

Speedy Diagnostics

Terms and conditions

Welcome to Aviva

This booklet tells you about your policy, including:

- what to do if you wish to claim
- what is covered
- what is not covered, and
- explanations of some of the terms used in this document so that you are fully aware of the cover you have bought.

When making a claim you will need to refer to the information in this booklet, so please keep it somewhere safe. We recommend that you also make a note of your policy number and our contact information separately in case you lose or mislay this booklet.

Throughout this booklet certain words are shown 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 have designed this document to be as easy to understand as possible, but if you have any questions or queries about your policy please call us on **0800 158 3333** and we will be pleased to help you. Calls to and from Aviva may be recorded and/or monitored.

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Cover and benefits

The information on these pages shows the benefits available under **your policy**.

Some important notes apply:

- This **policy** covers **you** for **diagnostic tests** which will enable a **specialist** to make an initial diagnosis of an illness or injury from **your** symptoms. The only exceptions to this are:
 - angioplasty when done at the same time as an angiogram; and
 - therapeutic arthroscopy when done at the same time as a diagnostic arthroscopy.
- Please remember that this **policy** does not cover **you** for **treatment** and is not a substitute for full private medical insurance. If **your specialist** is planning tests that may go on and include **treatment**, **you** may incur costs not covered by this **policy**. **We** recommend that **you** discuss this with **your specialist** before undergoing any **diagnostic tests**.
- All **diagnostic tests** must be by, and under the care of **specialists** following referral by a **GP**.
- A no claim discount applies to this **policy**. For further details please see the 'No claim discount' section of the policy conditions.

If **you** undergo **diagnostic tests** as an **in-patient** or **day-patient** in a **hospital** that is not either:

- included on the Speedy Diagnostics hospital list and recognised by **us** for the **diagnostic tests** that **you** need, or
- an NHS pay-bed

we will calculate the average cost of equivalent **diagnostic tests** across all **hospitals** on the Speedy Diagnostics 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 **diagnostic tests** 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.

This **policy** only covers **diagnostic tests** if **you** undergo them in the United Kingdom, Channel Islands or Isle of Man.

If **you** undergo **diagnostic tests** 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** undergo NHS **in-patient** or **day-patient diagnostic tests**), **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.)

Benefits	Amount payable and notes
Diagnostic tests as an out-patient	
Specialists' fees for <ul style="list-style-type: none"> • consultations, and • diagnostic tests 	Please see the specialists' fees benefit term for full details
Diagnostic tests for example blood tests, X-rays, scans, ECGs	Including any drugs and surgical dressings. Out-patient CT, MRI and PET scans will only be covered at a diagnostic centre Paid in full
Diagnostic tests as a day-patient or in-patient	
Hospital charges for diagnostic tests for example an endoscopy, removal of tissue for biopsy	Accommodation and meals; nursing care, drugs and surgical dressings, theatre fees Paid in full
Specialists' fees	Please see the specialists' fees benefit term for full details
Additional services - use of these services will <u>not</u> affect your no claim discount	
GP helpline	Unlimited number of calls
Stress counselling helpline. This benefit is available to members aged 16 and over	Please see the GP and stress counselling helplines benefit term for full details

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

Benefit terms

GP and stress counselling helplines

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. In 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 helplines to the extent that it is due to circumstances beyond the reasonable control of **us** or any of **our** service providers.

A GP helpline consultation is advice which it is practical for one of **our** retained **GPs** to give **you** over the telephone when **your** symptoms are described. It 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.

Call charges are the responsibility of the caller.

Specialists' fees

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 www.aviva.co.uk/health/online-fee-schedule, or call **our** customer service helpline on 0800 158 3333 for a copy. Calls to and from Aviva may be recorded and/or monitored.

Exclusions from cover

Treatment after diagnosis

We will not cover **treatment of your** symptoms or condition once a diagnosis has been made by a **GP, specialist**, ophthalmic optician or dentist (this exclusion does not apply to an angioplasty or arthroscopy if done at the same time as the **diagnostic test** which showed that you needed it).

Diagnostic tests that aren't covered

We do not cover **diagnostic tests**:

- ordered by a **specialist** without referral from a **GP**,
- ordered by a **GP** (the **GP** must refer **you** to a **specialist**),
- or consultations for **your** condition once a diagnosis has been made by either a **GP, specialist**, ophthalmic optician or dentist,
- or consultations that **you** need as a result of an injury sustained whilst training for, or participating in, sport for which **you** are paid or funded by sponsorship or grant (unless **you** receive travel costs only). This exclusion does not apply if **you** are coaching the sport.
- directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep), or
- to find the cause of infertility.

Routine medical examinations and screening

We do not cover:

- routine medical examinations (such as sight tests, dental check ups or ante-natal tests), medical screening, health check-ups, or
- any **diagnostic tests** to discover the presence of a potential disease or illness if **you** do not have symptoms, for example genetic tests.

Drugs and dressings

We do not cover the cost of drugs and dressings for **you** to take home from **hospital**.

Hospital accommodation charges

We do not cover **hospital** accommodation charges:

- if for any reason the **hospital** has effectively become or could be treated as being **your** home or place where **you** permanently live,
- where admission to the **hospital** is arranged wholly or partly for domestic reasons, or
- if the charges are for **diagnostic tests** as part of a **hospital** stay for another condition.

Pre-existing conditions

Your policy is also subject to one of five ways of dealing with **pre-existing conditions**. This is sometimes called underwriting. **Your policy schedule** will show which type of underwriting **you** have chosen.

Full medical underwriting (FMU)

We do not cover **diagnostic tests** for any **pre-existing condition**, or any **related** or associated condition, unless:

- **you** told us about the **pre-existing condition** in writing when **you** applied for the **policy**, and
- **we** did not apply an exclusion for it.

Any medical exclusions **we** have applied are shown on **your policy schedule**.

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** condition) is likely to need **diagnostic tests** or **treatment** in the future. There are some medical exclusions that **we** will not review – for example, exclusions for **chronic conditions**.

Continued medical exclusions (CME) – for members who were fully medically underwritten (FMU) on an Aviva policy and then transferred to Speedy Diagnostics

We apply the personal exclusions for **pre-existing conditions** that **we** placed on **your** previous policy, if any. These will be clearly shown on **your policy schedule**. The terms and conditions of this **policy** will be different to those of **your** previous policy.

We may review **your** personal medical exclusion(s) at **your renewal date**, if **you** ask **us** to. If **we** have 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** condition) is likely to need **diagnostic tests** or **treatment** in the future. There are some medical exclusions that **we** will not review - for example, exclusions for **chronic conditions**.

Moratorium (Mori)

We do not cover **diagnostic tests** for 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** may cover a **pre-existing 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**.

Continued moratorium (CMORI) – for members who were insured on a moratorium (Mori) basis on an Aviva policy and then transferred to Speedy Diagnostics

We do not cover **diagnostic tests** for 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 **your** initial date of cover. **Your** initial date of cover will be the date that **you** first started cover with Aviva (provided that there has been no break in cover since then). If **you** do not receive:

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

that condition during a continuous two year period after **your** initial date of cover, this exclusion will not apply.

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

Medical history disregarded (MHD) – for members who were insured on an MHD basis on an Aviva policy and then transferred to Speedy Diagnostics

We do not apply any personal exclusions to **your policy** as a result of **pre-existing conditions**.

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

Policy conditions

Who can be a member?

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**.

Adding members

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

Newborn babies

A **member** can add their newborn baby to the **policy** with no personal medical exclusions if the **policyholder** applies to **us** within three months of the baby's birth.

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.

Before **we** can include a newborn baby on **your policy we** need a copy of the baby's birth certificate.

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.

We do not pay any claims if premiums are not paid up to date at the time **your diagnostic tests** take 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**.

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 the section titled 'changes to your circumstances'.

Family rates

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

A premium is payable for a **member's** eldest child aged under 20 covered by the **policy**.

All other children who are on the **policy** are covered free.

No claim discount (NCD)

Your policy includes a no claim discount (NCD) which is reviewed at each **renewal date**.

The NCD cannot fall below level 0.

An NCD applies to each **member** of the **policy**. This means that if a **member** makes a claim on the **policy** which affects the NCD, only the premium for that **member** will change.

The NCD is affected on the date **we** pay the bill that arises from the claim, rather than the date the **diagnostic tests** take place.

Before each renewal **we** will review the claims that **we** have paid for each **member** in the year before the **renewal date** to determine the NCD that will be used to calculate their premium for the next **policy year**:

- a) If no claims have been paid for a **member** during the year before the **renewal date**, their

No claim discount scale

Level	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
% discount off level 0 premium	0	9	18	25	32	39	45	50	54	59	63	66	69	72	75

no claim discount will increase by one level on the scale.

- b) If the claims **we** have paid for a **member** are all new claims, or claims that have not yet caused the **member** to drop down the NCD scale, and the total combined amount **we** have paid towards those claims is £250 or less, that **member** will remain at their current NCD level. New claims are those that are for a disease, illness or injury which is not **related** to an existing claim.
- c) If **we** have paid claims for a **member** that are new claims, or claims that have not yet caused the **member** to drop down the NCD scale, and the total combined amount **we** have paid towards those claims is more than £250, that **member's** NCD will reduce by three levels on the scale.
- d) The NCD will not reduce by more than three levels on the scale in any one **policy year**.
- e) If **we** have paid bills for a claim that caused the **member** to drop three levels down the NCD scale in a previous year, and **we** pay further bills for the same claim in another **policy year**, it will not cause the NCD to reduce again at the end of that **policy year**. Instead, that **member** will remain at their current NCD level (unless other claims that do cause the **member** to drop down the scale have been paid).

The NCD is applied after any other premium discounts or reductions.

A claim paid after the renewal premium has been calculated will not affect the NCD at that renewal,

instead it will affect the NCD the following year.

We may change the structure of the NCD and will advise the **policyholder** before any changes take effect. **We** may remove the NCD from a future **renewal date** by giving at least one year's notice to the **policyholder**.

Payments for ineligible diagnostic tests and treatment

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

Any payments **we** do make towards the cost of ineligible **diagnostic tests** or **treatment** may affect **your** no claim discount.

Changes to your circumstances

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

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.
- the correction of any information shown on the **policy schedule**.

- removing **members** from the **policy**.
- changes to the underwriting terms.

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

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.

Renewing the policy

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

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 in writing.

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

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 department in writing at:

Aviva Health UK Limited
 Chilworth House
 Hampshire Corporate Park
 Templar's Way
 Eastleigh
 Hampshire
 SO53 3RY

We ask for written confirmation of cancellations due to the potential loss of benefits to **you** in doing so. **You** are advised to call **our** customer service helpline to discuss **your** options before taking this step.

When Aviva may cancel the policy

If the **policyholder** or a **member** has at any time:

- misled **us**, for example telling **us** incorrect information or not telling **us** something that **we** have asked for, or
- defrauded or attempted to defraud **us**, or
- agreed to any attempt by someone else to defraud **us**, or
- not acted openly and honestly in their dealings with **us**

we may at any time (and backdate this action where appropriate):

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

If **we** cancel the **policy** for these reasons:

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

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 and there are no claims pending.

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

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

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.

Third party claims

You need to let **us** know if **you** needed consultations or **diagnostic tests** 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 any consultations or **diagnostic tests** that **we** have paid for. **We** call this a third party claim.

You will need to 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** consultations or **diagnostic tests** 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** consultations or **diagnostic tests**, 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.

If you have other private medical insurance

If **you** have any other insurance covering any of the benefits covered by **your** Aviva **policy**, such as other private medical insurance or travel insurance, **you** must let **us** know and **we** may recover these costs from that other insurer. **We** will not pay any costs which **you** also claim under the terms of another scheme or insurance policy.

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**

How to claim

If you have an open referral, with no specialist name, we can help to name the specialists in your area that work out of a hospital on the Speedy Diagnostics hospital list. This sometimes means you can get an appointment quicker, as you can arrange an appointment with the specialist that can see you at a time that suits you.

If your GP has given you a named referral, we will check that the specialist is recognised by us.

Whenever possible we will assess your claim over the telephone but we may require the completion of a claim form. Our experienced claims staff will then talk you through the claims process and advise you what to do next. Calls to Aviva may be recorded and/or monitored.

We recommend that you call before any planned consultation or diagnostic tests take place so that we can tell you:

- if the consultation or diagnostic tests are covered
- if your specialist is recognised by us
- the hospitals and diagnostic centres available to you for your claim
- if there are any limits that apply to your cover, and
- if you need to complete a claim form.

It will help if you can give us the following information:

- your symptoms and the date when they began
- details of your diagnostic tests, when and where they are due to take place and how long they are expected to last, and
- your specialist's name and full address.

You need to give us all the information relating to your claim including:

- a completed claim form if we ask for one (we need 5 working days to assess claim forms)

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

Please remember, we do not cover GP charges or fees for completing a claim form if the claim is not covered by the policy.

If your claim continues for some time or the symptoms re-occur, we may ask for more details.

Claims payments

We pay all costs in sterling.

Most hospitals on the list and most specialists 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 specialist consultation where the diagnostic test took place and the hospital or specialist will forward it to us for payment.

Sometimes you might be sent the bills first. All you need to do is send them on to us with a fully completed claim form (if we have asked you to complete one) or with details of your full name, address and policy number. We will then pay the hospital or specialist direct for eligible costs.

We do not pay any claims if premiums are not paid up to date at the time your consultation or diagnostic tests take place.

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

Hospitals

With your Speedy Diagnostics policy you will be able to use hospitals from our Speedy hospital list for any diagnostic tests that you might need. This list can change – hospitals might be added to or removed from the list in order to keep costs down and your premiums as low as possible whilst ensuring the best possible service for our customers. We keep an up to date list of these hospitals online at

www.aviva.co.uk/speedy-hospital-list

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 which hospitals in your area are on the list, please call 0800 158 3333*.

As the list can change you should always contact our customer service helpline before undergoing any diagnostic tests to confirm that the hospital is available and is recognised by us to provide the diagnostic tests you need.

Please remember that CT, MRI and PET scans carried out as an out-patient will only be covered at one of our recognised diagnostic centres.

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 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
Templar's Way
Eastleigh
Hampshire
SO53 3RY

Children

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

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

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 015 1024**
E-mail: hccomp@aviva.co.uk

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**
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 have 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 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 the compensation scheme 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**

Language

All documents or letters relating to this policy will be written in English.

Definitions

Advice

Any:

- consultation
- advice or
- prescription

from a **GP** or **specialist**.

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** under this **policy** 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.

GP

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

Hospital

A hospital which is on the Speedy hospital list at the time **you** undergo the **diagnostic test**.

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**.

Out-patient

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

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, and
- exclusions that apply to specific **members** (if any).

Policy year

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

Pre-existing condition

Any disease, illness or injury for which:

- **you** have received medication, **advice**, **treatment** or **diagnostic tests**, or

- **you** have experienced symptoms,

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

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

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

and who is recognised by **us** to provide the **diagnostic tests you** need.

Treatment

Surgical or medical services (but not including **diagnostic tests**) that are needed to relieve or cure a disease, illness or injury.

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

A **member** (defined as a person named as an insured person in the **policy schedule**).



Customer service helpline

0800 158 3333

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



Stress counselling helpline

0800 158 3349

This benefit is available to members aged 16 and over.



GP helpline

0800 158 3112

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

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