



My Health Cash Plan from Aviva

Peace of mind to help with life's everyday health costs

| Retirement | Investments | Insurance | **Health** |



My Health Cash Plan

Thank you for enquiring about My Health Cash Plan. This simple guide is designed to tell you everything you need to know about the options that are available to you and aims to answer any questions you might have.

The next page is a snapshot of your My Health Cash Plan. It shows you how you can increase your cover, or reduce your monthly costs. The options shown are then explained further in the policy summary part of this brochure.

Contents

Introduction to My Health Cash Plan	3
Policy Summary	
What does My Health Cash Plan cover?...	4
What's covered?.....	5
Ways to increase your cover.....	6
Ways to reduce your cover.....	7
What's not covered.....	8
Any questions.....	9
Further information.....	10-11

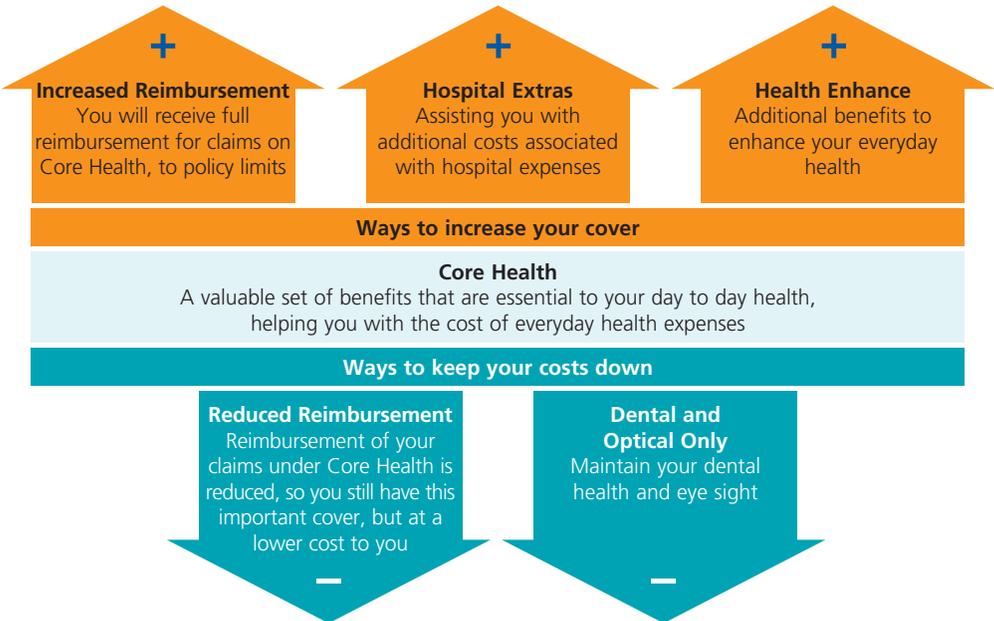
Introduction to My Health Cash Plan

My Health Cash Plan is a way of managing your everyday healthcare costs. It's simple to use – you use the benefits under the plan and we will reimburse you for the cost of them, up to the benefit limits. There's a wide range of benefits to help to maintain your health and we can reimburse you for up to 80% of the cost (and in some cases up to 100%).

Our product really does offer benefits that you can use on a regular basis and allows you to choose the level of cover that suits you.

Your Cover

The diagram below gives you a summary of the options available to increase your cover or keep your costs down. You will find more detail on these options in the policy summary section of this brochure. The plan starts with our Core Health cover. You then have the choice to increase your cover by adding extra benefits, or reduce your cover which will lower your monthly premiums. If you do add extra benefits, your monthly premiums will increase.



What does My Health Cash Plan cover?

This insurance is a Cash Plan policy which provides reimbursement of a proportion of certain health costs. The policy is provided by Aviva Health UK Limited.

This policy summary has been designed to provide you with the key information about the product. Therefore, it's really important that you take the time to read it. The policy summary does not contain the full standard terms and conditions that apply to the product. These are contained in the terms and conditions booklet. You may request this booklet at any time. Non-standard terms may apply.

Please note that applicants must be 18 years of age or above to qualify for this policy. There is no upper age limit. Premiums can be paid on a monthly or annual basis.

What do you get once you say yes?

■ Lots of choice

My Health Cash Plan is one of the most flexible cash plans in the market. You can choose options

to increase your cover, such as full reimbursement, or reduce your cover, such as dental and optical only. By adding extra options you increase your monthly premiums and by reducing your cover, you will lower them. So no matter what your budget, or your health needs, we can create a policy that's tailored to you.

■ Cover for you and your family

It's easy to cover your family too.

For an extra cost, you can add your spouse/civil partner and/or your child/children. The only difference is that as a child's health costs tend to be lower, they get half the benefit. For example, an adult will be covered up to £250 on dental and optical costs whereas a child will be covered up to £125. This is reflected in the significantly reduced costs for childcare.

■ Extra benefits

As an Aviva policyholder, you will benefit from additional benefits such as:

- 24 hour GP helpline
- Stress counselling helpline (available to members aged 16 and over)
- Gym discounts of up to 25% with selected gyms

What's covered – summary

You start with our Core Health cover. You do not have to increase or reduce your cover. However, there are options to do so if you would like to. Please see the tables on the following pages for details. The columns show the benefit available, reimbursement amounts per person per policy year, and the percentage we will reimburse you.

A one month qualifying period applies to all benefits unless otherwise stated.

Core Health

Benefits	Adult	Child
Dental and optical	100% reimbursement Up to £250	100% reimbursement Up to £125
Therapies: <ul style="list-style-type: none"> ■ Physiotherapy ■ Osteopathy ■ Chiropractic ■ Homeopathy ■ Acupuncture 	80% reimbursement Up to £150	80% reimbursement Up to £75
Prescriptions and GP charges	80% reimbursement Up to £50	80% reimbursement Up to £25
Health screens (12 month qualifying period)	80% reimbursement Up to £100 Available for one screen every two policy years	80% reimbursement Up to £50 Available for one screen every two policy years
Baby bonus (10 month qualifying period)	£200 for each baby	Not available
GP helpline (no qualifying period applies)	Unlimited number of calls	Unlimited number of calls
Stress counselling helpline (available to members aged 16 and over) (no qualifying period applies)	Unlimited number of calls	Unlimited number of calls
Gym discounts (no qualifying period applies)	Discounts at a nationwide network of health and fitness clubs	Not available

This is a summary of the policy benefits. Full details of standard cover and exclusions are given in the terms and conditions booklet. A copy of this is available on request. Non-standard terms may apply. Applications are required.

+Ways to increase your cover

You are able to add one or more of the increased cover options to your core cover. Details of these options are shown in the tables below. Please note that choosing any of these options will increase your monthly premium. The columns show the money available to you and the percentage reimbursement.

Option 1

Increased Reimbursement
100% reimbursement on all Core Health benefits (instead of 80%)

Option 2

Hospital Extras		
Benefits	Adult £250 combined total per policy year	Child £125 combined total per policy year
In-patient cash benefit	£15 per night	£7.50 per night
Day-patient cash benefit	£15 per day	£7.50 per day
X-rays and scans as a private patient	80% reimbursement	80% reimbursement
Specialist second opinion as a private patient	80% reimbursement	80% reimbursement
Child support cash benefit	£15 per night	Not available

Option 3

Health Enhance		
Benefits	Adult £200 combined total per policy year	Child £100 combined total per policy year
Chiropody Podiatry Dietician Allergy testing	80% reimbursement	80% reimbursement

Full details of standard cover and exclusions are given in the terms and conditions booklet. A copy of this is available on request.

-Ways to reduce your cover

You can choose **one** of the options shown in the table below, to reduce your cover and your cost. If you choose one of these reduction options, you cannot choose one of the increased cover options. The columns show the money available to you and the percentage reimbursement.

Option 1

Reduced Reimbursement

**60% reimbursement of Core Health benefits.
Dental and optical remains at 100% reimbursement.**

Option 2

Dental and Optical Only

Benefits	Adult	Child
Dental and optical	100% reimbursement Up to £250	100% reimbursement Up to £125

Full details of standard cover and exclusions are given in the terms and conditions booklet. A copy of this is available on request.

Please note that with reduced cover, you still have access to:

- The GP helpline
- The stress counselling helpline (available to members aged 16 and over)
- Gym discounts.

What's not covered – summary

The following exclusions apply to the whole policy:

- Any treatment received by a member in the first month after they join the policy
- any benefit where we have not received a fully completed claim form and original receipts where required
- any charges for the completion of a claim form, or for proof of GP referral
- any benefits where a claim has already been paid under another cash plan or insurance policy of any kind
- treatment or tests received outside the UK (other than provided under the dental cover)
- treatment of an injury sustained whilst a member is training for or taking part in a sport for which they are paid or sponsored (unless they receive travel costs only), or
- treatment or tests 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).

In addition, we do not cover in-patient or day-patient cash benefit for admissions:

- for a pre-existing condition
- for psycho, psycho-geriatric or mental illnesses of any kind
- relating to addictions or substance abuse, or
- relating to pregnancy or childbirth.

Other exclusions apply to certain benefits and options. Please see the terms and conditions booklet for full details.

This is a summary of the policy exclusions. Full details of standard cover and exclusions are given in the terms and conditions booklet. A copy of this is available on request. Non-standard terms may apply. Applications are required.

Any questions?

Making a claim

You can claim in line with your policy benefits. To claim on these benefits you must send us a completed claim form along with itemised receipts or other supporting evidence as requested. You can also call our Customer Claims department on **0800 158 5191**. (Calls to and from Aviva may be monitored and/or recorded.)

Can the policy be cancelled?

After your application is received and accepted by us, you'll receive policy documents and notice of the right to cancel. You will then have 14 days in which to change your mind and cancel the policy.

After your policy has renewed you'll have 14 days in which to change your mind and cancel the policy, running from the first day of your new policy year.

If you decide to cancel the policy, any money you have already paid during the 14 day 'cooling off' period will be refunded. Please be aware that you may need to review and update cover periodically to ensure it remains adequate.

If you decide to cancel the policy, you must notify our Customer Service Team at:

**My Health Cash Plan
Aviva Health UK Limited
Jewry House
Jewry Street
Winchester
SO23 8RZ**

If you decide not to cancel the policy your cover for eligible treatment will continue until the renewal date and we will continue to collect any applicable premium.

What is the duration of my policy?

Your My Health Cash Plan policy is a one year contract.

Further information

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.

When 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:
www.fscs.org.uk

Telephone:
020 7741 4100 or 0800 678 1100

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're

satisfied. However, if you ever feel we've fallen short of this standard and you've 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

E-mail:
hcqs@aviva.com

We've every reason to believe that you'll be totally satisfied with your Aviva policy, and with our service. It's very rare that matters cannot be resolved amicably. However, if you're still unhappy with the outcome after we've 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've 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@
financialombudsman.org.uk**

Website:

www.financial-ombudsman.org.uk

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

Our regulators

The law of England will apply in legal disputes and your contract will be written in English. We'll always write and speak to you in English.

We're regulated by the Financial Conduct Authority:

The Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS

The Financial Conduct Authority is an independent watchdog that regulates financial services. It requires us to give you this document. Use this information to decide if our services are right for you.

Aviva Health UK Limited, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, S053 3RY. Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139.

Our permitted business is advising on, arranging and administering general insurance and pure protection contracts.

You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website www.fca.org.uk/register or by contacting the Financial Conduct Authority on **0800 111 67 68**.

Aviva Health UK Limited is a wholly owned subsidiary of Aviva plc, which includes within its group a number of insurers.

Aviva offers a range of products from Aviva. You may have your own insurance intermediary who'll provide you with information about their permitted business and the range of products they offer.

You only need pay the premium; you do not otherwise have to pay us for our services to you.

Aviva Health UK Limited. Registered in England Number 2464270. Registered Office 8 Surrey Street Norwich NR1 3NG. Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139.

This insurance is underwritten by Aviva Insurance Limited. Registered in Scotland, No. 2116. Registered Office: Pitheavlis, Perth, PH2 0NH. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 202153.

Aviva Health UK Limited, Head Office: Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY.

aviva.co.uk/health

