

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's covered
- what's 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 this booklet is lost or mislaid.

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.

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

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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 [aviva.co.uk/health-ncd](https://www.aviva.co.uk/health-ncd)

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

If **you** undergo **diagnostic tests** or consultations for a suspected condition for which **we** have a **network**, **we** will only pay for those tests if they are carried out at a facility and/or under the care of a **specialist** (or other practitioner) recognised by **us** as part of that **network**.

If **you** undergo **diagnostic tests** as an:

- **in-patient** or
- **day-patient**

for a suspected condition for which **we** don't have a **network**, in a **hospital** that is not:

- included on the Speedy Diagnostics hospital list, or
- an NHS pay-bed at an NHS **hospital**

but is recognised by **us**, **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 **UK**.

If **you** receive **in-patient** or **day-patient diagnostic tests** in a **hospital** that is not included on **your** hospital list and is not recognised by **us**, **we** will not pay any **hospital** fees for **your diagnostic tests**.

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	Notes
Diagnostic tests as an out-patient		See networks benefit term
Consultations with a fee approved specialist	In full	See the consultation fees benefit term
Specialists’ fees for diagnostic tests	In full	Specialists’ fees are covered up to the limits in our fee schedule. See the specialists’ fees benefit term
Diagnostic tests for example blood tests, X-rays, scans, ECGs	In full	Including any drugs and surgical dressings. CT, MRI and PET scans as an out-patient will only be covered at a diagnostic centre .
Diagnostic tests as a day-patient or in-patient		See networks benefit term
Hospital charges for diagnostic tests for example an endoscopy, removal of tissue for biopsy	In full	Accommodation and meals; nursing care, drugs and surgical dressings, theatre fees
Specialists’ fees	In full	Specialists’ fees are covered up to the limits in our fee schedule. See the specialists’ fees benefit term
Additional service - use of this service will not affect your no claim discount		
Stress counselling helpline	Unlimited number of calls	This benefit is available to members aged 16 and over. See the stress counselling helpline benefit term

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

Consultation fees

We will pay in full for consultations with a **fee approved specialist** or other **fee approved** practitioner. If **you** have an eligible consultation with a **specialist** or other practitioner who is not **fee approved we** will only pay up to the limits **we pay our fee approved** providers. This could leave **you** with a shortfall that the **policy** does not cover. If the actual cost of the consultation is less than the amount **we** would have paid to a **fee approved** provider, **we** will pay for the consultation in full.

Networks

If **you** have **diagnostic tests** or consultations for a suspected condition for which **we** have a **network** but **your diagnostic test** or consultation isn't carried out at a facility recognised by **us** as part of that **network** or under the care of a **specialist** or other practitioner recognised by **us** as part of that **network we** will not pay for **your diagnostic tests** or consultations.

A list of the conditions or suspected conditions for which **we** have **networks** in place and the facilities, **specialists** and other practitioners **we** recognise under those networks can be found at aviva.co.uk/health-network

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 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.

Stress counselling helpline

The stress counselling helpline service is designed to be available 24 hours a day but some reasonable delay may be experienced. This is not an emergency service. **You** may call on behalf of another **member** subject to any patient confidentiality requirements of the service provider. In using the helpline, **you** (where applicable, on behalf of another **member**) automatically authorise the use and disclosure of any medical or other information, on a fully confidential basis as between **us** and any service providers **we** use in making the service available, for the sole purpose of **policy** and service administration. **We** will not be responsible for any failure in the provision of the helpline service to the extent that it is due to circumstances beyond the reasonable control of **us** or any of **our** service providers. Call charges are the responsibility of the caller.

Exclusions

Treatment

We will not cover **treatment** of **your** condition or suspected condition (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 **you** are training for or taking part in sport for which **you** are paid or personally funded by sponsorship or grant (including equipment and any kit). This exclusion does not apply if **you** are coaching the sport or receiving travel costs only
- 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 or the cause of miscarriage.

Diagnostic tests or consultations outside of a specified network

We do not cover **diagnostic tests** or consultations for a suspected condition for which **we** have a **network** unless that **diagnostic test** or consultation is carried out at a facility recognised by **us** as part of that **network** or under the care of a **specialist** or other practitioner recognised by **us** as part of that **network**.

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.

Consultations and diagnostic tests by providers that are not recognised

If **you** see a practitioner, **specialist** or other healthcare professional that **we** do not recognise, **we** will not pay for that provider's fees.

If **you** attend a **hospital**, facility or any other centre that **we** do not recognise, **we** will not pay for that provider's charges.

Underwriting

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 medical 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** will cover **diagnostic tests** for 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).

However, we will cover **diagnostic tests** for 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 **your** initial date of cover.

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 a MHD basis on an Aviva policy and then transferred to Speedy Diagnostics](#)

We do not apply any personal medical 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**.

Members must permanently live in the **UK**, this means living in the **UK** for 6 months or more of every year.

Adding members

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

Newborn babies

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

No premium will be required either:

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

whichever happens sooner.

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

Please also see Family rates under 'Premiums' section.

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.

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

If **you** pay monthly, each monthly premium payment is for one month's cover. If **you** pay annually, each annual premium payment is for one year's cover. If **you** wish to change the 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'.

Child rates

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

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

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

No claim discount (NCD)

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

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.

You must tell **us** as soon as possible if any **member** no longer permanently lives in the **UK**, this means living in the **UK** for 6 months or more of every year. Cover for that **member** will end immediately.

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.

We will give **you** reasonable notice when **your policy** is due to renew in order to give **you** time to decide whether to renew the **policy** or not.

Changes to your cover

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

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

Cancelling the policy

When the policyholder may cancel the policy:
The cooling off period

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

After the cooling off period

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

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

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

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

or by calling **us** on:

0800 092 4590.

You are advised to call **our** customer service helpline to discuss **your** options before taking this step. Calls to and from Aviva may be recorded and/or monitored.

Important note

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

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

When we may cancel the policy

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

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

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

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

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

In addition:

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

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

If any premium is not paid, the **policy** will automatically be cancelled. **We** will reinstate the cover if the premium is paid within 45 days of its due date 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 to assist **us** in recovering costs from them.

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.

Law

The law of England and Wales will apply to this contract unless:

- the **policyholder** and **we** agree otherwise, or
- at the date of the contract, the **policyholder** is a resident of Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

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

When you are referred by your GP, please call us on 0800 158 3333. Calls to and from Aviva may be recorded and/or monitored.

If your claim is for diagnostic tests or consultations for a suspected condition for which we have a network in place, we will tell you where you can have your diagnostic tests or consultations and/or which specialist (or other practitioner) we recognise to carry out the diagnostic tests or consultations that you need.

A list of the conditions or suspected conditions for which we have networks in place and the facilities, specialists and other practitioners we recognise under those networks can be found at aviva.co.uk/health-network

For all other suspected conditions, 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.

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

- if the consultations or diagnostic tests are covered
- if you must use our network for the consultations or diagnostic tests you need for your suspected condition
- if your specialist is recognised by us

- which hospitals and diagnostic centres are 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 consultations or 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 consultations or 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, facilities within our networks 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, facility or specialist consultation where the diagnostic test took place. The hospital, facility or specialist will then 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, facility or specialist direct for eligible costs.

If you would like details of the bills we have paid for your consultations or diagnostic tests, please call us on 0800 158 3333 and we will send you a summary.

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

Did you know?

You can now start and update a claim using the MyAviva app on your smartphone or tablet. See the next page for more details

Welcome to MyAviva

MyAviva brings together the products and services that help our customers protect their life, health, loved ones, future and possessions in one secure and simple-to-use online place.

There's a whole host of benefits available at your fingertips:

- **view** details of your policies online, including cover and benefit information and your hospital list
- **track** any **policy excess** or **out-patient limit** spend - helping you stay in control
- **monitor** a wealth of details about your claim such as all invoices paid, the name of the treatment provider (for example, the specialist) and the total value of any claim

- **start a claim** online or update an **existing claim** all online at a time that suits you
- **arrange a callback** to speak to the customer service helpline
- find **frequently asked questions, helpful guidance** and **contact information** when you need it most
- enjoy **discounts** on a range of Aviva products and services with multi product discounts available.

Lets get started – log in to MyAviva today at aviva.co.uk/myaviva or download the app to your tablet or smartphone by searching for 'MyAviva' in your app store. MyAviva is free to download. Data charges may apply.



Hospitals

If your claim is for diagnostic tests or consultations for a suspected condition for which we have a network in place, we will tell you where you can have your diagnostic test or consultation. This may or may not be at a hospital included on your list.

A list of the conditions or suspected conditions for which we have networks in place and the facilities, specialists and other practitioners we recognise under those networks can be found at [aviva.co.uk/health-network](https://www.aviva.co.uk/health-network)

For any other suspected conditions, you'll 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 [aviva.co.uk/speedy-hospital-list](https://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. Calls to and from Aviva may be recorded and/or monitored.

As the list can change you should always contact the 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:

Bill Payment Team
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 for diagnostic tests as private patients. Please contact the 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.

Private Healthcare Information Network

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

Use of personal information

Personal Information

We collect and use personal information about you so that we can provide you with a policy that suits your insurance needs. This notice explains the most important aspects of how we use your information but you can get more information about the terms we use and view our full privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy) or request a copy by writing to us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD

The data controller(s) responsible for this personal information is Aviva Insurance Limited as the insurer of the product. Additional controllers include Aviva UK Digital Limited if you took your policy out online and Aviva Health UK Limited/ your intermediary (as applicable), who are responsible for the sale and distribution of the product and any applicable reinsurers.

Personal information we collect and how we use it

We will use personal information collected from you and obtained from other sources:-

- to provide you with insurance: we need this to decide if we can offer insurance (to you) and if so on what terms and also to administer your policy, handle any claims and manage any renewal;
- to support legitimate interests that we have as a business:
 - we need this to manage arrangements we have with reinsurers and for the detection and prevention of fraud
 - we also use personal information about you to help us better understand our customers and improve our customer engagement. This includes profiling and customer analytics which allows us to make certain predictions and assumptions about your interests, make

correlations about our customers to improve our products and to suggest other products which may be relevant or of interest to customers, which includes marketing products and services to you

- to meet any applicable legal or regulatory obligations: we need this to meet compliance requirements with our regulators (e.g. Financial Conduct Authority), to comply with law enforcement and to manage legal claims; and
- to carry out other activities that are in the public interest: for example we may need to use personal information to carry out anti-money laundering checks.

As well as collecting personal information about you, we may also use personal information about other people, for example family members you wish to insure on a policy. **If you are providing information about another person we expect you to ensure that they know you are doing so. You might find it helpful to show them this privacy notice and if they have any concerns please contact us in one of the ways described below.**

The personal information we collect and use will include name, address, date of birth, current state of health and any existing conditions of each person included in the application. If a claim is made we will also collect personal information about the claim from you and any relevant third parties. We may also need to ask for details relating to the unspent offences or criminal convictions of you or somebody else covered under your policy. We recognise that information about health and offences or criminal convictions is particularly sensitive information. Where appropriate, we will ask for consent to collect and use this information.

If we need consent to use personal information for a specific reason, we will make this clear to you when you complete an application or submit a claim. If you give us consent to using personal information, you are free to withdraw this at any

time by contacting us – refer to the “Contacting Us” details below. Please note that if consent to use this information is withdrawn we will not be able to continue to process the information you gave us for this/these purpose(s). This would not affect our use of the information where consent is not required.

Of course, you don’t have to provide us with any personal information, but if you don’t provide the information we need we may not be able to proceed with your application or any claim you make.

Some of the information we use as part of this application may be provided to us by a third party. This may include information already held about you within the Aviva group, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

Credit Searches

To ensure we have the necessary facts to assess your insurance risk, verify your identity, help prevent fraud and provide you with our best premium and payment options, we may need to obtain information relating to you at quotation, renewal and in certain circumstances where policy amendments are requested. We may undertake checks against publicly available information (such as electoral roll, country court judgments, bankruptcy orders or repossession(s)). Similar checks may be made when assessing claims.

Automated decision making

We carry out automated decision making and customer profiling to decide whether we can provide insurance to you and on what terms, deal with claims or carry out fraud checks. In particular we use an automated underwriting engine to provide a quote for this product, using the information we have collected.

On-line information

When you visit one of our websites, we may record your device information including hardware and software used, general location, when and how you interact with our websites. This information is retained and used to note your interest in our websites, improve customer journeys, determine pricing and/or offer you available discounts.

How we share your personal information with others

We may share your personal information:-

- with the Aviva group, our agents and third parties who provide services to us, your intermediary (if applicable) and other insurers (either directly or via those acting for the insurer such as loss adjusters or investigators) to help us administer our products and services;
- with clinicians, including hospitals, and third party case managers from whom you and others covered under your policy receive insured treatment or who manage your care or treatment pathway;
- with regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation;
- with other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes;
- with reinsurers who provide reinsurance services to Aviva and for each other. Reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations. They will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies

Some of the organisations we share information with may be located outside of the European Economic Area (“EEA”). We’ll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

Marketing

We may use personal information we hold about you across the Aviva Group to help us identify and tailor products and services that may be of interest to you. We will do this in accordance with any marketing preferences you have provided to us. We may continue to do this after your policy has ended.

If you wish to amend your marketing preferences please contact us:

By phone: 01603 622200 or +44 1603 604999 (from abroad)

By email: helpdesk@aviva.co.uk

By Post: Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD

To see how you can change your preferences in MyAviva or view your choices for online advertising visit our full Privacy Policy at aviva.co.uk/privacypolicy

How long we keep your personal information for

We maintain a retention policy to ensure we only keep personal information for as long as we reasonably need it for the purposes explained in this notice. We need to keep information for the period necessary to administer your insurance

and deal with claims and queries on your policy. We may also need to keep information after our relationship with you has ended, for example to ensure we have an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we are required to do so for legal, regulatory or tax purposes.

Your rights

You have various rights in relation to your personal information, including the right to request access to your personal information, correct any mistakes on our records, erase or restrict records where they are no longer required, object to use of personal information based on legitimate business interests, ask not to be subject to automated decision making if the decision produces legal or other significant effects on you, and data portability. For more details in relation to your rights, including how to exercise them, please see our full privacy policy or contact us – refer to the “Contacting Us” section below.

Contacting us

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Team by either emailing them at dataprt@aviva.com or writing to the Data Protection Officer, Level 4, Pitheavlis, Perth PH2 9NH.

If you have a complaint or concern about how we use your personal information, please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time.

Further information

If you have any cause for complaint

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

Aviva Health UK Ltd
Complaints Department
PO Box 540
Eastleigh
SO50 0ET
Telephone: **0800 051 7501**
Email: hcqs@aviva.com

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

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR
Telephone: **0300 123 9123** or **0800 023 4567**
Email: complaint.info@financial-ombudsman.org.uk
Website: financial-ombudsman.org.uk

If you have taken a product out online with Aviva and are unhappy with this product or the service you received, you can also use the **European Commission's** Online Dispute Resolution (<http://ec.europa.eu/odr>) service to make a complaint. The purpose of this platform is to identify a suitable Alternative Dispute Resolution (ADR) provider and we expect that this will be the Financial Ombudsman Service.

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

Clinical complaints

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

For clinical complaints relating to the conduct or competency of your specialist or the facilities at which they practise, these need to be directed to the specialist and hospital or clinic directly. For your information, the responsibility for investigating and responding to clinical complaints is as follows:

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

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

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

The Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Where you are entitled to claim, insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about the compensation scheme is available from:

Financial Services Compensation Scheme
10th Floor
Beaufort House
15, St Botolph Street
London
EC3A 7QU
Website: [fscs.org.uk](https://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.

Fee approved

A **specialist** or other practitioner who at the time of **your** consultations or **diagnostic tests**:

- is recognised by **us**, and
- has agreed to **our** guidelines for consultation fees.

GP

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

Hospital

- A hospital included on the Speedy hospital list at the time **you** undergo the **diagnostic test**
- an NHS pay-bed at an NHS hospital

which **we** recognise to provide the **diagnostic test** undertaken, or:

- any establishment which **we** agree is an appropriate facility for the provision of **diagnostic tests**, prior to the **diagnostic test** 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**.

Network

The specified group of facilities and/or **specialists** or other practitioners that are the only providers that **we** recognise to provide the **diagnostic tests** or consultations required for **your** particular suspected condition.

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** or **treatment**, 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**.

Treatment

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

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

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.

MyAviva

Remember, you can access MyAviva to start a claim, view your policy details or arrange a callback from the customer service helpline.

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[aviva.co.uk/health](https://www.aviva.co.uk/health)

