

# Private Medical Insurance

## Insurance Product Information Document

**Company: Aviva Insurance Limited**

**Product: My Health Cash Plan Individual**



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.

This document provides a summary of the key information relating to a cash plan policy. The full terms and conditions of the cover and other important information are included in the policy documentation.

### What is this type of insurance?

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



#### What is insured?

The amount that you can claim is dependent on the options you've selected and whether the claimant is an adult or child. Please see your policy schedule for full details.

**Benefits** – the monetary amounts shown are for adult claimants only, the monetary amounts for children will be half of the adult amount, please see the terms and conditions for full details.

- ✓ Dental and optical benefit – 100% reimbursement up to £250
- ✓ Physiotherapy, osteopathy, chiropractics, homeopathy and acupuncture – 80% reimbursement up to £150
- ✓ Prescriptions and GP charges – 80% reimbursement up to £50
- ✓ Health screens – 80% reimbursement up to £100, one screen every two policy years
- ✓ Baby cash payment - £200 for each baby born or adopted, subject to a 10 month qualifying period, for adults only
- ✓ Gym discounts, for adults only

#### Options to increase your cover (which will increase your premiums)

- Increased reimbursement – 100% reimbursement of all core health benefits
- Hospital extras up to a combined total of £250 – includes in-patient and day-patient cash benefit of £15 per night or day, X-rays, scans and a second opinion with a specialist as a private patient up to 80% reimbursement, and child support cash benefit of £15 per night
- Health enhance up to £200 in combined total – includes chiropody/podiatry, consultation with a dietician and allergy testing up to 80% reimbursement



#### What is insured? *(continued)*

#### Options to decrease your cover (which will reduce your premiums)

- Reduced reimbursement - 60% reimbursement of all core health benefits
- Dental and optical only – limiting cover to dental and optical reimbursement only, includes gym discounts



#### What is not insured?

- ✗ GP charges
- ✗ Claims paid by another insurer
- ✗ Professional sports injuries
- ✗ Treatment or tests required as a result of war, terrorism, contamination by radioactivity, biological or chemical agents



## Are there any restrictions on cover?

- ! We do not cover any treatment received by a member in the first month after they join the policy.
- ! A 10 month qualifying period applies to the baby cash payment.
- ! A 12 month qualifying period applies to health screens.



## Where am I covered?

- ✓ The United Kingdom – for the purposes of this product: Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
- ✓ Emergency dental treatment is also available outside the United Kingdom if medically necessary.



## What are my obligations?

- You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out, make changes to, and renew your policy. All members must also take reasonable care to provide complete and accurate answers to the questions we ask when making a claim.
- You must also tell us about changes to your circumstances, for example, a change of name or address.
- The provision of insurance under this policy is conditional on you observing and complying with the terms and conditions of this policy.
- All claims must be submitted on a fully completed claim form within 90 days of treatment taking place, with original receipts included, or with a hospital stamp where benefit is required for in-patient or day-patient treatment.
- Premiums must be paid as shown in your policy documentation. Claims will not be covered if premiums have not been paid.



## When and how do I pay?

- You can pay your premiums annually or monthly by direct debit.



## When does the cover start and end?

- From the start date (shown on your policy schedule) for a period of 12 months – and then for the period specified when you renew and pay your premium (usually 12 months).



## How do I cancel the contract?

- You can cancel your policy at any time. If you cancel within 14 days of purchase or renewal (or, if later, from the day you receive your policy or renewal documentation), provided no claims have been made, you will receive a full refund of the premium. If you cancel after the 14 days, you will be entitled to a refund of premium less a proportionate deduction for the time we have provided cover.

If you wish to cancel your policy, you will need to notify Aviva in writing at: My Health Cash Plan, Aviva Health UK Limited, Jewry House, Jewry Street, Winchester, SO23 8RZ.