

Private Medical Insurance

Insurance Product Information Document

Company: Aviva Insurance Limited

Product: Personal Care



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 employees and their families 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

- ✓ Diagnostic tests such as blood tests, X-rays and scans - only if they lead directly to, or take place within 6 months after, in-patient or day-patient treatment

Additional benefits

- ✓ Home nursing up to 2 days
- ✓ 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
- ✓ Baby bonus – £100 for each baby born or adopted within a year of birth
- ✓ Minor surgery by a GP up to £100 per procedure

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.

Benefits which you may have selected

(please see your policy schedule)

- 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



What is not insured?

This is a summary of some of the core exclusions. Please refer to the terms and conditions for full details.

- ✗ Pre-existing conditions
- ✗ Long-term or chronic conditions – such as a condition that continues indefinitely, requires ongoing monitoring or has no known cure
- ✗ Treatment as an out-patient
- ✗ 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
- ✗ Psychiatric, psycho-geriatric or mental health illnesses or conditions of any kind
- ✗ GP charges, treatment and diagnostic tests requested by a GP
- ✗ 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
- ✗ 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?

- ! Specialists' fees will only be covered up to the limits in Aviva's fee schedule.
- ! Hospital fees are only covered in full when using a facility agreed by us, which may not be at a hospital on the list.
- ! Out-patient CT/MRI/PET scans are only covered when using a facility agreed by us and only if they lead directly to, or take place within 6 months after, in-patient or day-patient treatment.
- ! Some benefits have specific limits. Please refer to the terms and conditions for full details.



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.



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 or any members' circumstances, for example, a change of name or address.
- You must tell us as soon as possible of any other changes which affect your application for cover, for example liquidation, insolvency or bankruptcy procedures.
- The provision of insurance under this policy is conditional on you and each member observing and complying with the terms and conditions of this policy.
- In the event of a claim, we strongly recommend that members call us before any planned consultations, treatment or diagnostic tests take place so that we can advise 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 by direct debit or cheque, or monthly or quarterly by direct debit. Payments must be made from a UK business bank account.



When does the cover start and end?

- From the renewal date (shown on your policy schedule), for the period specified when you renew and pay your premium (usually 12 months).



How do I cancel the contract?

- 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 015 1080. Calls to and from Aviva may be monitored and/or recorded.