

Private Medical Insurance

Insurance Product Information Document



Company: Aviva Insurance Limited

Product: Healthier Solutions

Registered in Scotland, No. 2116. Registered Office: Pitheavlis, Perth, PH2 0NH. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 202153.

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

What is this type of insurance?

This insurance is designed to provide cover for members who permanently live in the United Kingdom, for treatment of an acute condition such as a disease, illness or injury that is likely to respond quickly to treatment.



What is insured?

In-patient and day-patient treatment

- ✓ Hospital charges
- ✓ Specialists fees
- ✓ Diagnostic tests such as blood tests, X-rays and scans
- ✓ NHS cash benefit – cash payment of £100 each night up to a maximum of 30 nights

Out-patient treatment

- ✓ Consultations and treatment with a specialist
- ✓ Diagnostic tests such as blood tests, X-rays and scans
- ✓ Physiotherapy, osteopathy and chiropractic treatment on referral by a specialist
- ✓ Mental health treatment as an out-patient up to £2,000

Additional benefits

- ✓ Home nursing
- ✓ Private ambulance
- ✓ Parent accommodation when staying with a child aged 15 or under covered by the policy
- ✓ Hospice donation of £70 each day up to 10 days
- ✓ GP referred speech therapy for children – up to 2 sessions
- ✓ Baby bonus – £100 for each baby born or adopted within a year of birth
- ✓ Treatment for complications of pregnancy and childbirth as specified in the terms and conditions
- ✓ Limited emergency overseas cover as an in-patient or day-patient during trips of up to 90 days



What is insured? Continued...

Extensive benefits for cancer treatment

Cover for cancer treatment and palliative care, as well as extensive cover for aftercare.

Please refer to the terms and conditions for full details.

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

- Other treatments and therapies – such as GP referred physiotherapy, osteopathy, chiropractics and acupuncture
- Dental and optical benefits
- Mental health treatment as an in-patient or day-patient
- Extended hospital list – covers additional London hospitals
- Protected no claim discount – you may opt to protect your NCD so that if you need to make a claim you'll retain your discount

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

- Reduced out-patient cover options are available
- Excess options are available which apply to each member every policy
- Six week option – eligible in-patient or day-patient treatment will only be covered if this is not available on the NHS within 6 weeks
- Trust or Signature hospital list – reduces the number of hospitals that are available to use



What is not insured?

This is a summary of some of the core exclusions which may change if you select options to increase or decrease your cover. Please refer to the terms and conditions for full details.

- ✗ Pre-existing conditions - subject to underwriting type
- ✗ Long-term or chronic conditions – such as a condition that continues indefinitely, requires ongoing monitoring or has no known cure
- ✗ HIV/AIDS and related conditions
- ✗ Treatment for pregnancy and childbirth
- ✗ Diagnostic tests and treatment for infertility
- ✗ Surgical or medical appliances such as hearing aids or crutches
- ✗ Alcoholism, alcohol abuse, drug abuse, solvent abuse and other addictive conditions
- ✗ Treatment undertaken by a specialist without a GP referral
- ✗ Psycho-geriatric conditions such as Dementia
- ✗ GP charges, treatment and diagnostic tests requested by a GP



What is not insured? Continued...

- ✗ Kidney dialysis
- ✗ Cosmetic treatment
- ✗ Take home drugs and dressings
- ✗ Sports related treatment – if a member is paid or personally funded/sponsored
- ✗ Experimental treatment
- ✗ Treatment required as a result of war, terrorism, contamination by radioactivity, biological or chemical agents
- ✗ Self inflicted injury
- ✗ Sleep disorders and sleep problems
- ✗ Treatment for warts, verrucas and skin tags
- ✗ Weight loss surgery
- ✗ Treatment directly or indirectly related to birth control
- ✗ Sexual dysfunction
- ✗ Varicose veins
- ✗ Treatment of lipoedema
- ✗ Treatment by providers (such as specialists, practitioners, hospitals) that are not recognised by us



Are there any restrictions on cover?

- ! Cover for pre-existing conditions under this product is dependent on the underwriting type that applies to each member.
- ! Specialists' fees will only be covered up to the limits in Aviva's fee schedules.
- ! Hospital fees are only covered in full when using a facility agreed by us, which may not be at a hospital on the chosen list.
- ! CT/MRI/PET scans are only covered when using a facility agreed by us.
- ! Some benefits have specific limits. Please refer to your terms and conditions for full details.
- ! If you select an excess, eligible benefits will only be paid once the excess amount has been deducted.
- ! If you choose a reduced out-patient limit, the following benefits will be removed: surgical procedures on the teeth, complications of pregnancy and childbirth, and limited emergency overseas cover.



Where am I covered?

- ✓ The United Kingdom - for the purposes of this product: Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
- ✓ Outside of the United Kingdom, any benefit is restricted to what is included in the limited emergency overseas cover.



What are my obligations?

- You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out, make changes to, and renew your policy. All members must also take reasonable care to provide complete and accurate answers to the questions we ask when making a claim.
- You must also tell us about changes to your circumstances, for example, a change of name, address, if any member works for the diplomatic service or foreign embassy. You must tell us as soon as possible if any member no longer permanently lives in the UK.
- The provision of insurance under this policy is conditional on you observing and fulfilling the terms, provisions, conditions and clauses of this policy.
- In the event of a claim, we strongly recommend that you call us before any planned consultations, treatment or diagnostic tests take place so that we can advise you on what will and will not be covered.
- Premiums must be paid as shown in your policy documentation. Claims will not be covered if premiums have not been paid.



When and how do I pay?

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



When does the cover start and end?

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



How do I cancel the contract?

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

If you wish to cancel your policy, you will need to notify Aviva in writing at: Aviva Health UK Limited, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY, or by calling Aviva on 0800 092 4590. Calls to and from Aviva may be monitored and/or recorded.