

Children's Private Medical Insurance

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'll 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've 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'll 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 details the benefits available under **your policy**.

Some important notes apply:

- this **policy** covers **treatment** of **acute conditions**. It does not cover **chronic conditions**.

An **acute condition** is defined as a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return the **member** to the state of health they were in immediately before suffering from it, or which leads to their full recovery.

- all **treatment** and **diagnostic tests** must be by, and under the care of, **specialists** following referral by a **GP**.

Member's are covered for eligible **treatment**. Eligible **treatment** is **treatment** of an **acute condition**:

- covered under the **policy**, including facilities, services and equipment
- shown by current best available clinical evidence to improve the **member's** health outcome, at the time their **treatment** takes place
- appropriate for their individual care, including how it is carried out, how long it continues and how often it occurs
- carried out by a health care professional, such as a **specialist**, who is qualified to provide the **treatment** and to care for the **member's** condition, and is recognised by **us**
- carried out at a **hospital** on **your** list, a facility recognised by **us** as part of a **network** or an NHS **hospital** recognised by **us** to provide the type of **treatment** undertaken
- carried out in facilities where appropriate clinical governance processes are in place at the time their **treatment** takes place, and
- undertaken because the **member** needs it for medical reasons.

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

All benefit limits apply to each **member** every **policy year** unless otherwise stated.

Benefits	Amount payable	Notes - see also benefit terms
A. Hospital treatment as an in-patient or day-patient		See networks and hospital charges benefit term
Hospital charges	In full	Including accommodation and meals, nursing care, drugs and surgical dressings, theatre fees. See hospital charges benefit term
Specialists’ fees	Up to the limits in our specialist fee schedule	See specialists’ fees benefit term
Diagnostic tests	In full	Including blood tests, X-rays, scans, ECGs
Radiotherapy/chemotherapy	In full	
NHS cash benefit	£100 each night, up to 30 nights	See NHS cash benefit term

The information on these pages must be read in conjunction with the definitions, benefit terms, policy conditions and exclusions and the **policy schedule**.

Benefits	Amount payable	Notes
B. Out-patient treatment		
See networks benefit term		
Diagnostic tests	In full	<p>Only if they:</p> <ul style="list-style-type: none"> • lead directly to treatment as an in-patient or day-patient that is covered by the policy, or • take place within six months after treatment as an in-patient or day-patient that is covered by the policy and are required for the same condition. <p>In addition, CT, MRI and PET scans as an out-patient are only covered at a diagnostic centre. Specialists’ fees for surgical procedures are covered up to the limits in our fee schedule. See specialists’ fees benefit term</p>
Radiotherapy/chemotherapy	In full	
C. Additional benefits		
Minor surgery by a GP	Up to £100 for each procedure	For procedures appearing on our GP minor surgery list. For further details please see aviva.co.uk/gp-minor-surgery
Home nursing	2 days	Immediately following eligible in-patient or day-patient treatment ; see home nursing benefit term
Hospice donation	£70 each day, up to 10 days	See hospice benefit term
Parent accommodation when staying with a child covered by the policy	In full	Child of 15 or under receiving treatment that is covered by the policy ; one parent only
Private ambulance	In full	See private ambulance benefit term
Stress counselling helpline	Unlimited number of calls	This benefit is available to members aged 16 and over. See stress counselling helpline benefit term

The information on these pages must be read in conjunction with the definitions, benefit terms, policy conditions and exclusions and the **policy schedule**.

Benefit terms

Home nursing

We cover home nursing if this:

- is recommended and supervised by the **member's specialist**
- takes place in their home
- immediately follows **treatment** as an **in-patient** or **day-patient** that is covered by the **policy**
- is carried out by a **nurse** and is the type of **treatment** that only a **nurse** can provide, and
- is needed for medical reasons and is not to help with the **member's** mobility, personal care or preparation of meals.

Hospice

We will pay a donation directly to the **hospice** when:

- a **member** receives care as a patient of a **hospice**, and
- **we** have previously covered **treatment** for the condition.

Hospital charges

If a **member** has a condition or suspected condition for which **we** don't have a **network**, and they receive **treatment** as an **in-patient** or **day-patient** in a **hospital** that is not either:

- an NHS pay-bed, or
- included on **your** hospital list

but is recognised by **us**, **we** will calculate the average cost of equivalent **treatment** across all **hospitals** on **your** 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 **treatment** 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.

If a **member's treatment** is for a condition or suspected condition for which **we** have a **network**, **we** will only pay for that **treatment** if it is 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 a **member** receives **in-patient** or **day-patient treatment** 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 their **treatment**.

If a **member** receives **treatment** as an NHS **in-patient** or **day-patient** whilst occupying an NHS amenity bed (a bed paid for by **you**, on behalf of the **member** in a single room or side ward in an NHS hospital where they receive NHS **in-patient** or **day-patient treatment**) and that **treatment** would have been covered by the **policy** if **you** had chosen for the **member** to receive it as a private patient, **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).

If **you** claim for the cost of an NHS amenity bed, on behalf of a **member**, **you** cannot also claim NHS cash benefit or NHS cancer cash benefit for the same **treatment**.

Networks

If a **member** has **in-patient**, **day-patient** or **out-patient treatment** for a condition or suspected condition for which **we** have a **network** but their **treatment**

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 their **treatment**.

A list of the conditions or suspected conditions for which **we** have **networks** in place can be found at aviva.co.uk/health-network

NHS cash

We will pay NHS cash benefit if:

- a **member** receives **treatment** as an NHS **in-patient**,
and
- that **treatment** would have been covered by the **policy** if **you** had chosen for the **member** to receive it as a private patient.

When a claim is made for NHS cash benefit, **we** may ask **you** to provide the discharge summary from the **hospital**.

NHS cash benefit is not available:

- for the first three nights following an **accident or emergency admission**
- for **cancer treatment**
- for claims for psychiatric **treatment**, or
- if **you** claim, on behalf of a **member**, for the cost of an NHS amenity bed for the same **treatment**.

Private ambulance

We cover travel by a private ambulance to the nearest available facility if:

- it is needed in connection with **treatment** as an **in-patient** or **day-patient** that is covered by the **policy**, and
- the **member** travels between **hospitals** as part of their **treatment** as a **day-patient** or **in-patient**, and
- it is **medically necessary** to travel by ambulance.

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 the customer service helpline on 0800 158 3333.

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 the **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.

Benefits for cancer treatment

This section explains what Aviva will pay for **cancer treatment**

Important:

If a **member's treatment** is for a condition for which **we** have a **network**, **we** will only pay for that **treatment** if it is 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 **we** don't have a **network** for the **member's** condition or suspected condition, they can have **out-patient treatment** at a **hospital** not on **your** list, but recognised by **us**, and **we** will pay in full. However, **in-patient** and **day-patient treatment** will only be covered in full at a **hospital** that is included on **your** hospital list and recognised by **us**.

If a **member** has **in-patient** or **day-patient treatment** at any other **hospital** recognised by **us**, **we** will calculate the average cost of equivalent **treatment** across all **hospitals** on **your** 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 **treatment** 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. If a **member** receives **treatment** in a **hospital** that is not recognised by **us**, **we** will not pay any **hospital** fees for their **treatment**.

Benefits	Amount payable	Notes
Hospital charges for surgery and medical admissions	In full	Including accommodation and meals, nursing care, drugs and surgical dressings, theatre fees. See preventative treatment benefit term
Specialists' fees	Up to the limits in our specialist fee schedule	See consultation fees and specialists' fees benefit terms
NHS cash benefit for cancer treatment	£100 each day	See NHS cancer cash benefit term
Post-surgery services		For example, specialist nursing, feeding; see post-surgery services benefit term for details of services that the policy will pay for
Chemotherapy	In full	See chemotherapy benefit term
Radiotherapy	In full	See radiotherapy benefit term

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

Benefits	Amount payable	Notes
Bone strengthening drugs (such as bisphosphonates)	In full	We pay for bone strengthening drugs when they are being used to treat metastatic bone disease
Treatment for side effects of chemotherapy and radiotherapy	In full	See side effects benefit term
Wigs	Up to £100	In total whilst the member is covered by the policy (not per policy year) See wigs benefit term
External prostheses	Up to £5,000	See prostheses benefit term
Stem cell and bone marrow transplants	In full	See stem cell transplants benefit term
Monitoring	Up to ten years	See monitoring benefit term
Ongoing needs	Up to five years	See ongoing needs benefit term
Preventative treatment for cancer		See preventative treatment benefit term
End of life care		See end of life care benefit term

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Benefit terms

Chemotherapy

We will pay for **chemotherapy** in full if the **member** has the **treatment** via **our** approved **networks**. If **we** don't have a **network** for the **treatment** they need, **we** will still pay in full if they have the **treatment**:

- as a **day-patient** or an **in-patient** at a **hospital** on **your** list
- as an **out-patient**, or
- at home.

We do not pay for hormone therapy.

BUT: **We** will pay for hormone therapy if it is needed to shrink a tumour before having surgery or radiotherapy.

Consultation fees

We will pay in full for consultations with a **fee approved specialist** or other **fee approved** practitioner. If a **member** has 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.

End of life care

We will pay for end of life care in a **hospital** if it is **medically necessary**.

If a **member** is admitted to a **hospice**, **we** will make a donation to the **hospice** of

£100 each night, up to £10,000 (someone will need to tell **us** that the **member** has been admitted to the **hospice**). If the **member** stays at home but is visited by a **nurse** from a registered charity, for example Macmillan Cancer Support or Marie Curie Cancer Care, **we** will donate £50 a day to one charity for each day they need to be with the **member**, up to the £10,000 limit.

Monitoring

We will pay for monitoring for up to ten years after the **treatment** for **cancer** has finished. This includes **diagnostic tests** and consultations. **We** do not pay for monitoring after **treatment** for non-melanoma skin **cancer**.

NHS cancer cash

We will pay NHS cash benefit for **cancer treatment** if:

- the **member** receives **treatment** for **cancer** as an NHS patient and
- that **treatment** would have been covered by the **policy** if **you** had chosen for the **member** to receive it as a private patient.

We will pay £100 for each day the **member** receives NHS **treatment**:

- as an **in-patient**
- as a **day-patient**.

We will pay £100 for each day a **member**:

- receives **out-patient** radiotherapy, **chemotherapy** or blood transfusions
- undergoes **out-patient** surgical procedures.

We will pay £100 for:

- each day a **member** receives intravenous (IV) **chemotherapy** at home

- each week whilst a **member** is taking oral **chemotherapy** drugs at home.

We may need to contact the **specialist** for details of the **treatment** before **we** can pay the claim. When a claim is made for NHS cancer cash benefit, **we** may ask **you** for the discharge summary from the **hospital**.

You, on behalf of a **member**, will not be able to claim more than £100 for any one day.

NHS cancer cash benefit is not available:

- if **you** claim, on behalf of a **member**, for the cost of an NHS amenity bed for the same **treatment**.

Ongoing needs

If the **member** has any ongoing medical needs, such as regular replacement of tubes, drains or stents, **we** will pay for up to five years after their **treatment** for **cancer** has finished.

Post-surgery services

Medical services

Following surgery for **cancer** there are a number of different specialist services that may be needed, depending on the type of **cancer** and the surgery the **member** has had. **We** will pay for consultations immediately following surgery with, for example, a:

- **dietician** in order to stabilise their diet following surgery or **chemotherapy**
- stoma **nurse** to show **you** or the **member** how to care for a stoma
- **nurse** to show **you** or the **member** how to manage lymphoedema.

Artificial feeding

If, due to the **cancer** or **treatment of cancer**, the **member** has problems eating and needs artificial feeding, **we** will pay for the insertion and replacement of a tube (for example, a central line, PICC line or PEG) to deliver the food (called nutrition). Whilst the **member** is in **hospital for cancer treatment**, **we** will pay for the nutrition itself, although once the **cancer treatment** has finished **we** will no longer pay for the nutrition itself, or maintenance of the line (for example cleaning of the line).

Preventative treatment

We will pay for surgery to prevent further **cancer** only if the **member** has already had **treatment for cancer** that **we** have paid for – for example, **we** will pay for a mastectomy to a healthy breast in the event that cancer has been diagnosed in the other breast.

We will not pay for surgery where there are no symptoms of **cancer**, for example where there is a strong family history of **cancer** such as breast **cancer**, or bowel **cancer**.

Prostheses

We will pay in full for prostheses that are inserted into the body.

For external prostheses following surgery for **cancer** – for example arms, legs, breasts, ears – **we** will contribute up to £5,000 towards the cost of the first prosthesis after the surgery. This includes any cost for fitting the prosthesis.

Radiotherapy

We will pay for radiotherapy in full if the **member** has the **treatment** at a **network** facility.

If **we** don't have a **network** for the **treatment** they need, **we** will still pay in full if they have the **treatment**:

- as a **day-patient** or an **in-patient** at a **hospital** on **your** list if the **member** needs it for medical reasons, or
- as an **out-patient**.

Side effects

Whilst a **member** is receiving **chemotherapy** or radiotherapy, **we** will pay for **treatment** prescribed by their **specialist** that they need to deal with their side effects, for example:

- antibiotics
- anti-sickness drugs
- steroids
- pain killers
- drugs to boost the **member's** immune system, and
- blood transfusions.

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.

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

Stem cell transplants

We will pay for:

- the collection of
- storage of, and
- implantation of

stem cells and bone marrow if the **member** has this **treatment** at a **network** facility or, if **we** don't have a **network** for the **treatment** they need, at a **hospital** on **your** list.

If the stem cells or bone marrow comes from another person, **we** will pay for their collection.

We do not pay for search costs, including compatibility testing, to find a donor for a transplant. **We** do not pay for courier charges.

We will pay for drugs for a **member** to take home at the time they are discharged from **hospital** following a stem cell or bone marrow transplant.

BUT: After they have been discharged from **hospital** following a stem cell or bone marrow transplant, they may need to take certain drugs (for example immunosuppressants, antibiotics, steroids) for a long period of time in order to prevent complications. **We** will not pay for these drugs.

Wigs

We will pay up to £100 towards the cost of a wig if a **member** needs one due to hair loss caused by **cancer treatment**.

Exclusions

AIDS and HIV

We do not cover **treatment** of AIDS (acquired immune deficiency syndrome), HIV (human immunodeficiency virus) or any condition arising from or **related** to AIDS or HIV.

Addictions and substance abuse

We do not cover **treatment** for addictions (such as alcohol addiction or drug addiction) or substance abuse (such as alcohol abuse or solvent abuse), or **treatment** of any illness or injury needed directly or indirectly as a result of any such abuse or addiction.

Appliances and prostheses

We do not cover:

- surgical or medical appliances such as wheelchairs, hearing aids, false limbs, crutches, dentures and orthotics (supports)
- neurostimulators or any **treatment** needed in connection with them.

BUT: **We** do cover

- prostheses inserted into the body during a surgical procedure
- external prostheses following surgery for **cancer** (see benefits for cancer treatment section)
- hand, back and knee braces required immediately after a related surgical procedure, and
- heart pacemakers and implantable cardioverter defibrillators.

Birth control

We do not cover **treatment** directly or indirectly related to birth control.

Chronic conditions

We do not cover **treatment** of a **chronic condition**.

In particular:

- regular planned check ups for a **chronic condition** where the **member** is likely to need **treatment**
- expected deterioration of a **chronic condition** which needs regular consultations, **diagnostic tests** or **treatment** from a **specialist**.

BUT:

- **we** do cover unexpected acute flare-ups of a **chronic condition** until the **member's** condition is re-stabilised.
- **we** do not apply this **chronic condition** exclusion to **treatment** for **cancer**. **We** will apply this exclusion to consequences of, or conditions **related** to **cancer treatment**.

Cosmetic treatment

We do not cover **treatment**, or any consequence of **treatment**, that is intended to change a **member's** appearance (for example a tummy tuck, facelift, tattoo, body piercing), whether or not this is carried out for psychological or medical reasons.

We do not cover **treatment**, or any consequence of **treatment**, to remove un diseased tissue.

BUT: **We** will cover a surgical procedure to restore a **member's** appearance if:

- the surgical procedure immediately follows an accident, or **treatment** for **cancer**, and
- the accident or **cancer treatment** took place when the **member** was covered under the **policy** and there has been no break in cover since then.

If a **member** has an implant or implants following **treatment** for **cancer** **we** will pay for the removal and replacement of the implant or implants at the end of their lifespan providing the **member** was covered under the **policy** when the **cancer treatment** took place and they have had no break in cover since then.

We advise that **you** contact **us** before **treatment** begins so that **we** can confirm if the **member** is covered.

Dental treatment

We do not cover:

- **treatment** carried out by a dentist or dental surgeon
- **treatment** of gum disease or **treatment** carried out to help a **member** wear dentures
- removable bridges, or **treatment** carried out to insert or help a **member** wear removable bridges
- dental implants, or **treatment** carried out to insert or help a **member** wear dental implants
- orthognathic (bite correction) surgery, or

- orthodontic **treatment** and any associated extractions.

Dialysis

We do not cover kidney dialysis as part of long-term **treatment** of a **chronic condition**.

BUT: **We** cover short-term kidney dialysis:

- if the **member** is admitted to **hospital** for eligible **treatment** as an **in-patient** for another condition and they need regular kidney dialysis during this admission
- if required as a result of secondary kidney failure during eligible **treatment** as an **in-patient**, or
- immediately before or after a surgical procedure to transplant a kidney as part of **treatment** as an **in-patient**.

Drugs and dressings

We do not cover drugs or dressings for the **member** to take home from **hospital**.

BUT: **We** do cover drugs and dressings that are needed during, and immediately related to, chemotherapy or radiotherapy.

Experimental treatment

We do not cover experimental **treatment**, unless it meets the criteria set out below.

We only pay for **treatment** that is:

- approved by European Medicines Agency (EMA) and Medicines & Healthcare products Regulatory Agency (MHRA) and is used within terms of its licence,

or

- part of a nationally approved clinical guideline (The National Institute for Health and Care Excellence or Scottish Intercollegiate Guidelines Network),
- or
- supported by best quality evidence (prospective randomised controlled trials that have been published in peer reviewed journals, independent of conflicts of interest and applicable to the **member's** clinical condition), and offered by a **specialist** with documented evidence of positive clinical and patient reported outcomes within a **hospital** that is equipped with staff, equipment and processes to provide it.

If **your treatment** meets these requirements, **we** will not exclude **treatment** on the basis that it is experimental. Before **we** can decide if **your** proposed **treatment** is eligible, **we** must receive all the clinical details **we** need from **your specialist**, including a completed 'Treatment Request Form'. **We** must confirm **your** cover in writing before any **treatment** begins.

BUT:

Even if **we** consider **your treatment** to be experimental because it does not satisfy the requirements listed above, **we** will still pay for the lowest cost of either:

- the experimental **treatment** or
- the equivalent established **treatment** usually provided for **your** condition, if this is available.

Please note: No payment will be made if there is no established **treatment** available for **your** condition (for which the experimental **treatment** is being proposed). If **you** undergo experimental **treatment** that is not successful, **we** will not pay towards further **treatment** of **your** condition or for any other condition that **you** develop as a result of undergoing experimental **treatment**.

Eyesight

We do not cover **treatment** for short sight or long sight, such as glasses, contact lenses or laser eyesight correction surgery.

GP charges, treatment and referral

We do not cover:

- **treatment** provided by a **GP**
- **treatment** or **diagnostic tests** requested by a **GP**, such as X-rays, blood tests and scans, or
- **GP** charges or fees, including those for completing a claim form if the claim is not covered by the **policy**.

Hearing loss

We do not cover hearing aids or devices, cochlear implants, or any **treatment** related to their implantation or continued care.

BUT: **We** will cover **diagnostic tests** to investigate the cause of a **member's** deafness.

Infertility treatment

We do not cover investigations into the causes of infertility, or infertility **treatment**.

Lipoedema

We do not cover **treatment** of lipoedema (the abnormal build-up of fat cells usually in the legs, thighs, buttocks or arms).

Non-medical admissions

We do not pay for **hospital** charges if the reason the **member** has been admitted to **hospital** is that they need help with mobility, personal care or preparation of meals. **We** only pay if a **member** has been admitted to **hospital** for medical reasons.

Out-patient treatment

We do not cover **treatment** as an **out-patient**.

BUT: We will cover **diagnostic tests** and radiotherapy/chemotherapy as detailed in section B of the benefit table 'out-patient treatment'.

This exclusion does not apply to **treatment** for **cancer** received after a **member** is diagnosed with **cancer**

We will apply this exclusion to consequences of, or conditions **related** to **cancer treatment**.

Overseas treatment

We do not pay for **treatment** outside the **UK**.

Pre-existing conditions

We do not cover **treatment** of any **pre-existing condition**, or any **related** condition, if the **member** had:

- symptoms of,
- medication for,
- **diagnostic tests** for,

- **treatment** for, or

- **advice** about

that condition in the five years before they joined the **policy**.

However, **we** will cover a **pre-existing condition** if they do not have:

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

that condition during a continuous two year period after they join the **policy**.

Pregnancy and childbirth

We do not cover **treatment**, directly or indirectly arising from or required in connection with any of the following:

- pregnancy or childbirth whether complicated or otherwise
- termination of pregnancy, and
- any form of assisted reproduction.

Psychiatric treatment

We do not cover psychiatric, psycho-geriatric or mental health illnesses or conditions of any kind.

Rehabilitation, convalescence and nursing home care

We do not cover rehabilitation, convalescence or nursing home care.

BUT: We do not apply the exclusion for rehabilitation to **treatment** for **cancer**. **We** will apply this exclusion to consequences of, or conditions **related** to **cancer treatment**.

Routine medical examinations, screening and preventative treatment

We do not cover:

- routine medical examinations (such as sight tests), medical screening, health check-ups or vaccinations, or
- **treatment** to prevent a disease or illness, or
- any **treatment** to discover the presence of a potential disease or illness if symptoms are not present, for example genetic tests.

If **we** have paid for the **member** to have **treatment** for **cancer**, this exclusion will not apply with regard to routine monitoring for **cancer**. This exclusion does not apply to molecular profiling used to determine a **member's cancer treatment**.

Self-inflicted injury

We do not cover **treatment** directly or indirectly arising as a result of self-inflicted injury.

Sexual dysfunction

We do not cover **treatment** of sexual dysfunction such as impotence.

BUT: **We** do cover investigations, including **diagnostic tests**, to find the cause of sexual dysfunction.

Sleep disorders and sleep problems

We do not cover **treatment** directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep).

Sports related treatment

We do not cover **treatment** of an injury sustained whilst a **member** is training for, or taking part in sport for which they are:

- paid, or
- personally funded by sponsorship or grant (including equipment and any kit).

This exclusion does not apply if the **member** is coaching the sport or receiving travel costs only.

Treatment by providers that are not recognised

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

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

Treatment outside of a specified network

We do not cover **treatment** for a condition or suspected condition for which **we** have a **network** unless that **treatment** 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**.

Treatment that is not eligible

We do not pay for **treatment** that is not covered by **your policy** or the consequences of such **treatment**.

For example, **we** do not cover **treatment** of an infection or corrective surgery needed as a result of ineligible cosmetic surgery.

Undiseased tissue

We do not cover **treatment**, or any consequence of **treatment**, to remove undiseased tissue.

Varicose veins

We do not cover **treatment** of varicose veins of the leg.

BUT: We will cover **treatment** when:

The varicose veins are greater than 3mm in diameter and any of the following also applies:

- there is established lipodermatosclerosis or progressive skin changes
- there have been recurrent episodes of superficial thrombophlebitis
- there is active or healed venous ulceration.

We will need to contact the **member's GP** or **specialist** for details of their condition before **we** can confirm their claim.

War and hazardous substances

We do not cover **treatment** required as a direct or indirect result of:

- war (declared or not), military, paramilitary or terrorist activity (such as the effects of radiological, biological or chemical agents), or
- use, misuse, escape or the explosion of any gas or hazardous substance (such as explosives, radiological, biological or chemical agents).

Warts/verruca/skin tags

We do not cover **treatment** of warts, verrucas or skin tags.

Weight loss surgery

We do not cover **treatment** that is directly or indirectly related to:

- bariatric surgery (weight loss surgery), such as gastric banding or a gastric bypass, or
- the removal of surplus or fat tissue

Policy conditions

1. Who can be a member?

Cover is available for **members** under the age of 24. Cover will cease at the next **renewal date** following their 24th birthday.

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

If the **policyholder** 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.

2. 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 to date at the time **member's treatment** takes place.

Premiums must 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 section 4, 'changes to your circumstances'.

3. Payments for ineligible treatment

If **we** agree to pay for **treatment** that is not normally eligible on **your policy**, this does not mean that **we** will make another payment for **treatment** in the same or similar circumstances. Any payments **we** do make towards the cost of ineligible **treatment** will count towards any benefit limit listed in **your policy** terms and conditions.

4. 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, 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** for 6 months or more of every year. Cover for that **member** will end immediately.

Policy conditions

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**.

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.

5. Renewing the policy

The **policy** lasts for one year and (if **we** still offer Children's Private Medical Insurance) **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 cancel it.

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**.

If **you** wish to make any changes to **your policy**, please contact **us**.

6. Cancelling the policy

When the **policyholder** may cancel the **policy**:

The cooling off period

The **policyholder** may cancel the **policy** for any reason within 14 days of 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

Policy conditions

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.

Policy conditions

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

We reserve the right to close the Children's Private Medical Insurance product at **your renewal date**. If this happens, **we** will contact **you** to advise **you** of **your** options.

7. If the policyholder dies

We will not automatically cancel the **policy** if the **policyholder** dies. The **policy** will transfer to the **policyholder's** spouse 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.

8. Third party claims

You must let **us** know if **treatment** was needed because someone else was at fault – for example, if **a member was** injured as a result of a road traffic accident. **We** may be able to recover the cost of the **treatment** that **we** have paid for. **We** call this a third party claim.

You must keep **us** informed of any claim that **you** are making against the person at fault and take whatever steps **we** reasonably require.

If **we** have paid any costs for **treatment** then **you** must not settle a personal injury claim unless **we** have given our agreement to **you** or **your** lawyers.

If **you** recover costs **we** have paid for **treatment**, including any interest on any payments **we** have made, **you** must forward these sums to **us** immediately.

If **we** want to, **we** can take proceedings in

your name for **our** own benefit to recover any costs **we** have incurred.

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

We cannot offer **you** legal advice.

9. If you have other 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.

10. 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 a member has been referred by their GP, please call us on [0800 158 3333](tel:08001583333). Calls to Aviva may be recorded and/or monitored

If a member's claim is for treatment for a condition or suspected condition for which we have a network in place, we will tell you where they can have their treatment and/or which specialist (or other practitioner) we recognise to carry out the treatment that they need.

A list of the conditions or suspected conditions for which we have networks in place can be found at aviva.co.uk/health-network

For all other conditions, if a member has been given an open referral, with no specialist name, we can help to name the specialists in your area that work out of a hospital on your list. This sometimes means the member can get an appointment quicker, as you can arrange an appointment with the specialist that can see the member at a time that suits you.

If the member's GP has given them a named referral, we will check that the specialist is recognised by us.

Whenever possible we will assess the 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 treatment or diagnostic tests take place so that we can tell you if:

- the treatment is covered

- the member must use our network for the treatment they need for their condition
- the specialist or hospital is recognised by us
- there are any limits that apply to your cover, or
- you need to complete a claim form.

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

- the member's symptoms and the date when they began
- details of proposed treatment, when and where it is due to take place and how long it is expected to last, and
- the specialist's full name and address.

You need to give us all the information we need to assess the claim, for example:

- a completed claim form if we ask for one (we need 5 working days to assess claim forms)
- any medical reports relating to the member's treatment
- 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 the claim continues for some time or the symptoms re-occur, we may ask for more details.

How to claim

Claims payments

We pay all costs in sterling.

Most hospitals on your list or facilities within our networks 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 and then the hospital will forward it to us for payment.

Sometimes you might be sent the bills first. All you need to do is forward them to us with a fully completed claim form (if one has been requested) or with details of your full name, address and policy number. We will then pay the provider (for example the hospital or specialist) direct for eligible costs.

If you would like details of the bills we have paid for your treatment, please call us on [0800 158 3333](tel:08001583333) 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 treatment takes place.

Hospital Information

If a member's claim is for treatment for a condition for which we have a network in place, we will tell you where they can have their treatment. 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 can be found at aviva.co.uk/health-network

Details of our hospital lists are available online at aviva.co.uk/hospital-lists. From here you can view the latest list on a PDF, which can be downloaded or printed.

Hospital lists are updated frequently as we work to ensure we get the best possible service for our customers. We regularly add new hospitals, transfer hospitals between lists or in the event hospitals close or change ownership we sometimes remove them. For this reason please check the list before arranging any treatment.

If you don't have internet access and need to know whether or not a hospital is on your list, please call **0800 015 1013**.

Children

Only a limited number of hospitals in the UK are able to admit children under the age of three for private treatment. 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 this number may be monitored and/or recorded.

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 treatment 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
Templars Way
Eastleigh
Hampshire
SO53 3RY

Accommodation

Many of the hospitals on the list will normally provide private en suite facilities to Aviva members. It is likely that variations will exist with respect to the size and quality of these rooms so if you have any queries about the accommodation that will be available to the member, please check with the specialist or the hospital before they are admitted

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

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 www.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

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're covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Where you are entitled to claim, insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about compensation scheme arrangements is available from:

Financial Services Compensation Scheme
10th Floor
Beaufort House
15 St Botolph Street

London
EC3A 7QU

Website: [fscs.org.uk](https://www.fscs.org.uk)

Telephone: [0800 678 1100](tel:08006781100) or [020 7741 4100](tel:02077414100)

Language

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

Definitions

Accident or emergency admission

An admission to:

- a **hospital** directly following an accident
- a **hospital** ward directly from the emergency department for urgent or unplanned **treatment**, or
- a **hospital** ward on the same day as a referral for **treatment** is made either by a **GP** or **specialist**, when immediate **treatment** or **diagnostic tests** are **medically necessary**.

Acute condition

A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return the **member** to the state of health they were in immediately before suffering the disease, illness or injury, or which leads to their full recovery.

Advice

Any

- consultation,
- advice or
- prescription

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

Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Chemotherapy

Drugs that are used to treat **cancer**.

These include drugs used to destroy cancer cells or prevent tumours from growing (these could be cytotoxic drugs, targeted or biological therapy drugs).

For this **policy**, hormone therapy is not chemotherapy.

Chronic condition

A disease, illness or injury which 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 the **member's** rehabilitation or for them 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** 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 a **member's** symptoms.

Dietician

A practitioner who is:

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

Fee approved

A **specialist** or other practitioner who at the time of the **member's treatment**:

- 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.

Hospice

A **hospital** or part of a **hospital** recognised as a hospice by **us** which is devoted to the care of patients with progressive disease (where curative **treatment** is no longer

possible) on an **in-patient** or domiciliary basis.

Hospital

- A hospital included on **your** chosen hospital list, as shown on **your policy schedule**, or
- an NHS pay-bed

which **we** recognise to provide the type of **treatment** undertaken, or:

- any establishment which **we** agree is an appropriate facility for the provision of **treatment**, prior to **treatment** being carried out.

In-patient

A patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

Medically necessary

Treatment or a medical service which is needed for a **member's** diagnosis and is appropriate in the opinion of a qualified medical practitioner or **specialist**. By generally accepted medical standards, if it is withheld the **member's** condition or the quality of medical care they receive would be adversely affected.

Member

A person named as an insured person in the **policy schedule**, who is a child or stepchild of the **policyholder**.

Definitions

Network

The specified group of facilities and/or **specialists** or other practitioners that are the only providers that **we** recognise to provide the **treatment** required for a **member's** particular condition or suspected condition.

Nurse

A qualified nurse who:

- is on the register of the Nursing and Midwifery Council (NMC), and
- holds a valid NMC personal identification number.

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, **policy schedule** and list of **hospitals** 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** or, if the **policy** has been renewed, from one **renewal date** to the next.

Pre-existing condition

Any disease, illness or injury for which:

- the **member** has received medication, **advice** or **treatment**, or
- they have experienced symptoms, whether the condition has been diagnosed or not before they 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

- holds a Certificate of Higher Specialist Training in the relevant specialty 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 (including **diagnostic tests**) that are needed to diagnose, 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

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

Useful contacts

Customer service helpline

0800 158 3333

8:00am - 8:00pm Monday to Friday

8:00am - 1:00pm Saturday

Calls may be monitored and/or recorded

Stress counselling helpline

To talk to an experienced counsellor, phone

0800 158 3349

This benefit is available to members aged 16 and over.

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