

# My Health Cash Plan

Terms and conditions

# Welcome to My Health Cash Plan

This policy is designed to support you with the costs associated with your everyday healthcare needs.

It's simple to use – you have the treatment you need and we reimburse you (within your benefit limits).

This booklet tells you all you need to know to start using your policy, including:

- what to do if you wish to make a claim
- what your policy covers
- what's not covered, and
- explanations of some of the terms used in this document so that you're fully aware of the cover you've bought.

Throughout this booklet certain words are displayed in **bold** type. These are defined terms and have specific meanings when used in this guide. The meanings are set out in the definitions section at the back of this booklet.

We've designed this document to be as easy to understand as possible, but if you've any questions or queries about your policy, please call us on **0800 158 5190** and we'll be pleased to help you.

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# Benefits

The information on the following pages details the benefits available under **your policy**.

All benefit limits apply per **member**, per **policy year**, unless otherwise stated.

A one month qualifying period applies to all benefits, unless otherwise stated. The qualifying period starts from the date the **member** joins the **policy** and benefit cannot be claimed for any treatment received during this time.

For full details of each benefit, please refer to the benefit rules on the following pages.

Please see **your policy schedule** to see which cover and benefit levels apply to **you**.

## 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"> <li>• <b>Physiotherapy</b></li> <li>• <b>Osteopathy</b></li> <li>• <b>Chiropractic</b></li> <li>• <b>Homeopathy</b></li> <li>• <b>Acupuncture</b></li> </ul>	80% reimbursement Up to £150	80% reimbursement Up to £75
Prescriptions and <b>GP</b> charges	80% reimbursement Up to £50	80% reimbursement Up to £25
Health screens	80% reimbursement Up to £100  Available for one screen every two <b>policy years</b>  12 month qualifying period	80% reimbursement Up to £50  Available for one screen every two <b>policy years</b>  12 month qualifying period
Baby bonus	£200 for each baby 10 month qualifying period	Not available
GP helpline There is no qualifying period for this benefit	Unlimited number of calls	Unlimited number of calls
Stress counselling helpline This benefit is available to members aged 16 and over. There is no qualifying period for this benefit	Unlimited number of calls	Unlimited number of calls
Gym discounts There is no qualifying period for this benefit	Discounts at a nationwide network of health and fitness clubs	Not available

## Increase your cover

**You** can add one or more of the increased cover options to core health.

**Your policy schedule** shows which options apply to **your policy**.

### Increased Reimbursement

100% reimbursement of all core health benefits

### Hospital Extras

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

### Health Enhance

Benefits	Adult £200 combined total per policy year	Child £100 combined total per policy year
<b>Chiropody</b> <b>Podiatry</b> <b>Dietician</b> <b>Allergy testing</b>	80% reimbursement	80% reimbursement

## Reduce your costs

**You** can choose one of these options to reduce **your** premiums. If **you** choose one of these cost reduction options, **you** cannot choose any of the increased cover options.

**Your policy schedule** shows which options apply to **your policy**.

### Reduced Reimbursement

60% reimbursement of core health benefits. Dental and optical remains at 100% reimbursement.

**You** can choose to only cover dental and optical costs. If this option is chosen, no other benefits will be available, other than those shown below.

### Dental and Optical Only

Benefits	Adult	Child
Dental and optical	100% reimbursement Up to £250	100% reimbursement Up to £125
GP helpline There is no qualifying period for this benefit	Unlimited number of calls	Unlimited number of calls
Stress counselling helpline This benefit is available to members aged 16 and over. There is no qualifying period for this benefit	Unlimited number of calls	Unlimited number of calls
Gym discounts There is no qualifying period for this benefit	Discounts at a nationwide network of health and fitness clubs	Not available

# Making a claim

To make a claim on your My Health Cash Plan policy simply follow the step-by-step guide below.

Check this booklet to make sure you're covered for the treatment you've received or the benefit you're claiming for.

Complete a claim form. We will send you a claim form when you join, but if you need another, you can download it from [aviva.co.uk/myhealthcashplan-claimform](https://aviva.co.uk/myhealthcashplan-claimform) or call us on 0800 158 5191.

Return the form to us. You should make sure you've:

- completed all relevant sections and signed it
- attached itemised receipts for all the costs you're claiming for (these must be originals so we recommend you take a copy before sending them to us)
- had the relevant sections completed by the optician, hospital or GP if required.

We'll process your claim and reimburse you up to the benefit limits of your policy.

# Further policy benefits

As part of your My Health Cash Plan policy you get access to two helplines and a range of health and fitness club membership discounts at a nationwide network of health and fitness clubs.

## **GP helpline - 0800 015 4333**

Calls may be recorded and/or monitored.

We provide a 24 hour, 365 days a year GP helpline to assist you with any healthcare queries.

When you need medical advice or information, you can call our GP helpline at any time, day or night. In the event of illness, you can speak to a GP who'll give you a consultation over the telephone.

This service will benefit you in different ways. If you're feeling ill at work but have a busy working schedule you can call for advice and a consultation, rather than waiting for an appointment to speak to your own doctor. Also if your children are unwell at night you need not wait until the next morning for GP advice.

## **Stress counselling helpline - 0800 158 3349**

Calls may be recorded and/or monitored.

Stress is a growing cause of employee absence. Occasionally everyone feels stress from the pressures of everyday life. We may feel that we cannot cope and need some help to deal with our problems. That's why we've a 24 hour stress counselling helpline, available to you 24 hours a day, 365 days a year with experienced counsellors providing general counselling as well as advice and information on how to overcome stress. This benefit is available to members aged 16 and over.

You can call our stress counselling helpline at any time, day or night. You can talk for as long as you wish and there will be no pressure to bring the call to an end. The counsellors are always ready to listen, help and advise when things seem too much.

There's no limit to the number of calls you may make to the GP helpline and stress counselling helpline and the only cost will be that of the calls themselves if you're calling from a mobile phone.

# Benefit rules

## Baby bonus

**We** will pay the **policyholder** £200 for each baby:

- born to,
- adopted (up to the age of 16) by, or
- stillborn at over 24 weeks gestation to

an **adult** while they are covered by the **policy**.

This benefit is available once per baby.

There is a ten month qualifying period for this benefit.

To claim this benefit **you** must send **us** a completed claim form and a copy of the birth certificate or adoption certificate that names an **adult** covered by the **policy** as the mother or father. The claim must be submitted within 90 days of the birth or adoption.

### **We do not cover:**

- Any babies born or adopted in the first ten months after the parent(s) join the **policy**
- adoption where one of the parents is the natural parent
- more than one payment per baby, or
- any items listed in the general exclusions.

## Child support cash benefit

**We** will pay the **policyholder** £15 per night, up to the benefit limit for this option, if one of their children is admitted to **hospital**.

To claim for this benefit **you** must send **us** a completed claim form, with the relevant section fully completed and stamped by the **hospital** to confirm the child's admission.

## Dental

**We** will cover routine dental treatment carried out by a dental practitioner in a dental surgery, for example examinations, tooth cleaning, fillings and extractions.

This benefit also includes cover for emergency dental treatment in the **UK** and abroad if medically necessary.

### **We do not cover:**

- Treatment that a **member** has been made aware of when they join the **policy**
- cosmetic dentistry, including replacement of amalgam fillings
- dentures
- missed appointment fees
- dental contract schemes
- orthodontics
- dental implants, or
- any items or treatment listed in the general exclusions.

## Dental and optical

**We** will cover 100% of each bill for dental and optical treatment up to a combined total of:

- £250 per **policy year** for **adults** and
- £125 per **policy year** for **children**.

## Dental and optical only

If this option is chosen the **policy** includes cover for dental and optical, the helplines and gym discounts only. No other benefits are available.

See dental and optical benefit rules under core health.

## GP and stress counselling helplines

All **members** of My Health Cash Plan have access to **our** 24 hour GP and stress counselling helplines.

**Members** can call the GP helpline for a consultation. One of **our** retained **GPs** will give advice to a **member** over the telephone where it is practical when the **member** describes

their symptoms. A consultation is intended to deal with one call per **member** lasting up to 15 minutes in respect of one set of symptoms presented. The consultation may, at the discretion of the **GP**, involve a longer call or more than one call. The stress counselling helpline is available to **members** aged 16 and over. Call charges are the responsibility of the caller.

The GP helpline and stress counselling helpline services are designed to be available 24 hours per day but some reasonable delay may be experienced. They are not emergency services. **You** may call on behalf of another **member** subject to any patient confidentiality requirements of the **GP** or service provider.

By using the helplines, **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**, the **GPs** and any service providers **we** use in making the services available, for the sole purpose of policy and service administration. **We** shall not be responsible for any failure in the provision of the GP and stress counselling helpline services to the extent that it is due to circumstances beyond the reasonable control of **us** or any of **our** service providers.

### Gym discounts

**Adult members** of My Health Cash Plan can benefit from discounted membership at a nationwide network of fitness clubs. **You** will be issued with a code giving access to **our** gym discount web service. Use of the service is subject to the terms and conditions contained on the website itself.

### Health enhance

**We** will cover 80% of each bill for **chiroprody**, **podiatry**, **allergy testing** and consultation with a **dietician**, up to a combined total of:

- £200 per **policy year** for **adults** and
- £100 per **policy year** for **children**.

The treatment must be referred by the **member's GP**.

#### **We do not cover:**

- medication, drugs or dressings
- X-rays or scans
- appliances, for example supports, insoles or braces
- allergy testing involving hair analysis, vega testing, food intolerances or home testing kits, or
- any items or treatment listed in the general exclusions.

### Health screens

**We** will cover 80% of the cost of a health screen at a **hospital** or diagnostic centre up to:

- £100 for **adults** and
- £50 for **children**.

This benefit is available once every two **policy years**.

There is a 12 month qualifying period for this benefit.

#### **We do not cover:**

- Health screens received in the first 12 months after the **member** joins the **policy**
- health screens required for employment or insurance reasons, or
- any items or treatment listed in the general exclusions.

### Hospital extras

**We** will cover the benefits listed in this option, up to a combined total of:

- £250 per **policy year** for **adults** and
- £125 per **policy year** for **children**.

## In-patient and day-patient cash benefit

We will pay:

- **adults** £15 per night for **in-patient** admissions to **hospital** and £15 per day for **day-patient** admissions to **hospital** and
- **children** £7.50 per night for **in-patient** admissions to **hospital** and £7.50 per day for **day-patient** admissions to **hospital**

up to the benefit limit for this option.

To claim this benefit **you** must send **us** a completed claim form, with the relevant section fully completed and stamped by the **hospital**.

**We do not cover:**

- any items or treatment listed in the general exclusions
- admissions:
  - for any disease, illness or injury that existed before the **member** joined the **policy**, whether or not it was diagnosed before they joined
  - relating to pregnancy or childbirth
  - for respite care, rehabilitation or domestic reasons
  - for psychiatric, psycho-geriatric or mental illnesses or conditions of any kind
  - relating to addictions or substance abuse
  - to an accident and emergency department, or
  - for cosmetic or reconstructive treatment.

**But: we** will cover an admission for cosmetic or reconstructive surgery if:

- the surgery immediately follows an accident, or treatment for cancer, and
- the accident or cancer treatment took place when the **member** was covered under the **policy** and they have had no break in cover since then.

## Increased reimbursement

**We** will cover 100% of each bill for the benefits in core health, up to the limit listed for each benefit. All other benefit rules for core health still apply.

This applies to core health only. If the **policy** includes any other increased cover options, they will stay at 80% reimbursement.

## Optical

**We** will cover sight tests and glasses, prescription sunglasses and contact lenses needed as a result of a change in prescription.

If a **member** pays for contact lenses by regular subscription, **we** will pay:

- **adults** up to £125, and
- **children** up to £62.50

towards these costs per **policy year**.

**We do not cover:**

- laser eye treatment
- non-prescription eyewear
- repairs or loss of glasses or contact lenses
- optical solutions and sundries, for example cases
- missed appointment fees
- goggles or other sport or work related eyewear
- contact lenses provided by an optical insurance plan, or
- any items or treatment listed in the general exclusions.

To claim this benefit **you** must send **us** a completed claim form, with the relevant section fully completed and stamped by the optician.

## Prescriptions and GP charges

**We** will cover up to 80% of each bill, up to:

- £50 per **policy year** for **adults**, and
- £25 per **policy year** for **children**.

**We will cover:**

- NHS prescription charges
- inoculations and vaccinations, and
- minor surgery by a **GP**.

**We do not cover:**

- NHS prescriptions or vaccinations where exemptions apply
- private prescriptions
- charges for diagnostic tests, for example X-rays, blood tests, or
- any items or treatment listed in the general exclusions.

### Reduced reimbursement

**We will cover** 60% of each bill for the benefits in core health, up to the limit listed for each benefit.

This does not apply to dental and optical benefit, which remains at 100% reimbursement.

All other benefit rules for core health apply.

### Specialist second opinion

**We will cover** 80% of the bill, up to the benefit limit for this option, for a private consultation with a **specialist** to get a second opinion. This must follow an initial consultation where the **member** is unsatisfied with the outcome.

**We do not cover:**

- treatment or diagnostic tests carried out during the consultation, or
- any items or treatment listed in the general exclusions.

### Therapies

**We will cover** 80% of each bill for **physiotherapy, osteopathy, chiropractic, homeopathy** and **acupuncture**, up to a combined total of:

- £150 per **policy year** for **adults**, and
- £75 per **policy year** for **children**.

The treatment must be referred by the **member's GP**.

**We do not cover:**

- therapies for any injury or illness that existed before the **member** joined the **policy**, whether or not it was diagnosed before they joined,
- medication, drugs or dressings
- X-rays or scans
- appliances, for example supports, insoles or braces, or
- any items or treatment listed in the general exclusions.

### X-rays and scans as a private patient

**We will cover** 80% of each bill for private X-rays and scans required to diagnose a condition, up to the benefit limit for this option.

The X-rays and scans must be referred by the **member's GP**.

**We do not cover:**

- X-rays and scans:
  - relating to pregnancy
  - relating to infertility
  - needed once a diagnosis is known
- **specialist** charges, or
- any items or treatment listed in the general exclusions.

**We do not cover:**

- payments for more than one **adult** per admission, or
- any items or treatment listed in the general exclusions.

# General exclusions

The following exclusions apply to the whole **policy**.

## GP charges

**We** do not cover any charges for the completion of a claim form, or for proof of **GP** referral.

## Other insurance

**We** do not cover any benefits where a claim has already been paid under another cash plan or insurance policy of any kind.

## Overseas treatment

**We** do not cover treatment or tests received outside the **UK** (other than provided under the dental cover).

## Qualifying period

**We** do not cover any treatment received by a **member** in the first month after they join the **policy**. In addition, a ten month qualifying period applies to the baby bonus and a 12 month qualifying period applies to health screens.

## Sport – professional sports

**We** do not 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).

## Unsupported claims

**We** do not cover any benefit where **we** have not received a fully completed claim form and original receipts where required.

## War and hazardous substances

**We** do not cover 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).

# Policy conditions

## 1. Who can be a member?

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

- The **policyholder** aged 18 or over
- the **policyholder's** spouse, partner, civil partner and
- their **children** up to the age of 18

can all be **members**.

All **members** must live at the same address.

**Children** cannot remain on the **policy** after the next **renewal date** following their 18th birthday. They can apply for their own **policy** if they want to continue to be covered.

### Adding members

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

If a new **member** is added part way through the **policy year**, the benefits available to them will be pro-rated. For example, if a **member** joins 6 months into a **policy year**, they will have 6 months worth of benefit available to them. For the dental and optical benefit this would mean they can claim up to £125 (out of a total yearly benefit of £250).

## 2. Premiums

The **policy schedule** shows how much must be paid and when. **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.

**We** do not pay any claims if **we** have not received a premium or if **your** premiums are not paid to date at the time treatment takes place. 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 way **you** pay the premium (for example from monthly to annually) **you** can do this at the **renewal date**. Any change to **your** premium will only take effect from the **renewal date**.

## 3. Changes to your circumstances

**You** must tell **us** as soon as possible about any changes relating to **members**, for example a change of name or address.

**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.

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

## 4. Renewing the policy

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

### Changes to your cover

The **policyholder** can add or remove options at the **renewal date**. All **members** of the **policy** must have the same options, so a change of options will apply to all **members**. If changes are made to the options included in the **policy**, **we** will pay claims in line with the benefit options and limits in place at the time treatment takes place.

**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 in writing.

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

## 5. Claiming

All claims must be submitted on one of **our** claim forms within 90 days of the date the treatment

was received. For optical benefit, all claims must be submitted on one of **our** claim forms within 90 days of the purchase of the glasses or contact lenses. The **member** must also include receipts for any bills that they are claiming reimbursement for. These must be original, itemised receipts. **We** do not accept photocopies or invoices.

**We** will only pay for treatment that has already been received and paid for. Claims will be paid against the **policy year** in which the treatment takes place.

If **you** are claiming optical benefit, the claim form must be completed and stamped by the optician.

If **you** are claiming for therapies, X-rays, scans or any of the benefits in the health enhance option, the claim form must be completed and signed by the **members' GP**.

Claims for the baby bonus must be accompanied by a copy of the birth or adoption certificate.

If **you** are claiming **in-patient** or **day-patient** cash benefit or child support cash benefit, the claim form must be completed and stamped by the **hospital**.

## 6. 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 receiving the **policy** documents (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.

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

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

### When we may cancel the policy

**We** may cancel the **policy** if the **policyholder** or a **member** have at any time:

- defrauded or attempted to defraud **us**, or
- agreed to any attempt by someone else to defraud **us**.

If **we** cancel the **policy** for either of these reasons **we** shall not provide **you** with any refund of premium.

**We** may also cancel the **policy** if **you** or a **member** have at any time:

- misled **us**, for example dishonestly telling **us** incorrect information or not telling **us** something that **we** have asked for, or
- not acted openly and honestly in their dealings with **us**.

If **we** cancel the **policy** for either of these reasons **we** will provide **you** with such refund of premium as **we** consider reasonable in the circumstances, based on whether **we** were deliberately or mistakenly misled.

If **we** cancel the **policy** for any of the reasons set out above:

- **we** may backdate the cancellation (this means that **we** may not pay claims)
- **we** will notify **you** in writing by post or by hand to **your** last known address, and
- this will end the cover of the **policy** and all **members** listed on the **policy schedule**.

As an alternative to cancelling the **policy** **we** may instead (and backdate where appropriate)

- terminate a **member's** cover, or
- apply different terms (in line with reasonable underwriting practice) to a **member's** cover.

If any premium is not paid, the **policy** will automatically be cancelled. If the premium is paid

within 60 days of the date on which it was due and there are no claims pending, **we** will reinstate cover although **we** will not pay any claims until outstanding premiums have been paid in full.

If the premium is paid annually and the **policy** is cancelled after the cooling off period, **we** will not refund the premium.

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

**We** reserve the right to close the My Health Cash Plan product at **your renewal date**. If this happens, **we** will contact **you** to advise **you** of **your** options.

### 7. If the policyholder dies

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

### 8. Third party claims

**You** must let **us** know if treatment was needed because someone else was at fault - for example, if a **member** was 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 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 paid any costs 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 costs **we** have paid for **your** treatment, including any interest on any payments **we** have made, **you** must forward these sums to **us** immediately.

If **we** want to, **we** can take proceedings in **your** name for **our** own benefit to recover any costs **we** have incurred.

**We** will not pay for any costs or claim against any third party for costs that are not covered by **your policy**.

**We** cannot offer **you** legal advice.

### 9. If you have other medical insurance

If a **member** has any other insurance covering any of the benefits covered by **your** Aviva **policy**, such as another cash plan, private medical insurance or travel insurance, they must let **us** know and **we** may recover these costs from that other insurer.

### 10. Law

This **policy** is governed by 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.

### Third party rights

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

# 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'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 015 1024**

E-mail: [hccomp@aviva.co.uk](mailto:hccomp@aviva.co.uk)

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's 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](mailto:complaint.info@financialombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://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.

## The Financial Services Compensation Scheme (FSCS)

We're 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're 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](http://www.fscs.org.uk)  
Telephone: **0800 678 1100 or 020 7741 4100**

# Definitions

Wherever you see the following words or phrases highlighted in bold throughout this document, they will have the meaning given below:

## Adult

A **member** of the **policy** who is aged 18 or over.

## Acupuncture

Treatment carried out by a doctor registered with the General Medical Council (GMC) who is also either:

- a Medical Member or
- an 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**.

## Allergy testing

Diagnostic tests carried out by a **specialist** in relation to allergies.

## Child/children

A **member** of the **policy** who is a child of the **policyholder**.

## Chiropody

Treatment carried out by a practitioner who is:

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

## Chiropractic

Treatment carried out by a practitioner who is:

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

## 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.

## Dietician

Treatment by a practitioner who is:

- included in the register of the Health 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.

## Homeopathy

Treatment carried out by a homeopath who is:

- a member of the UK Homeopathic Medical Association (UKHMA),
- a member of the Society of Homeopaths,
- a member of the Alliance of Registered Homeopaths (MARH),
- a member of the Faculty of Homeopathy (MFHOM), or
- a Fellow of the Faculty of Homeopathy (FFHOM).

## Hospital

- A private hospital or NHS hospital in the **UK** which is registered in accordance with United Kingdom legislation and which has specialist facilities for carrying out major surgical operations, 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.

## Member

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

## Osteopathy

Treatment carried out by a practitioner who is:

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

## Physiotherapy

Treatment carried out by a practitioner who is:

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

## Podiatry

Treatment carried out by a practitioner who is:

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

## Policy

**Our** contract of insurance with the **policyholder** providing the cover as detailed in this policy document. The **policy schedule** forms 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**
- cover options
- amendments (if any).

## 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.

## Renewal date

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

## Specialist

A registered medical practitioner who:

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

## UK

Great Britain and Northern Ireland, the Channel Islands and the Isle of Man (for the purposes of this **policy**).

## We/our/us

Aviva Health UK Limited, who administers **your policy** on behalf of Aviva Insurance Limited, who underwrites and provides **your** contract of insurance.

## You/your

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



## Any questions about your policy?

Call us on

**0800 158 5190**

## Need to make a claim?

Call us on

**0800 158 5191**

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

## GP helpline

24 hours a day, 7 days a week

**0800 015 4333**

Calls to the GP Helpline may be recorded for quality and training purposes

## Stress counselling helpline

24 hours a day, 7 days a week

**0800 158 3349**

This benefit is available to members aged 16 and over

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