraudulent evidence, we may:

- refuse to pay the claim, and
- recover any sums paid by us in respect of the claim.

In addition:

- where the claim is made by, or on behalf of, the **policyholder**, we may cancel the **policy** back to the date of the fraudulent act and keep all premiums. This will end the cover of the

policyholder and all **members** listed on the **policy schedule**, or

- where the claim is made by, or on behalf of, a **member**, we may cancel that **member's** cover back to the date of the fraudulent act and keep premiums in respect of that **member's** cover. Alternatively, we may apply different terms (in line with reasonable underwriting practice) to that **member's** cover.

If we cancel the **policy** or any **member's** cover for these reasons we will notify the **policyholder** (and the relevant **member**) in writing by first class post or by hand to your (and the relevant **member's**) last known address.

If any premium is not paid, the **policy** will automatically be cancelled. We will reinstate the cover if the premium is paid within 45 days of its due date, subject to claims experience and the approval of our underwriters.

We will not cancel the **policy** because of eligible claims made by any **member**.

We reserve the right to close the Healthier Solutions product at your **renewal date**. We will contact you to advise you if this happens.

8. If the policyholder dies

We will not automatically cancel the **policy** if the **policyholder** dies. The **policy** will transfer to the **policyholder's** spouse or partner or the eldest child over the age of 18, subject to their agreement to continue the **policy** and accept its terms and conditions.

9. Third party claims

You must let us know if **treatment** was needed because someone else was at fault – for example, if you were injured as a result of a road traffic accident. We may be able to recover the cost of your **treatment** that we have paid for. We call this a third party claim.

You must notify us and keep us informed of any claim that you are making against the person at fault and take whatever steps we reasonably require.

If we have made any payment under the **policy** including a payment for your **treatment** then you must not settle your personal injury claim unless we have given our agreement to you or your lawyers.

If you recover any payments that we have made under the **policy** including any payment for your **treatment** and including any interest on any payments we have made, you must forward these sums to us immediately.

If we want to, we can bring proceedings in your name for our own benefit to recover any costs we have incurred or payments we have made.

We will not pay for any costs, outlays or payments, or claim against any third party for costs, outlays or payments that are not covered by the **policy**.

We will have full discretion in the conduct of any such proceedings and in the settlement of any claim.

We cannot offer you legal advice.

10. If you have other insurance

If you have any other insurance covering any of the benefits you are entitled to from this **policy**, you must let us know and provide us with any information we may require as we may recover our share of these costs from that other insurer.

11. Law

This contract is governed by and shall be construed in accordance with English law and shall be subject to the exclusive jurisdiction of the courts of England and Wales.

If we decide to waive any term or condition of this **policy**, we may still rely on that term or condition at a later time.

This **policy** does not give any rights to any person other than the **policyholder** and us. No other person will have any rights to rely on any terms under the **policy**.

Notwithstanding any provisions of this **policy**, we will not be obliged to exercise or comply with any of our rights and/or obligations under this **policy** if to do so would cause (or may be reasonably likely to cause) us to breach any law or regulation in any jurisdiction.

Privacy Notice

Aviva Health UK Limited and Aviva Insurance Limited are the main companies responsible for your Personal Information (known as the controller). Where the cover was taken out online, directly with Aviva, then Aviva UK Digital Limited will also be a controller for the sale and distribution of the product.

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at **aviva.co.uk/privacypolicy** or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, and to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

We may carry out automated decision making to decide on what terms we can provide products and services, deal with claims and carry out fraud checks. More information about this, including your right to request that certain automated decisions we make have human involvement, can be found in the "Automated Decision Making" section of our full privacy policy.

We may use Personal Information we hold about you across the Aviva group for marketing purposes, including sending marketing communications in accordance with your preferences. If you wish to amend your marketing preferences please contact us at **contactus@aviva.com** or by writing to us at: Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD. More information about this can be found in the "Marketing" section of our full privacy policy.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the "Data Rights" section of our full privacy policy or by contacting us at **dataprt@aviva.com**.

Further information

If you have any cause for complaint

Our aim is to provide a first class standard of service to our customers, and to do everything we can to ensure you are satisfied. However, if you ever feel we have fallen short of this standard and you have cause to make a complaint, please let us know. Our contact details are:

Aviva Health UK Ltd
Complaints Department
PO Box 540
Eastleigh
SO50 0ET

Telephone: **0800 051 7501**
Calls to and from Aviva may be recorded and/or monitored
Email: **hcqs@aviva.com**

We have every reason to believe that you will be totally satisfied with your Aviva policy, and with our service. It is very rare that matters cannot be resolved amicably. However, if you are still unhappy with the outcome after we have investigated it for you and you feel that there is additional information that should be considered, you should let us have that information as soon as possible so that we can review it. If you disagree with our response or if we have not replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate. Their contact details are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: **0300 123 9123** or **0800 023 4567**
Email: **complaint.info@financial-ombudsman.org.uk**
Website: **financial-ombudsman.org.uk**

Please note that the Financial Ombudsman Service will only consider your complaint if you have given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect your legal rights.

Clinical complaints

Clinical services or providers are not regulated by the Financial Conduct Authority (FCA) and are not subject to our complaint process set out before.

For clinical complaints relating to the conduct or competency of your specialist or the facilities at which they practise, these need to be directed to the specialist and hospital or clinic directly.

For your information, the responsibility for investigating and responding to clinical complaints is as follows:

- If your complaint is about a hospital/clinic or specialist, whether through a network or otherwise, it will be investigated in accordance with the complaints process in force at the relevant hospital/clinic, please contact the hospital directly.
- If your complaint relates to a third party clinical case manager, this will be investigated by the clinical provider who employs that case manager.
- If your complaint is about a network therapist (e.g. physiotherapist, counsellor, psychologist) this will be investigated by the third party clinical provider responsible for the therapist network.

Once you have contacted the provider who is responsible for investigating and responding to your clinical complaint, they should advise you of the full complaints process which will also include any escalation details should you require these.

While Aviva do not have a role in investigating and responding to clinical complaints, Aviva record clinical complaint volumes and investigation outcomes. If you would like to inform us of a clinical complaint outcome please contact us using the details provided before.

The Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Where you are entitled to claim, insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about compensation scheme arrangements is available from:

Financial Services Compensation Scheme
10th Floor
Beaufort House
15 St Botolph Street
London
EC3A 7QU

Website: **fscs.org.uk**

Language

All documents and correspondence relating to this policy will be written in English.

Definitions

Accident or emergency admission

An admission to:

- **hospital** directly following an accident
- a **hospital** ward directly from the emergency department for urgent or unplanned **treatment**, or
- a **hospital** ward on the same day as a referral for **treatment** is made either by a **GP** or **specialist**, when immediate **treatment** or **diagnostic tests** are **medically necessary**.

Acupuncturist

A doctor registered with the General Medical Council (GMC) who is also either:

- a Medical Member or
- Accredited Member

of the British Medical Acupuncture Society, and who is recognised by us

or

a registered member of the British Acupuncture Council, who is recognised by us.

Acute condition

A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Advice

Any

- consultation
- advice, or
- prescription.

Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Chemotherapy

Drugs that are used to treat **cancer**. These include drugs used to destroy cancer cells or prevent tumours from growing (these could be cytotoxic drugs, targeted or biological therapy drugs).

For this **policy**, hormone therapy is not chemotherapy.

Chiropractor

A practitioner who is:

- included in the Register of Chiropractors kept by the General Chiropractic Council, and
- recognised by us.

Chronic condition

A disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

Day-patient

A patient who is admitted to a **hospital** or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

Diagnostic centre

A

- **hospital** or
- facility

recognised by us to carry out a CT, MRI or PET scan.

Diagnostic tests

Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.

Dietician

A practitioner who is:

- included in the register of the Health and Care Professions Council as a dietician, and
- recognised by us.

GP

A general medical practitioner included in the GP Register kept by the General Medical Council.

Hospice

A **hospital** or part of a **hospital** recognised as a hospice by us which is devoted to the care of patients with progressive disease (where curative **treatment** is no longer possible) on an **in-patient** or domiciliary basis.

Hospital

If you have the Expert Select hospital option:

the hospital or facility that we confirm is eligible for your **treatment** before the **treatment** goes ahead.

If you have a hospital list:

- a hospital included on your chosen hospital list, as shown on your **policy schedule**, or
- an NHS pay-bed

  which we recognise to provide the type of **treatment** undertaken, or:
- any establishment which we agree is an appropriate facility for the provision of **treatment**, prior to **treatment** being carried out.

In-patient

A patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

Medically necessary

Treatment or a medical service which is needed for your diagnosis and is appropriate in the opinion of a qualified medical practitioner or **specialist**. By generally accepted medical standards, if it is withheld your condition or the quality of medical care you receive would be adversely affected.

Member

A person named as an insured person in the **policy schedule**.

Network

A group of treatment units, specialising in managing specific conditions. We only work with clinicians and medical facilities that meet our quality care standards. More information on networks can be found at **aviva.co.uk/health-network**

Nurse

A qualified nurse who:

- is on the register of the Nursing and Midwifery Council (NMC), and
- holds a valid NMC personal identification number.

Open referral

A referral for tests or **treatment** that details the type of **specialist** you need to see but does not name a specific **specialist** or **hospital**.

An open referral should include:

- your medical condition/symptoms
- the specialism and sub-specialism of the consultant that you need to see.

Osteopath

A practitioner who is:

- included in the Register of Osteopaths kept by the General Osteopathic Council, and
- recognised by us.

Out-patient

A patient who attends a **hospital**, consulting room or out-patient clinic and is not admitted as a **day-patient** or **in-patient**.

Physiotherapist

A practitioner who is:

- included in the register of the Health and Care Professions Council as a physiotherapist, and
- recognised by us.

Policy

Our contract of insurance with the **policyholder** providing the cover as detailed in this policy document. The application and **policy schedule** form part of the contract and must be read together with this policy document (as amended from time to time).

Policyholder

The person named as policyholder in the **policy schedule**.

Policy schedule

The schedule giving details of (amongst others):

- the **policyholder**
- **members**
- amendments.

Policy year

The period of time from the date the **policy** began until the day before the first **renewal date** or, if the **policy** has been renewed, from one **renewal date** to the next.

Pre-existing condition

Any disease, illness or injury for which:

- you have received medication, **advice** or **treatment**, or
- you have experienced symptoms

whether the condition has been diagnosed or not before you joined the **policy**.

Psychiatric therapist

A practitioner who is:

- employed to provide therapy sessions at a psychiatric **hospital**, or
- a fully qualified and accredited member of any counselling register overseen by the Professional Standards Authority (PSA)

and who is recognised by us.

Related

Diseases, illnesses or injuries are related if, in our reasonable medical opinion, one is a result of the other or if each is a result of the same disease, illness or injury.

Renewal date

The annual anniversary of the date on which this **policy** began.

Specialist

If you have the Expert Select hospital option:

A registered medical practitioner who:

- has at any time held and is not precluded from holding a substantive consultant appointment in an NHS hospital
- holds a Certificate of Higher Specialist Training issued by the Higher Specialist Training Committee of the relevant Royal College or faculty, and
- is included in the Specialist Register kept by the General Medical Council

and who we confirm is eligible for cover before your **treatment** goes ahead.

If you have a hospital list:

A registered medical practitioner who:

- has at any time held and is not precluded from holding a substantive consultant appointment in an NHS hospital
- holds a Certificate of Higher Specialist Training issued by the Higher Specialist Training Committee of the relevant Royal College or faculty, and
- is included in the Specialist Register kept by the General Medical Council

and who is recognised by us.

Speech therapist

A practitioner who is:

- included in the register of speech and language therapists kept by the Health and Care Professions Council and
- recognised by us.

Treatment

Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

UK

For the purposes of this **policy**, being Britain and Northern Ireland, the Channel Islands and the Isle of Man.

UK resident

- Having the legal right to reside in the **UK** (ie. holding UK citizenship or an appropriate visa) for the duration of the **policy year**; and
- Physically living in the UK for the duration of the **policy year** (other than for trips abroad totalling no more than three months during the **policy year)**.

Need this in a different format?

Please get in touch on **0800 092 4590** if you'd prefer this terms and conditions **(GEN6842)** in large font, braille, or as audio.
Calls to and from Aviva may be recorded and/or monitored

How to contact us

0800 158 3333

contactus@aviva.com

MyAviva.co.uk

| Retirement | Investments | Insurance | Health |

aviva.co.uk/health

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