



# Select Care

Company – Policy Wording

| Retirement | Investments | Insurance | Health |



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# Introduction

Welcome to Select Care. This policy is insured by Aviva Insurance Limited and administered by Aviva Health UK Limited.

This booklet contains information about your Select Care private medical insurance policy. It forms part of our contract of insurance with the policyholder, providing cover for the insured persons. Please read it carefully and then keep it somewhere safe.

The application, policy statement, financial statement and policy schedules which you have already received (as amended from time to time), all form part of your contract with us, they should be read and kept together with this document.

We aim to give you the best customer service and claims administration possible. To assist us in delivering a high level of service, and sometimes for confidential training purposes, calls to and from Aviva may be monitored or recorded.



# Definitions

To avoid repetition, the following words or expressions, wherever used in this **Policy**, have the specific meanings given below. To assist **you** and the **Policyholder** in identifying the defined words or expressions they are shown in **bold** print throughout the **Policy**.

## Accident or Emergency Admission

An admission:

- a. to a **Hospital** following an accident
- b. to a **Hospital** ward directly from the emergency department for urgent or unplanned **Treatment**
- c. to a **Hospital** ward on the same day as a referral for treatment is made either by a **General Practitioner** 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 **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

## Advice

Any consultation or advice from a **General Practitioner** or **Specialist** including the issue of any prescription or repeat prescription.

## Application

The **Policyholder's** application for cover for the **Group** under this **Policy** and, where they are required by **us**, the individual applications made by **Group Members**.

## 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 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.

### Commencement Date

The date shown in the **Policy Statement** on which cover for the **Group** commences under this **Policy**.

### Date of Entry

The date shown in the **Policy Schedule** on which **you** were included in the **Group**.

### 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 **your** symptoms.

### Dietician

A practitioner who is:

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

### Eligible Dependant(s)

A **Group Member's** spouse or partner and/or children under 24 years of age who are included in the **Group** pursuant to the **Policy Statement** and **Application**.

### Fee approved

A **Specialist** or other practitioner who at the time of **your Treatment**:

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

### Financial Statement

A statement addressed to the **Policyholder** giving details of (amongst others) the **Insured Persons** and premiums.

### General Practitioner/GP

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

### Group

All **Insured Persons** covered under this **Policy** pursuant to the **Policy Statement** and **Application**.

# Definitions

## Group Member(s)

An employee of the **Policyholder** who is designated as being eligible for inclusion in the **Group** in accordance with the terms of the **Policy Statement**.

## 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 Treatment** or domiciliary basis.

## Hospital

- Any hospital included on **your Select Hospital list**, 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

and which **we** recognise to provide the type of **Treatment** undertaken and for the condition that requires **Treatment**.

## In-patient

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

## Insured Person/you/your

A **Group Member** or an **Eligible Dependent**.

## Medically Necessary

**Treatment** or a medical service which is needed for **your** diagnosis and is appropriate

in the opinion of a qualified medical practitioner or **Specialist**. By generally accepted medical standards, if it is withheld **your** condition or the quality of medical care **you** receive would be adversely affected.

## 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 **your** 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**.

## Period of Cover

The period set out in the **Policy Statement** during which cover is in place and for which the premium has been paid.

## Policy

**Our** contract of insurance with the **Policyholder** providing cover for **Group Members** and their **Eligible Dependents**. The **Application, Policy Statement, Financial Statement, Policy Schedules** and list of **Select Hospitals** (current at the **Relevant Date**) all form part of the contract and must be read together with this policy document (as amended from time to time).

## Policyholder

The person or business (must be actively trading in the **UK**) named as policyholder in the **Policy Statement**.

## Policy Schedule

The schedule addressed to each **Group Member** giving details of (amongst others) the **Date of Entry**, **Policyholder** and **Insured Persons** and special terms (if any).

## Policy Statement

A statement sent to the **Policyholder** giving details of (amongst other things) the **Policyholder**, eligibility criteria to join the **Group**, type(s) of cover and special terms (if any).

## 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 **your Date of Entry**.

## Qualified Physiotherapist

A practitioner who is included, in the register of the Health and Care Professions Council as a physiotherapist, and who is recognised by **us**.

## 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.

## Relevant Date

The actual date of **Treatment**.

## Review Date

The annual anniversary of the **Commencement Date**.

## Select Hospital

A **Hospital** appearing on the list of Select Hospitals issued by **us** and current at the **Relevant Date**.

## Specialist

A registered medical practitioner who:

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

and who is recognised by **us** to provide the **Treatment you** require for **your** condition.

## 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 administer the **Policy** on behalf of Aviva Insurance Limited, who underwrite and provides **your** contract of insurance.

# Cover and Benefits

The purpose of this **Policy** is to cover **you** during a **Period of Cover** for the **Treatment** of **Acute Conditions**.

Except as otherwise stated all **Treatment** must be by, and under the care of **Specialists** following referral from **your General Practitioner**.

**You** are covered for eligible **Treatment**.

Eligible **Treatment** is **Treatment** of an **Acute Condition**:

- covered under **your Policy**, including facilities, services and equipment,
- shown by current best available clinical evidence to improve **your** health outcome, at the time **your Treatment** takes place,
- appropriate for **your** 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 **your Treatment** and to care for **your** condition, and is recognised by **us**,
- carried out at a **Select Hospital**, 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 **your Treatment** takes place, and
- undertaken because **you** need it for medical reasons.

An **Acute Condition** is defined as:

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



## Benefits

Benefits available for **Treatment** under this **Policy**, subject to the Benefit Terms, shall be limited to **Hospital** charges and professional fees for the following;

Benefits	Account Payable	Notes - see also Benefit Terms
A. <b>In-patient</b> or <b>Day-patient Treatment</b> at a <b>Network</b> facility, a <b>Select Hospital</b> , or at an NHS <b>Hospital</b> recognised by <b>us*</b> - see Benefit Term 3a and 3b		
i. <b>Hospital</b> charges* consisting of accommodation and meals; nursing care, drugs and surgical dressings; operating theatre; intensive and high dependency care; prostheses inserted into the body during an operation; physiotherapy	In full	
ii. <b>Specialists'</b> fees* consisting of surgeons', anaesthetists' and physicians' fees	See Benefit Term 2c	Subject to Aviva's fee guidelines for <b>Specialists</b>
iii. <b>Diagnostic Tests*</b> Including pathology, X-rays, physiological tests such as ECGs, CT, MRI and PET scans	In full	
iv. Radiotherapy/chemotherapy*	In full	
<b>B. Out-patient Treatment</b>		See Benefit Term 3b
i. Consultations with a <b>Fee Approved Specialist</b>	In full	See Benefit Term 2b
ii. <b>Treatment</b> by a <b>Specialist</b>	In full	Including <b>Hospital</b> fees, equipment charges, anaesthesia. <b>Specialists'</b> fees are covered up to the limits in Aviva's fee schedule. See Benefit Term 2c
iii. <b>Diagnostic Tests</b> Including pathology, X-rays, physiological tests such as ECGs, CT, MRI and PET scans	In full	<b>Out-patient</b> CT, MRI and PET scans will only be covered at a <b>Diagnostic Centre</b>
iv. Radiotherapy/chemotherapy	In full	
v. <b>Treatment</b> by a <b>Qualified Physiotherapist</b> on referral by a <b>Specialist</b>	In full	This benefit is not available when referred directly by <b>your General Practitioner</b>

Benefits	Account Payable	Notes - see also Benefit Terms
Additional Benefits		
C. Private ambulance	In full	See Benefit Term 4
D. Parent accommodation when staying with a child covered by the <b>Policy</b>	In full	Child of 15 or under receiving eligible <b>Treatment</b> ; one parent only
E. NHS cash benefit*	£100 per night	For each night spent as an NHS patient undergoing eligible <b>In-patient Treatment</b> ; up to 30 nights per <b>Insured Person</b> per one year <b>Period of Cover</b> ; see Benefit Term 5
F. Baby bonus	£100 per baby	See Benefit Term 6
G. Stress Counselling Helpline	Unlimited number of calls	This benet is available to <b>Insured Persons</b> aged 16 and over; See Benefit Term 7

The information on this Cover and Benefits page must be read in conjunction with the Definition, Benefit Terms, Conditions, Exclusions and the other documents forming the **Policy**.

\* See Benefit Term 8 for cover under this section if you are covered under a Company Select Care 6 **Policy**.

# Benefit Terms

1. The date for determining the benefits available for **Treatment** shall be the **Relevant Date**.
- 2a. All costs for which benefit is claimed must, unless otherwise specified in this **Policy**, be wholly and exclusively for the purpose of **Treatment** of **Acute Conditions**. Benefit is only payable in respect of **Treatment** that aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury or which leads to **your** full recovery.
- 2b. **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.
- 2c. **We** produce a list of fee guidelines for **Specialists**, based on factors such as the complexity and duration of each procedure, which sets out **our** limits for the payment of **Specialists'** fees. Any amount above the relevant guideline figure will not usually be covered by this **Policy** and will be **your** responsibility. To view **our** fee guidelines visit [aviva.co.uk/pmifees](http://aviva.co.uk/pmifees).
- 3a. If **we** don't have a **Network** for **your** condition or suspected condition, and **you** receive **Treatment** as an **In-patient** or **Day-patient** in a **Hospital** that is not:
  - an NHS pay-bed at an NHS **Hospital**, or
  - included on **your Hospital** list

**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 **your 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 **you** receive **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 **your Treatment**.

If **you** receive **Treatment** as an NHS **In-patient** or **Day-patient** whilst

# Benefit Terms

occupying an NHS amenity bed (a bed paid for **you** in a single room or side ward in an NHS **Hospital** where **you** receive NHS **In-patient** or **Day-patient Treatment**) and that **Treatment** would have been covered by the **Policy** if **you** had chosen 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 **you** cannot also claim NHS cash benefit or NHS cancer cash benefit for the same **Treatment**.

3b. If **you** have **In-patient, Day-patient** or **Out-patient Treatment** for a condition or suspected condition for which **we** have a **Network** but **your 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 **your Treatment**.

4. Benefit C (Private ambulance)

**We** will 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

- **you** travel between **Hospitals** as part of **your Treatment** as an **In-patient** or **Day-patient**, and
- it is **Medically Necessary** for **you** to travel by ambulance.

5. Benefit E (NHS cash benefit). **We** will pay NHS cash benefit if:

- **you** receive **Treatment** as an NHS **In-patient**, and
- that **Treatment** would have been covered by the **Policy** if **you** had chosen to receive it as a private patient.

When **you** make a claim for NHS cash benefit, **we** may ask for the discharge summary from the **Hospital**.

NHS cash benefit is not available for:

- the first three nights following an **Accident or Emergency Admission**
- **Cancer Treatment**, or
- for claims for the cost of an NHS amenity bed for the same **Treatment**.

6. Benefit F (Baby bonus)

**We** pay the **Group Member** a baby bonus of £100 for each baby born to or adopted (within a year of birth) by them or an **Eligible Dependant** during a **Period of Cover**.

The baby bonus is only available if the baby is born or adopted more than 10 months after the **Group Member's Date of Entry** and is payable once per baby.

7. Benefit G (Stress Counselling Helpline). The Stress Counselling Helpline aims to give such advice as it is reasonable and practical to give to **you** over the telephone. This benefit is available to members aged 16 and over.

The Stress Counselling Helpline is designed to be available 24 hours per day but some reasonable delay may be experienced. It is not an emergency service. Call charges are the responsibility of the caller. **You** may call on behalf of another **Insured Person** subject to any patient confidentiality requirements of the service provider. In using the Stress Counselling Helpline, **you** (where applicable on behalf of another **Insured Person**) 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** shall not be responsible for any failure in the provision of the Stress Counselling Helpline service to the

extent that it is due to circumstances beyond the reasonable control of **us** or any of **our** service providers. The Stress Counselling Helpline is available to an **Insured Person** aged 16 and over.

8. With a Company Select Care 6 **Policy** benefits for **In-patient** and **Day-patient Treatment** (including **Accident or Emergency Admissions**) and for NHS Cash will only be available if that **Treatment** is not available (except for reasons of country of residence or of nationality) to **you** as an NHS patient at an NHS **hospital** within six weeks after the date on which the **Specialist** recommends that **Treatment** (at or following a consultation between **you** and that **Specialist**). The NHS waiting period must be determined and advised by the **Specialist** in charge of **your Treatment**.
9. Benefit may only be claimed for the medical services specified in this **Policy** if they are provided in the **UK**.

# Benefits for Cancer Treatment

This section explains what Aviva will pay for **Cancer Treatment**

## Important:

If **you** have the six week option, **we** do not pay for **Treatment** as an **In-patient** or **Day-patient** (including **Accident or Emergency Admissions**) if it is available on the NHS within six weeks from the date **your Specialist** recommends it. If **you** are diagnosed with **Cancer**, this may mean that **your Treatment** will be available on the NHS and **we** will not pay for most of the **Treatment** that **you** need.

If **you** have the six week option and **you** have **Treatment** as an **Out-patient**, **we** do not apply the six week rule to that **Treatment**. However, if **you** need to be admitted for emergency **Treatment**, for example a blood transfusion, **we** will not pay for that **Treatment**.

If **your 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 **your** condition or suspected condition, **you** 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** for the **Treatment** that **you** need. If **you** have **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 **you** receive **Treatment** in a **Hospital** that is not recognised by **us**, **we** will not pay any **Hospital** fees for **your Treatment**.

Benefits	Amount payable	Notes
<b>Hospital</b> charges for surgery and medical admissions	In full	Including accommodation and meals, nursing care, drugs and surgical dressings, theatre fees. See benefit term 10
<b>Specialists'</b> fees	Up to the limits in <b>our</b> specialist fee schedule	See benefit term 11a and 11b
NHS cash benefit for <b>Cancer Treatment</b>	£100 each day	See benefit term 12
Post-surgery services		For example, specialist nursing, feeding; see benefit term 13 for details of services that the <b>Policy</b> will pay for
<b>Chemotherapy</b>	In full	See benefit term 14
Radiotherapy	In full	See benefit term 15
Bone strengthening drugs (such as Bisphosphonates)	In full	<b>We</b> pay for bone strengthening drugs when they are being used to treat metastatic bone disease
<b>Treatment</b> for side effects of <b>Chemotherapy</b> and radiotherapy	In full	See benefit term 16
Wigs	Up to £100	In total whilst <b>you</b> are a member of the <b>Policy</b> (not per one year <b>Period of Cover</b> ) See benefit term 17
External prostheses	Up to £5,000	See benefit term 18
Stem cell and bone marrow transplants	In full	See benefit term 19
Monitoring	Up to ten years	See benefit term 20
Ongoing needs	Up to five years	See benefit term 21
Preventative <b>Treatment</b> for <b>Cancer</b>		See benefit term 10
End of life care		See benefit term 22

# Benefits for Cancer Treatment

## Benefit Terms

### Benefit Term 10 (Preventative treatment)

**We** will pay for surgery to prevent further **Cancer** only if **you** have 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 **you** have been diagnosed with **Cancer** in the other breast.

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

### Benefit Term 11a (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/pmifees](http://aviva.co.uk/pmifees) or call **our** customer service helpline on 0800 158 3333. Calls to and from Aviva may be recorded and/or monitored

### Benefit Term 11b

**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.

### Benefit Term 12 (NHS cancer cash)

**We** will pay NHS cash benefit for **Cancer Treatment** if:

- **you** receive **Treatment** for **Cancer** as an NHS patient, and
- that **Treatment** would have been covered by the **Policy** if **you** had chosen to receive it as a private patient.

**We** will pay £100 for each day **you** receive **Treatment** as:

- an **In-patient**
- a **Day-patient**

**We** will pay £100 for each day **you**:

- receive **Out-patient** radiotherapy, **Chemotherapy** or blood transfusions
- undergo **Out-patient** surgical procedures

**We** will pay £100 for:

- each day **you** receive intravenous (IV) **Chemotherapy** at home
- each week whilst the **you** are taking oral **Chemotherapy** drugs at home.

**We** may need to contact **your Specialist** for details of **your Treatment** before **we** can pay **your** claim. When **you** make a claim for NHS cancer cash benefit, **we** may ask for the discharge summary from the **Hospital**.

**You** will not be able to claim more than £100 in any one day.



NHS cash benefit for **Cancer Treatment** is not available:

- for claims for psychiatric **Treatment**
- if **you** claim for the cost of an NHS amenity bed for the same **Treatment**.

### Benefit Term 13 (Post-surgery services)

#### Medical services

Following surgery for **Cancer** there are a number of different specialist services that **you** may need, depending on the type of **Cancer you** have and the surgery **you** have had. **We** will pay for consultations following surgery with, for example, a:

- **Dietician** in order to stabilise **your** diet following surgery or **Chemotherapy**
- stoma **Nurse** to show **you** how to care for **your** stoma
- **Nurse** to show **you** how to manage lymphoedema.

#### Artificial feeding

If, due to **your Cancer** or **Treatment** of **your Cancer**, **you** have problems eating and need 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 **you** are in **Hospital** for **Cancer Treatment**, **we** will pay for the nutrition itself, although once **your Cancer Treatment** has finished **we** will no longer pay for the nutrition itself,

or maintenance of the line (for example cleaning of the line).

### Benefit Term 14 (Chemotherapy)

**We** will pay for **Chemotherapy** in full if **you** have the **Treatment** via **our** approved **Networks**.

If **we** don't have a **Network** for the **Treatment you** need, **we** will still pay in full if **you** 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 **you** need it to shrink a tumour before **you** have surgery or radiotherapy.

### Benefit Term 15 (Radiotherapy)

**We** will pay for radiotherapy in full if **you** have the **Treatment** at a **Network** facility.

If **we** don't have a **Network** for the **Treatment you** need, **we** will still pay in full if **you** have the **Treatment** as:

- a **Day-patient** or an **In-patient** at a **Hospital** on **your** list if **you** need it for medical reasons, or
- an **Out-patient**.

### Benefit Term 16 (Side effects)

Whilst you are receiving **Chemotherapy** or radiotherapy, **we** will pay for **Treatment**

# Benefits for Cancer Treatment

prescribed by **your Specialist** that **you** need to deal with their side effects, for example:

- antibiotics
- anti-sickness drugs
- steroids
- pain killers
- drugs to boost **your** immune system, and
- blood transfusions.

## Benefit Term 17 (Wigs)

**We** will pay up to £100 towards the cost of a wig if **you** need one due to hair loss caused by **Cancer Treatment**.

## Benefit Term 18 (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 **your** surgery. This includes any cost for fitting the prosthesis.

## Benefit Term 19 (Stem cell transplants)

**We** will pay for:

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

stem cells and bone marrow if **you** have this **Treatment** at a **Network** facility. If **we** don't have a **Network** facility for the **Treatment**

**you** need, **we** will pay for the **Treatment** 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 **you** to take home at the time **you** are discharged from **Hospital** following a stem cell or bone marrow transplant.

BUT: After **you** have been discharged from **Hospital** following a stem cell or bone marrow transplant, **you** 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.

## Benefit Term 20 (Monitoring)

**We** will pay for monitoring for up to ten years after **your Treatment** for **Cancer** has finished. This includes **Diagnostic Tests** and consultations.

BUT: **We** do not pay for monitoring after **Treatment** for non-melanoma skin cancer.

## Benefit Term 21 (Ongoing needs)

If **you** have any ongoing medical needs, such as regular replacement of tubes, drains or stents, **we** will pay for up to five years after **your Treatment** for **Cancer** has finished.

## Benefit Term 22 (End of life care)

**We** will pay for end of life care in a **Hospital** if it is **Medically Necessary**.

If **you** are 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 **you** have been admitted to the **Hospice**).

If **you** stay at home but are 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 **you**, up to the £10,000 limit.

# Exclusions from Cover

Benefits will not be available for:

## 1. Treatment

- a. of any **Pre-existing Condition** or any **Related** condition unless the **Pre-existing Condition** or any **Related** condition was fully disclosed to **us** in writing on the **Group Member** application in the form prescribed by **us** and **we** have not expressly excluded **Treatment** relating to it;

**We** may review **your** personal medical exclusion(s) at **your Review 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 Review 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 conditions) is likely to need **Treatment** in the future. There are some medical exclusions that **we** will not review, for example, if it is a **Chronic Condition** or a recurrent condition.

(**We** may alter the above exclusion, and if **we** do, **we** will confirm this to the **Policyholder** and each **Group Member** on the **Policy Statement** and **Policy Schedule** respectively)

- b. of a **Chronic Condition**. In particular:
- 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 **your** 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**.
- c. directly or indirectly arising from or required in connection with pregnancy or childbirth whether complicated or otherwise; male and female birth control; termination of pregnancy; infertility; and any form of assisted reproduction;
- d. attributable directly or indirectly to infection by human immunodeficiency virus (HIV) and/or any HIV **related** illness including but not limited to acquired immune deficiency syndrome (AIDS);
- e. for alcoholism, alcohol abuse, solvent abuse, drug abuse or addictive conditions of any kind and **Treatment** of any illness or injury arising directly or indirectly from any such abuse or addiction;
- f. received in health hydros, nature cure clinics or similar establishments, or private beds registered as a nursing home attached to such establishments;
- g. by a **Specialist** without a referral from **your General Practitioner** except for **Treatment** of **Acute Conditions** in an

- emergency but only if **your General Practitioner** is kept fully informed of the **Treatment** so that he/she is able to support a claim for benefit;
- h. of psychiatric, psycho-geriatric or mental illnesses or conditions of any kind;
  - i. of myopia or hyperopia, such as glasses, contact lenses or laser eyesight correction surgery;
2. Supportive **Treatment** of renal failure including dialysis. However **we** will pay for the cost of renal dialysis incurred:
    - a. immediately pre- and post-operatively during any kidney transplant or attempted transplant;
    - b. in connection with acute secondary failure when the dialysis is part of intensive care.
  3. **Treatment**, or any consequence of **Treatment**, that is intended to change **your** 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 undiseased tissue.
- BUT: **We** will cover a surgical procedure to restore **your** appearance if:
- the surgical procedure immediately follows an accident, or **Treatment** for **Cancer**, and

- the accident or **Cancer Treatment** took place when **you** were covered under the **Policy** and **you** have had no break in cover since then.

If **you** have had 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 **you** were covered under the **Policy** when the **Cancer Treatment** took place and **you** have had no break in cover since then.

**We** advise that **you** contact **us** before **Treatment** begins so that **we** can confirm if **you** are covered.

4. Drugs and dressings other than:
  - a. those prescribed by a **Specialist** for use during the course of **In-patient Treatment** or **Day-patient Treatment**; and
  - b. those prescribed by a **Specialist** for a surgical procedure during the course of **Out-patient Treatment**.
5. **Treatment** by a **General Practitioner** or **Diagnostic Tests** which are specifically requested by a **General Practitioner**.
6. Routine medical examinations (including sight testing). If **we** have paid for **you** to have **Treatment** for **Cancer**, this exclusion will not apply with regard to molecular profiling used to determine **your Cancer Treatment** or to routine medical examinations needed as part of **your Cancer Treatment**.

# Exclusions from Cover

7. **Hospital** charges:

- a. if for any reason the **Hospital** has effectively become or could be treated as being **your** home or permanent abode; or
- b. where the admission to **Hospital** is arranged wholly or partly for domestic reasons.

8a. Neurostimulators (such as cochlear implants) and any **Treatment** related to their implantation or continued care.

This exclusion does not apply to heart pacemakers or implantable cardioverter defibrillators.

- b. Spectacles; contact lenses; hearing aids; dentures; other optical, dental, surgical or medical appliances or equivalent appliances (other than external prostheses following surgery for **Cancer** (see benefits for cancer treatment section) and prostheses inserted into the body during the course of a surgical procedure).

9. **Treatment** 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.

10. **Treatment** directly or indirectly required as a result of:

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

11. **Treatment** received outside **UK**.

12. Home nursing of any kind.

13. 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 the 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 **your** 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**.

14. Any **treatment** or surgical procedure carried out for the purpose of removing undiseased body tissue, and any consequence of such **treatment**.
15. **Treatment** directly or indirectly arising from or required as a consequence of self-inflicted injury.
16. **Treatment** directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep).
17. **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.
18. **Treatment** of warts, verrucas or skin tags.
19. **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.

# Exclusions from Cover

20. **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 **your GP** or **Specialist** for details of **your** condition before **we** can confirm **your** claim.

21. **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**.

22. **Treatment** of lipoedema (the abnormal build-up of fat cells usually in the legs, thighs, buttocks or arms).

23. **Treatment** 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 **Treatment** centre that **we** do not recognise, **we** will not pay for that provider's charges.

24. Any dental **Treatment** whether or not involving an oral surgical operation, including

- **Treatment** carried out by a dentist or dental surgeon
- **Treatment** of gum disease or **Treatment** carried out to help **you** wear dentures
- removable bridges, or **Treatment** carried out to insert or help **you** wear removable bridges
- dental implants, or **Treatment** carried out to insert or help **you** wear dental implants
- orthognathic (bite correction) surgery, or
- orthodontic **Treatment** and any associated extractions.



# Conditions

## 1. Compliance with Policy Terms

Our liability under this **Policy** will be conditional upon the **Policyholder** and each **Insured Person** complying with its terms and conditions.

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

## 2. Change of Risk

- a. The **Policyholder** must inform **us**, as soon as reasonably possible, of any changes relating to **Insured Persons** (such as change of address, occupation or marital status) or of any other changes which affect information given in connection with the application for cover under this **Policy**, such as changes to **your** company, for example a change of company name, trading status, company structure, company number. In line with reasonable underwriting practice **we** reserve the right to alter the premiums or **Policy** terms or cancel cover for an **Insured Person** following a change of risk.
- b. In addition, the **Policyholder** must inform **us**, as soon as possible and in any event within 30 days, of an **Insured Person** joining or leaving the **Group**. **We** will then increase or decrease the premium accordingly and will notify the **Policyholder** of the new amount.

Notification of an **Insured Person** joining the **Group** must be accompanied by a completed **Group Member** application in the form prescribed by **us**.

## 3. Policy Duration and Premiums

- a. The **Policy** shall be for one year and is continuable subject to the terms in force at the time of each **Review Date**, where this product is still offered by **us**.

On this basis **you** agree that **we** may at **our** option renew the **Policy** automatically on the terms in force at each **Review Date**, that **we** may continue to collect **your** premium at the rate in force and that **we** need not obtain **your** request to do so for each renewal.

**We** will of course notify **you** of any changes to the premium or **Policy** terms prior to each **Review Date** and **you** may then notify **us** should **you** not wish to renew.

- b. The **Policyholder** shall be responsible for paying the premium for all **Insured Persons**, from a **UK** business bank account, and must not recover any part of the premium relating to **Group Members** from those **Group Members** (including cash or services provided). **We** may ask for proof of account status such as a copy of the **Policyholder's** business bank statement.

# Conditions

- c. The **Policyholder** shall elect prior to or at the **Commencement Date** or **Review Date** to pay either an annual premium, a quarterly premium or monthly premium.
- d. The premium rate shall be that prevailing generally at the **Commencement Date** or if later the appropriate **Review Date**.
- e. The premium payable may be changed by **us** from time to time. However this **Policy** will not be subject to any alteration in premium rates generally introduced until the next **Review Date**. In any event if an **Insured Person** moves into a higher age band the premium will increase at the next **Review Date**.
- f. All premiums are payable in advance of any cover under this **Policy** being provided. Each monthly premium relates to one month's cover. Each quarterly premium relates to one quarter's cover. Each annual premium relates to one year's cover.
- g. The following clause will apply where the **Commencement Date** of the **Policy** is 01 May 2004 or later; If at any time the number of **Group Members** covered by this **Policy** exceeds nine, **we** reserve the right to cancel cover for the **Group**. If **we** cancel cover under this **Policy** **we** will offer cover under an alternative product if available.
- h. If at any time the number of **Group Members** covered by the **Policy** falls below three, **we** reserve the right to cancel cover for the **Group**. If **we** cancel cover under this **Policy** **we** will offer cover under an alternative product if available. If **we** do not cancel cover under this **Policy** **we** shall be entitled to charge premium for a minimum of three **Group Members** (and their **Eligible Dependants**) for the whole of the **Period of Cover** until the next **Review Date**.

At the **Review Date** if the number of **Group Members** covered by the **Policy** is below three **we** reserve the right to decline to offer renewal of the **Policy**.

## 4. Children

- a. Cover for **Eligible Dependants** being children, will cease at the next **Review Date** following their 24th birthday.
- b. If an **Insured Person** has a baby during a **Period of Cover**, they can add their baby to the **Policy** from the baby's date of birth, if the **Policyholder** applies to us within three months of the baby's date of birth. This means that at the point of claim their medical history will be disregarded, and no personal medical exclusions will apply. Before **we** can include a newborn baby on the **Policy** **we** require the baby's birth certificate.

No premium will be payable for the child for three months from the date of birth, or to the next **Review Date**, whichever is the lesser period.

- c. For so long as a **Group Member** and his or her eldest child under the age of 20 remain covered under the **Policy**, the younger children of such **Group Member** may be covered under the **Policy** at no additional premium, subject to prior submission of application forms. As each child of the **Group Member** successively reaches the age of 20 a premium will be payable at **our** then prevailing rate for the next eldest child under the age of 20. Children over the age of 19 but under the age of 24 may continue to be covered under the **Policy** at **our** rates then prevailing.

## 5. Cancellation

### Important note

The Insurance Act 2015 sets out the duty on a policyholder to provide complete and accurate information to an insurer, and the potential consequences if the policyholder does not do so.

As part of this duty, the **Policyholder** must 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

- a. If the **Policyholder** has failed to provide complete and accurate information to **Us** (see Important note above) then, depending on the nature of that failure:
  - i. **We** may cancel the **Policy** back to its start date and refuse to pay any claim, or
  - ii. **We** may not pay any claim in full, or
  - iii. **We** may revise the premium, or
  - iv. the extent of cover may be affected.
- b. 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 Insurance Act 2015.
- c. If a claim made by, or on behalf of, the **Policyholder** or an **Insured Person** is in any way fraudulent or fraudulently exaggerated or supported by a false statement or fraudulent evidence, **We** may:
  - i. refuse to pay the claim, and
  - ii. recover any sums paid by **Us** in respect of the claim.

# Conditions

In addition:

- iii. 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 for the **Policyholder** and all **Insured Persons** listed on the **Policy Schedule**, or
- iv. where the claim is made by, or on behalf of, an **Insured Person, we** may cancel that **Insured Person's** cover back to the date of the fraudulent act and keep premiums in respect of that **Insured Person's** cover. Alternatively, **We** may apply different terms (in line with reasonable underwriting practice) to that **Insured Person's** cover.
- d. If **We** cancel the **Policy** or any **Insured Person's** cover for these reasons **We** will notify the **Policyholder** (and the relevant **Insured Person**) in writing by first class post or by hand to their last known address.
- e. 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.
- f. **We** will not cancel the **Policy** because of eligible claims made by any **Insured Person. We** reserve the right to close

the Select Care product at **Your Review Date**. If this happens, **We** will contact the **Policyholder** to advise of him/her of his/her options.

## 6. Claims Procedure

- a. If an excess applies to this **Policy** then payment of the benefits under this **Policy** will only be available to **you** to the extent that the total expenditure for **Treatment** covered by this **Policy** incurred by **you** during any one annual **Period of Cover** exceeds the amount of the excess. The excess is applied once per **Insured Person** for each **Period of Cover**. This means that where total expenditure for **Treatment** continues from one **Period of Cover** to another the excess will apply again even if a new claim is not submitted. **You** will be liable for the amount of the excess and the excess will be re-applied for each annual **Period of Cover**. The excess should be settled by **you** directly with the relevant provider (eg **Hospital** or **Specialist**) and not with **us**.
- b. Before undertaking any **Treatment** (unless a medical emergency) covered by this **Policy, you** must notify **us** of its proposed nature and the name and address of the **Specialist** and **Hospital** concerned. **We** will tell **you** if **we** have a **Network** for the condition or suspected condition for which the **Treatment** is required.

In order to confirm cover before claiming **we** must receive all necessary medical information at least five working days prior to any proposed **Treatment**. Usually this will include a completed claim form, but dependent upon the **Policyholder's** service arrangements with **us we** may sometimes be able to take the necessary information over the telephone; if this is the case **we** will tell **you** at the time.

- c. Many of the **Hospitals** on **our Select Hospitals** list and facilities within **our Networks** operate direct billing arrangements with **us**. This means that accounts for **In-patient Treatment** or **Day-patient Treatment** covered under this **Policy** will be settled direct with **us**. Direct billing may not be possible at other **Hospitals** and in any event will not normally be possible for accounts for **Out-patient Treatment** at any **Hospital**, whether a **Select Hospital** or otherwise. In addition to the direct billing arrangements that **we** have with some **Hospitals we** may also settle eligible claims directly with the providers of other services or with any other person.
- d. All documents or material (including but not limited to accounts, certificates and X-rays) that **we** require to support a claim, an application for cover or change in cover shall be provided without expense to **us**

(including if requested by **us** a medical report from **your General Practitioner or Specialist**).

- e. Claims may only be made for **Treatment** actually given during a **Period of Cover** and benefit will be available only for expenditure incurred prior to the expiry or termination of such a **Period of Cover**.
- f. Where **Treatment** continues over an extended period of time updated claim information may be required at regular intervals, which may include a claim form.

## 7. Claims – Our Rights

- a. The **Policyholder** must without delay give **us** or procure that the relevant **Insured Person** gives **us** without delay written notification of any claim or right of action against any party arising out of any circumstances which gave rise to the claim under this **Policy**, and must continue to keep **us** fully informed in writing and take all steps **we** reasonably require in making a claim upon that other party.
- b. If **we** want to, **we** can take proceedings in any **Insured Person's** 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**.

# Conditions

## 8. Distribution of Information to Group Members

The **Policyholder** must distribute to each **Group Member** on joining the **Group** his/her sealed welcome pack including (amongst others) a copy of this Policy Wording, a list of **Select Hospitals**, his/her **Policy Schedule** and must distribute to **Group Members** any subsequent packs **we** send to the **Policyholder** thereafter without delay.

## 9. Other Insurance

If there is any other insurance or fund covering any of the same benefits as this **Policy**, it is the **Policyholder's** responsibility to ensure that **we** are advised of this. **We** will only pay **our** share of the claim.

## 10. Alterations

**We** may alter any of the terms of this **Policy** at any **Review Date**. A copy of the current **Policy** terms will be sent to the **Policyholder** at such time.

## 11. Fraudulent/Unfounded Claims

**We** act on the basis of information that the **Policyholders**, **Specialists**, providers and **Hospitals** provide. **We** take a very serious view of fraud or dishonesty in any claim. **We** will investigate fully any instance of suspected fraud or dishonesty whether by customers or providers of healthcare. **We** will report and share any cases of fraud with other

organisations and public bodies including the police. We also reserve the right to cancel a **Policyholder's** insurance policy, retain any premiums already paid and if appropriate recover any claims already paid where fraud or dishonesty is established.

## 12. Payments for Ineligible Treatment

If **we** agree to pay for **Treatment** that is not normally eligible on the **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 the **Policy** terms and conditions and **your** excess (if **you** have an excess).

## 13. Settlement of Claims

All settlements will be made in sterling at the rate ruling in London at the beginning of the month in which the **Relevant Date** occurred.

## 14. Jurisdiction

This **Policy** is governed by and shall be construed in accordance with English Law and shall be subject to the exclusive jurisdiction of the courts of England and Wales.

## 15. 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**.

## 16. Corporate Responsibility

We reserve the right to decline to provide cover for businesses that **we** believe do not meet **our** Corporate Responsibility requirements or which **we** believe may cause **us** to contradict our Corporate Responsibility policies. Information relating to our Corporate Responsibility position can be found at [Aviva.com/responsible-sustainable-business](https://www.aviva.com/responsible-sustainable-business)

# Further Information

## Language

This document and all future documents and letters will be written in English.

## 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](mailto: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](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [financial-ombudsman.org.uk](http://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 complaints 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 do 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 FSCS if we become insolvent and 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: 020 7741 4100 or 0800 678 1100

# Select Care/Select Care 6 list of Select Hospitals

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

Our hospital lists change regularly to reflect when hospitals are closed or new ones opened. For this reason please check the list before arranging any treatment.

If you do not have internet access and need to know whether or not a hospital is on your list, please call 0800 015 1080.

Most of the hospitals on the list and facilities within our networks 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:

Aviva Health UK Limited  
Chilworth House  
Hampshire Corporate Park  
Templars Way  
Eastleigh  
Hampshire  
SO53 3RY

If we don't have a network for your condition or suspected condition, and you receive treatment as an in-patient or day-patient in a hospital that is not:

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

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.

## 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 our 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.

## 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 of the accommodation that will be available to you, please check with your specialist or the hospital before you 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](http://phin.org.uk)

# 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 insured persons aged 16 and over

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