

# Medios Healthcare

Terms and conditions

Effective 1 January 2019



## Useful contacts Calls to and from Aviva may be monitored and/or recorded

### Customer service helpline - claims

**0800 158 3102**

8:00am - 8:00pm Monday to Friday and 8:00am - 1:00pm Saturday

### Customer service helpline - administration

**0800 158 3101**

8:30am - 8:00pm Monday to Thursday, 8:30am - 6:00pm Friday and  
9:00am - 1:00pm Saturday

### Stress counselling helpline

To talk to an experienced counsellor

**0800 158 3349**

This benefit is available to insured persons aged 16 and over

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# Definitions

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

## Accident or emergency admission

An admission to:

- **hospital** directly following an accident, or
- 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 **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,
- 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.

## 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 on which cover under this **policy** commences, which is the inception date of the **policyholder** as shown in the **policy schedule**

# Definitions

## Complementary medical treatment

Consultations and **treatment** provided by an acupuncturist, chiropractor, homeopath, herbal practitioner, naturopath or osteopath where the practitioner is a member of a professional organisation recognised by **us**.

## Date of entry

The inception date shown in the **policy schedule** being the date on which **you** were included under this **policy**.

## 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 find the cause of **your** symptoms.

## 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.

## GP

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

## 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.

## Insured person/you/your

The persons stated in the **policy schedule** as the insured persons and provided that the person is:

- a. the **policyholder**;
- b. the person to whom the **policyholder** is married or with whom he/she cohabits permanently;
- c. unmarried own, step, foster and adoptive children of a. or b. above.

## 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.

## Medicines

Medicines including homeopathic or herbal medicines, which cannot be considered to satisfy daily needs, such as foodstuffs or nutritional supplements, and which are obtained from a dispensing chemist or from a specialist's dispensary.

## Minor surgery

A surgical procedure appearing on **our** GP minor surgery list, which can be found at [aviva.co.uk/gp-minor-surgery](http://aviva.co.uk/gp-minor-surgery)

## 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 schedule** during which cover is in place and for which the premium has been paid.

## Physiotherapist

A practitioner who is:

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

# Definitions

## Policy

**Our** contract of insurance with the **policyholder** providing the cover as detailed in this policy document. The application and **policy schedule** form part of the contract and must be read together with this policy document (as amended from time to time).

## Policyholder

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

## Policy schedule

The schedule giving details of (amongst others):

- the **policyholder**
- **insured persons**
- amendments and
- exclusions that apply to specific **insured persons** (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 the start of **your** cover.

## Psychiatric therapist

A practitioner who is:

- employed to provide therapy sessions at a psychiatric **hospital**, or
- a fully qualified and accredited member of any counselling register overseen by the Professional Standards Authority (PSA)

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 1 January following the **commencement date** and each 1 January thereafter.

## Specialist

A registered medical practitioner who:

- has at any time held and is not precluded from holding a substantive consultant appointment in the relevant speciality in an NHS hospital,

- 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**.

## Surgical appliances

- An artificial apparatus or prosthesis to replace an absent limb or organ.
- An artificial apparatus or prosthesis inserted during a surgical procedure.
- A surgical truss prescribed on **specialist** recommendation.

## 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.

# Cover and benefits

The purpose of this **policy** is to cover **you** during a **period of cover** for the **treatment** of **acute conditions** on a short term basis. Except as otherwise stated below, all **treatment** must be by, and under the care of, **specialists** following referral from **your GP**.

**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 **hospital** on **your** list 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.

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.

## 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	Amount payable	Notes - see also benefit terms
<b>A. In-patient or day-patient treatment</b> at a <b>hospital</b> on <b>your</b> chosen list or at an NHS <b>hospital</b> recognised by <b>us</b> . See benefit term 3		
i. <b>Hospital</b> charges consisting of accommodation and meals; nursing care, drugs and surgical dressings; operating theatre; intensive and high dependency care; <b>surgical</b> appliances; physiotherapy	In full	See benefit term 3
ii. <b>Specialists'</b> fees consisting of surgeons', anaesthetists' and physicians' fees.	Up to the limits in Aviva's fee guidelines for <b>specialists</b>	See benefit term 2b
iii. <b>Diagnostic Tests</b> Including blood tests, X-rays, physiological tests such as ECGs; CT, MRI and PET scans	In full	
iv. Radiotherapy/chemotherapy	In full	
v. Psychiatric <b>treatment</b>	In full	Up to a maximum of 100 days per <b>insured person</b> per one year <b>period of cover</b> . See benefit term 4
<b>B. Out-patient treatment</b>		
i. Consultations with a <b>fee approved specialist</b>	In full	See benefit term 2c
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 <b>our</b> fee schedule. See benefit term 2b
iii. <b>Diagnostic tests</b> Including blood tests, X-rays, physiological tests such as ECGs; CT, MRI and PET scans	In full	CT, MRI and PET scans as an <b>out-patient</b> are only covered at a <b>diagnostic centre</b>
iv. Radiotherapy/chemotherapy	In full	
v. <b>Treatment</b> by a <b>physiotherapist</b> a. on <b>specialist</b> referral  b. on <b>GP</b> referral or on <b>specialist</b> referral	In full  Maximum of 12 sessions per <b>insured person</b> per one year <b>period of cover</b>	Following eligible <b>in-patient</b> or <b>day-patient treatment</b>  Not following eligible <b>in-patient</b> or <b>day-patient treatment</b>

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

Benefits	Amount payable	Notes - see also benefit terms
vi. Psychiatric treatment	In full	On referral by a <b>GP</b> to a <b>psychiatric therapist</b> or to a psychiatric <b>specialist</b> . See benefit term 4
<b>Additional Benefits</b>		
C. Nursing at home by a <b>nurse</b>	In full	Immediately following eligible <b>in-patient treatment</b> ; see benefit term 5
D. Private ambulance	In full	See benefit term 6
E. Parent accommodation when staying with a child covered by the <b>policy</b>	In full	Child aged 15 or under receiving eligible <b>treatment</b> ; one parent only; see benefit term 7
F. <b>Minor surgery</b> by a <b>GP</b>	Up to £250	For procedures appearing on <b>our GP minor surgery</b> list. For further details please see <a href="http://aviva.co.uk/gp-minor-surgery">aviva.co.uk/gp-minor-surgery</a>
G. i. <b>Complementary medical treatment</b>	£360 in combined total	Up to 12 sessions per <b>insured person</b> per one year <b>period of cover</b> , maximum £50 per session; see benefit term 8
ii. <b>Medicines</b>	Up to £100	For <b>medicines</b> when prescribed by a homeopath, herbal practitioner or naturopath only, per <b>insured person</b> per one year <b>period of cover</b>
H. NHS cash benefit	£150	For each night spent undergoing eligible NHS <b>in-patient treatment</b> ; up to a maximum of 100 nights per <b>insured person</b> per one year <b>period of cover</b> ; see benefit term 9
I. Emergency overseas <b>treatment</b>	In full	Up to a maximum of £20,000 per <b>insured person</b> per one year <b>period of cover</b> ; see benefit term 10
J. Baby bonus	£100 per baby	Payable to the <b>policyholder</b> . See benefit term 11
K. <b>Treatment</b> for complications of pregnancy and childbirth	In full	Subject to the condition arising at least 10 months after the <b>date of entry</b> , see benefit term 12
L. Targeted drug therapies for <b>cancer</b>	In full	Up to 6 months per condition. The time limit starts from when <b>you</b> first start receiving the targeted therapy
M. Bone strengthening drugs (such as bisphosphonates)	Up to 6 months	<b>We</b> pay for bone strengthening drugs when they are being used to treat metastatic bone disease
N. Monitoring after <b>treatment for cancer</b>	Up to 5 years	<b>We</b> will pay for monitoring for up to 5 years after <b>your treatment for cancer</b> has finished. This includes <b>diagnostic tests</b> and consultations. <b>We</b> do not pay for monitoring after <b>treatment for non-melanoma skin cancer</b>
O. Stress counselling helpline	Unlimited number of calls	This benefit is available to <b>insured persons</b> aged 16 and over. See benefit term 13

The information on the cover and benefits pages must be read in conjunction with the definitions, benefit terms, conditions, exclusions and other documents forming the **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:
  - i. be **medically necessary**, and
  - ii. unless otherwise specified in this **policy** be wholly and exclusively for the purpose of **treatment of acute conditions** on a short term basis.

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.

- b. **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](http://aviva.co.uk/health/online-fee-schedule) or call **our** customer service helpline on 0800 158 3102. Calls to and from Aviva may be recorded and/or monitored.
- c. **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**, but is recognised by **us, 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. If **you** see a specialist or practitioner who is not recognised by **us, we** will not pay their fees.

3. If you receive **treatment** as an **in-patient** or **day-patient** in a **hospital** that is not
  - included on **your** hospital list, or
  - an NHS pay-bed at an NHS **hospital**

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.

# Benefit terms

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 occupying an NHS amenity bed (a bed paid for by **you** in a single room or side ward in an NHS **hospital** recognised by us 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 for the same **treatment**.

4. Benefit A(v) and B(vi) (psychiatric treatment). **We** cover acute psychiatric conditions. This means **we** will cover **treatment** which aims to lead to **your** full recovery.

**BUT:**

**We** do not cover

- **treatment** that is given solely to alleviate symptoms, or

- chronic psychiatric conditions.

**We** consider a psychiatric condition to be chronic if:

- it meets the definition of a **chronic condition**, or
- **we** have paid for **your treatment** for that condition or a **related** psychiatric condition during three separate **policy years**. This will apply to acute flare-ups of a **chronic condition**, it will also apply if the **treatment** was not in consecutive **policy years**.

**We** do not cover **treatment**, including **diagnostic tests** to treat or assess learning difficulties or developmental or behavioural problems such as Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum disorders.

Psychiatric **treatment** is not available under any other benefit.

5. Benefit C (nursing at home) is only available for nursing on condition that it satisfies all of the following:
- a. it is necessary to replace **hospital** nursing
  - b. it is prescribed by a **specialist** for medical reasons
  - c. it is under the direction of a **specialist**

- d. it immediately follows eligible **in-patient treatment**
  - e. it is not related to pregnancy, childbirth or maternity care.
6. Benefit D (private ambulance) is payable for transport by private ambulance which is medically necessary if **you** are receiving eligible **treatment** as a **day-patient** or **in-patient** and need transport to and/or from **hospital**.
  7. Benefit E (parent accommodation) is payable in full if the parent is staying in the same **hospital** as the child and is accompanying him or her through medical necessity. If accommodation for the parent is not available in the **hospital we** will pay up to £75 per night towards the cost of accommodation in a nursing home or hotel for up to 30 nights.
  8. For the purposes of benefit G (**complementary medical treatment**), the following practitioners are recognised by **us**:

*Acupuncture*

A doctor registered with the General Medical Council (GMC) who is also either:

- a Medical Member or
- Accredited Member of the British Medical Acupuncture Society, and who is recognised by **us**

**OR**

A registered member of the British Acupuncture Council, who is recognised by **us**.

*Chiropractic*

A practitioner who is:

- included in the Register of Chiropractors kept by the General Chiropractic Council, and
- recognised by **us**.

*Homeopathy*

A homeopath who is a member of:

- the UK Homeopathic Medical Association (UKHMA)
- the Society of Homeopaths
- the Alliance of Registered Homeopaths (MARH)
- the Faculty of Homeopathy (MFHOM), or

# Benefit terms

- a Fellow of the Faculty of Homeopathy (FFHOM), and
- is recognised by **us**.

## *Osteopathy*

- A practitioner who is included in the Register of Osteopaths kept by the General Osteopathic Council and who is recognised by **us**.

## *Medical Herbalism*

A practitioner who is a member of the National Institute of Medical Herbalists and who is recognised by **us**.

9. Benefit H (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:

- if **you** are a fee paying patient of any kind
- for the first three nights following an **accident or emergency admission**, or

- if **you** claim for the cost of an NHS amenity bed for the same **treatment**.

10. Benefit may only be claimed for the medical services specified in this **policy** if they are provided:

- a. in the **UK**
- b. overseas when temporarily abroad and incidental to the intended purpose of travel a medical emergency arises requiring immediate **treatment** in respect of an **acute condition**, in which case benefit is limited to £20,000 per **insured person** per **period of cover** based on the rates prevailing in the country concerned.

No compensation shall be paid for expenses that could have been anticipated upon departure to another country. At **your** request payment shall be made in the currency of the country in which expenses were incurred or in UK sterling.

For the purposes of assessing benefit for **treatment** received overseas, all reference in this **policy** to expressions which relate specifically to the United Kingdom will be interpreted by **us** as the appropriate local equivalent.

11. **We** pay the **policyholder** a baby bonus of £100 for each baby born to or adopted (within a year of birth) by an **insured person** during a **period of cover**. The baby bonus is payable once per baby.

12. Benefit K (complications of pregnancy and childbirth) will only be available for **treatment** directly or indirectly arising from or recommended by **your specialist** in connection with the following conditions once diagnosed:

- post-natal depression
- ectopic pregnancy (development of foetus outside the womb)
- miscarriage (if **you** have miscarried, but not investigations into the cause of miscarriage)
- still birth
- hydatidiform mole (cell growth abnormality in the womb)
- retained placenta (afterbirth retained in the womb)
- eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
- caesarean sections - in specific clinical circumstances (**we** require full clinical details from **your specialist** before **we** can make a decision about **your cover**).

**We** will only pay for these conditions and **treatments** if they occur at least 10 months after the **date of entry**.

13. Benefit O (stress counselling helpline). This 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 **insured person** subject to any patient confidentiality requirements of the service provider. In using the 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** 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.

The stress counselling helpline is available to **insured persons** aged 16 and over.

# 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 **our** prescribed application 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 condition) is likely to need **treatment** in future. There are some medical exclusions that **we** will not review, for example if it is a **chronic condition**.

- b. of a **chronic condition**.

In particular:

- regular planned check ups for a **chronic condition** where **you** are 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 **your** condition is re-stabilised (this does not apply to chronic psychiatric conditions - please see benefit term 4 for further information).
- c. directly or indirectly arising from or required in connection with:
    - pregnancy or childbirth (other than as specified in benefit K, complications of pregnancy and childbirth);
    - voluntary sterilisation;
    - infertility or **diagnostic tests** to find the cause of infertility.
  - 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 diseases, 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 GP** except for **treatment of acute conditions** in an emergency but only if **your GP** is kept fully informed of the **treatment** so that he/she is able to support a claim for benefit;  
This exclusion 1g does not apply to **treatment** provided under benefit G (**complementary medical treatment**).
  - h. of psychiatric or geriatric conditions except as provided for under benefits A (v) and/or B (vi);
  - i. of foetal surgery;
  - j. involving a transplantation operation other than corneal and skin grafts.
  - k. for short sight or long sight, such as glasses, contact lenses or laser eyesight correction surgery;
  - l. 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.
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;
    - c. if **you** are admitted to **hospital** for eligible **treatment** for another condition and need regular kidney dialysis during this admission.
  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.

# Exclusions from cover

**BUT: We** will cover a surgical procedure to restore **your** appearance that takes place while **you** are covered by the **policy** 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 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 for **you** to take home from **hospital**.

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

5. **Treatment** by a **GP** (other than **minor surgery**) or **diagnostic tests** which are specifically requested by a **GP**.

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**.
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 the **hospital** is arranged wholly or partly for domestic reasons.
8.
  - a. 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 a **surgical appliance** used as an integral part of **in-patient** or **day-patient treatment** of **acute conditions**).

9. **Treatment** required as a consequence of an injury sustained whilst training for, or participating in, scuba-diving, hang-gliding, mountaineering, motor or professional sports.
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 (such as explosives, or radiological, biological, or chemical agents).
11. 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 **insured person'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

# Exclusions from cover

- 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**.

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

16. **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.

17. **Treatment** of sexual dysfunction such as impotence.

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

18. **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.

19. Dental or orthodontic **treatment**, including orthognathic (bite correction) surgery.

Oral surgical **in-patient** or **day-patient treatment** will be covered except for the insertion of implants in the jaw.

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

21. **Treatment** by 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.

# 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.

## 2. Change of risk

The **policyholder** must inform **us**, as soon as possible, of any changes relating to **insured persons** (such as change of name, address, occupation or marital status), if an **insured person** no longer permanently lives in the **UK**, this means living in the **UK** for 6 months or more of every year (cover for that **insured person** will end immediately) or of any other changes to **your** circumstances which may affect the cover available under this **policy**. For example if **your** children are over 18 and no longer in full time education. 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.

## 3. Policy duration and premiums

a. This **policy** shall be for one year and is continuable subject to the terms in force at the time of each **review date**

where the product is still offered by **us**. **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 elect prior to or at the **commencement date** or **review date** to pay either an annual premium or monthly premium.
- c. The premium rate shall be that prevailing generally at the **commencement date** or if later the appropriate **review date**.
- d. 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**.
- e. All premiums are payable in advance of any cover under the **policy** being provided. Each monthly premium relates to one month's cover. Each annual premium relates to one year's cover.

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

#### 4. Guaranteed loyalty bonus

For as long as the **policy** remains in force and the premium applied to each **insured person** is paid, each **insured person** will incur only one age related increase to his/her premium. The increased premium will be the premium applicable to new entrants in the age band next above the age band applied at inception to the **insured person**.

This guaranteed loyalty bonus does not apply to child dependants, included by their parents under this **policy**.

#### 5. Insurance of family members

- a. The **policyholder** and the intending **insured persons** must supply **us** with all information necessary in order to enable **us** to assess the risk. **We** are authorised to request a medical examination for the purpose of underwriting and to that end to appoint a physician.

- b. Where parents/guardians have covered their children under this **policy** cover for such children will not continue beyond the next **review date** following their 18th birthday, which will be extended up to their 26th birthday for unmarried children in full time education.
- c. For so long as an **insured person** and two of his or her children under the age of 18 or if unmarried and in full time education, under the age of 26, remain covered under the **policy**, the third and subsequent children of one such **insured person** will be covered under the **policy** at no additional premium.
- d. All **insured persons** shall be insured on the basis of the same **hospital** and excess options.
- e. All those named on the **policy schedule** will be covered on this **policy**. The **policyholder** cannot add new members to the **policy**.

# Conditions

## 6. Cancellation

### 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 the policyholder may cancel the policy:

#### The cooling off period

The **policyholder** may cancel the **policy** for any reason within 14 days of renewing the **policy** or receiving the **policy** renewal 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 **period of cover**).

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

Medios customer service department  
(Dept. 57)  
Aviva Health UK Limited  
Chilworth House  
Hampshire Corporate Park  
Templars Way  
Eastleigh  
Hampshire  
SO53 3RY

or by calling **us** on 0800 158 3101

**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.

## 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 **insured person** 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 **insured persons** listed on the **policy schedule**, or
- 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.

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.

If any premium is not paid, the **policy** will automatically be cancelled. **We** will reinstate the cover if the premium is paid within 45 days of its due date and there are no claims pending.

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

# Conditions

## 7. Claims procedure

- a. If **you** have an excess, **we** will pay for **treatment** covered by this **policy**, minus the amount of the excess.

The excess is applied to each **insured person**, each one year **period of cover**. This means that if a claim or course of **treatment** continues from one year to the next, the excess will apply again.

The excess does not apply to NHS cash benefit, baby bonus payments, **minor surgery** by a **GP** or **complementary medical treatment**.

The **insured person** is liable for the excess and this should be paid directly to the provider of **treatment** or services, for example the **specialist** or **hospital**. **We** will write to advise who the excess should be paid to.

- b. Before undertaking any **treatment** (unless a medical emergency) covered by this **policy**, **you** should notify **us** of its proposed nature and the name and address of the **specialist** and **hospital** concerned, so that **we** can tell **you** whether the **specialist** and **hospital** are recognised by **us**. **We** advise that where possible claims should be authorised in advance of **treatment**, but this will obviously not apply to emergency admissions.

In order to confirm cover before claiming **we** must receive all necessary medical information at least five working days prior to any proposed **treatment**.

- c. **You** must submit to **us**, as soon as possible after issue date, the original bills.
- d. All documents or material (including but not limited to accounts, certificates and X-rays) that **we** require to support a claim, shall be provided without expense to **us**.

**We** do not cover **GP** charges or fees for completing a claim form if the claim is not covered by the **policy**. Only original receipts will be accepted.

- e. **You** must ensure that any bills sent to **us** state the **insured person** treated and the attending physician, as well as a specific statement of the **treatment** or services rendered. **You** must supply **us** with any further information as required.
- f. 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**.

- g. Where **treatment** continues over an extended period of time updated claim information may be required at regular intervals, which may include a claim form.

## 8. Third party claims

**You** must let **us** know if **treatment** was needed because someone else was at fault – for example, if **you** were injured as a result of a road traffic accident. **We** may be able to recover the cost of **your 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 **your treatment** then **you** must not settle **your** personal injury claim unless **we** have given our agreement to **you** or **your** lawyers.

If **you** recover costs **we** have paid for **your 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. Other 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. Transfer

If the **policyholder** dies the **policy** will be transferred to the **policyholder's** spouse, civil partner or partner if they are currently an **insured person** who shall upon the date of death of the **policyholder** become the **policyholder** for all purposes of this **policy**, and be responsible for paying the premium. This is subject to the **insured person** agreeing to become the **policyholder**.

## 11. Changes to your cover

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

# Conditions

such changes, **you** must let **us** know, either by writing or calling our customer service department.

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

The **policyholder** cannot make any changes to their **policy** for example, adding or removing an excess.

## 12. 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.

## 13. 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 and **your** excess (if **you** have an excess).

## 14. Validity

The insurance is valid in the **UK** and can be concluded only by persons permanently domiciled in the **UK**, this means living in the **UK** for 6 months or more of every year.

## 15. 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.

## 16. Third party rights

This **policy** does not give any rights to any person other than the **policyholder** and **us**. No other person shall have any rights to rely on any terms under the **policy**.

# How to claim

When you are referred by your GP, please call us on 0800 158 3102. Calls to and from Aviva may be recorded and/or monitored.

If your GP has given you 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 you can get an appointment quicker, as you can arrange an appointment with the specialist that can see you at a time that suits you.

If your GP has given you a named referral, we will check that the specialist is recognised by us.

Whenever possible we will assess your claim over the telephone but we may require the completion of a claim form. Our experienced claims staff will then talk you through the claims process and advise you what to do next.

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

- the treatment is covered
- your 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:

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

You need to give us all the information we need to assess your 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 your 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 your claim continues for some time or the symptoms re-occur, we may ask for more details.

## Claims payments

We pay all costs in sterling.

Most hospitals on your list 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 or facility. The hospital or facility will then 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 3102 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.

### Did you know?

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

# Welcome to MyAviva

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

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

- **view** details of your policies online, including cover and benefit information and your hospital list
- **track** any **policy excess** or **out-patient limit** spend - helping you stay in control
- **monitor** a wealth of details about your claim such as all invoices paid, the name of the treatment provider (for example, the specialist) and the total value of any claim
- **start a claim** online or update an **existing claim** all online at a time that suits you
- **arrange a callback** to speak to the customer service helpline
- find **frequently asked questions, helpful guidance** and **contact information** when you need it most
- enjoy **discounts** on a range of Aviva products and services with multi product discounts available.

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



# Hospital lists

Details of our hospital lists are available online at [aviva.co.uk/hospital-lists](https://www.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 do not have internet access and need to know whether or not a hospital is on your list, please call **0800 015 1013**.

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:

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

## Private Healthcare Information Network

The Private Healthcare Information Network provides independent information about the quality and cost of private treatment available from doctors and hospitals:

[phin.org.uk](https://www.phin.org.uk)

## Children

Only a limited number of hospitals in the UK are able to admit children for private treatment. Please contact our customer service helpline on **0800 158 3101** 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.

# 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 antimoney laundering checks.

# Use of personal information

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 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, county court judgements, 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 calculate the price 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

# Use of personal information

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

Once you have contacted the provider who is responsible for investigating and responding to your clinical complaint, they should advise you of the full complaints process which will also include any escalation details should you require these. While Aviva do not have a role in investigating and responding to clinical complaints, Aviva record clinical complaint volumes and investigation outcomes. If you would like to inform us of a clinical complaint outcome please contact us using the details provided before.

## The Financial Services Compensation Scheme (FSCS)

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

Further information about 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** or  
**020 7741 4100**

## Language

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

| Retirement | Investments | Insurance | **Health** |

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