

My Health Cash Plan for Groups

Terms and conditions

Welcome to My Health Cash Plan for Groups

This policy is designed to support your members with the costs associated with everyday healthcare needs.

It's simple to use – members have the treatment they need and we reimburse them (within their benefit limits).

This booklet tells you all you need to know to start using the policy, including:

- what the policy covers,
- what's not covered, and
- explanations of some of the terms used in this document so that you are fully aware of the cover you have bought.

Throughout this booklet certain words are displayed in **bold** type. These are defined terms and have specific meanings when used in this guide. The meanings are set out in the definitions section at the back of this booklet.

We have designed this document to be as easy to understand as possible, but if you've any questions or queries about your policy, please call us on **0800 158 5190** and we'll be pleased to help you.

Contents

Benefits	1
Benefit rules	3
General exclusions	7
Policy conditions	8
Further information	12
Definitions	13

Benefits

The information on the following pages details the benefits available under **your policy**.

All benefit limits apply per **member**, per **policy year**, unless otherwise stated.

A one month qualifying period applies to all benefits, unless otherwise stated. The qualifying period starts from the date the **member** joins the **policy** and benefit cannot be claimed for any treatment received during this time.

For full details of each benefit, please refer to the benefit rules on pages 3 – 6.

Please see **your policy schedule** to see which options and benefit levels apply to **your policy**.

Dental and Optical Cover					
Benefits	Reimbursement amount	Benefit limit			
		Level 1	Level 2	Level 3	Level 4
Dental and optical	100%	£ 75	£125	£250	£375

If **you** only have the dental and optical option, the **policy** includes cover for dental and optical costs, the helplines and gym discounts. No other benefits are available.

Core Health					
Benefits	Reimbursement amount	Benefit limit			
		Level 1	Level 2	Level 3	Level 4
Therapies: <ul style="list-style-type: none"> • Physiotherapy • Osteopathy • Chiropractic • Homeopathy • Acupuncture 	80%	£75	£100	£150	£225
Prescriptions and GP charges	80%	£20	£30	£50	£100
Health screens	80% Available for one screen every two policy years 12 month qualifying period	£50	£75	£100	£150
Baby bonus	Paid for each baby 10 month qualifying period	£50	£100	£200	£300
GP helpline	Unlimited number of calls (there is no qualifying period for this benefit)				
Stress counselling helpline This benefit is available to members aged 16 and over	Unlimited number of calls (there is no qualifying period for this benefit)				
Gym discounts	Discounts at a nationwide network of health and fitness clubs (there is no qualifying period for this benefit)				

Increase your cover

You can add one or both of the increased cover options as long as **your policy** includes the Core Health option.

Hospital Extras					
Benefits	Reimbursement amount	Benefit limit			
		Level 1	Level 2	Level 3	Level 4
In-patient cash benefit	£15 per night	£100	£150	£250	£350
Day-patient cash benefit	£15 per day				
X-rays and scans as a private patient	80%				
Specialist second opinion as a private patient	80%				
Child support cash benefit	£15 per night				

Health Enhance					
Benefits	Reimbursement amount	Benefit limit			
		Level 1	Level 2	Level 3	Level 4
Chiropody Podiatry Dietician Allergy testing	80%	£50	£100	£150	£200

Benefit rules

Please see **your policy schedule** to see which benefit level applies to **you**. All benefit levels apply per **member per policy year**. Unused benefit cannot be carried over into the next **policy year**.

Baby bonus

We will pay a baby bonus for each baby:

- born to,
- adopted (up to the age of 16) by, or
- stillborn at over 24 weeks gestation to

a **member** while they are covered by the **policy**. This benefit is available once per baby.

There is a ten month qualifying period for this benefit.

To claim this benefit the **member** must send **us** a completed claim form and a copy of the birth certificate or adoption certificate that names them as the mother or father. The claim must be submitted within 90 days of the birth or adoption.

We do not cover:

- Any babies born or adopted in the first ten months after the **member** joins the **policy**
- adoption where one of the parents is the natural parent
- more than one payment per baby, or
- any items listed in the general exclusions.

Child support cash benefit

We will pay the **member** £15 per night, up to the benefit level for this option, if one of their children is admitted to **hospital**.

To claim for this benefit the **member** must send **us** a completed claim form, with the relevant section fully completed and stamped by the **hospital** to confirm the child's admission.

We do not cover:

- payments for more than one **member** per admission, or
- any items or treatment listed in the general exclusions.

Dental

We will cover routine dental treatment carried out by a dental practitioner in a dental surgery, for example examinations, tooth cleaning, fillings and extractions.

This benefit also includes cover for emergency dental treatment in the **UK** and abroad if medically necessary.

We do not cover:

- treatment that a **member** is aware that they will need when they join the **policy**
- cosmetic dentistry, including replacement of amalgam fillings
- dentures
- missed appointment fees
- dental contract schemes
- orthodontics
- dental implants, or
- any items or treatment listed in the general exclusions.

Dental and optical

We will cover 100% of each bill for dental and optical treatment up to a combined total. The amount available will depend on the benefit level that has been selected.

GP and stress counselling helplines

All **members** of My Health Cash Plan for Groups have access to **our** 24 hour GP and stress counselling helplines.

Members can call the GP helpline for a consultation. One of **our** retained **GPs** will give

advice to a **member** over the telephone where it is practical when the **member** describes their symptoms. A consultation is intended to deal with one call per **member** lasting up to 15 minutes in respect of one set of symptoms presented. The consultation may, at the discretion of the **GP**, involve a longer call or more than one call.

The stress counselling helpline is available to **members** aged 16 and over. Call charges are the responsibility of the caller.

The GP helpline and stress counselling helpline services are designed to be available 24 hours per day but some reasonable delay may be experienced. They are not emergency services.

You may call on behalf of another **member** subject to any patient confidentiality requirements of the **GP** or service provider.

By using the helplines, **you** (where applicable, on behalf of another **member**) automatically authorise the use and disclosure of any medical or other information, on a fully confidential basis as between **us**, the **GPs** and any service providers **we** use in making the services available, for the sole purpose of policy and service administration. **We** shall not be responsible for any failure in the provision of the GP and stress counselling helpline services to the extent that it is due to circumstances beyond the reasonable control of **us** or any of **our** service providers.

Gym discounts

Members of My Health Cash Plan for Groups can benefit from discounted membership at a nationwide network of fitness clubs. **Members** will be issued with a code giving access to **our** gym discount web service. Use of the service is subject to the terms and conditions contained on the website itself.

Health enhance

We will cover 80% of each bill for **chiroprody, podiatry, allergy testing** and consultation with a **dietician**, up to a combined total. The amount available will depend on the benefit level that has been selected.

The treatment must be referred by the **members' GP**.

We do not cover:

- medication, drugs or dressings
- X-rays or scans
- appliances, for example supports, insoles or braces
- allergy testing involving hair analysis, vega testing, food intolerances or home testing kits, or
- any items or treatment listed in the general exclusions.

Health screens

We will cover 80% of the cost of a health screen at a **hospital** or diagnostic centre up to the benefit level selected.

This benefit is available once every two **policy years**.

There is a 12 month qualifying period for this benefit.

We do not cover:

- health screens received in the first 12 months after the **member** joins the **policy**
- health screens required for employment or insurance reasons, or
- any items or treatment listed in the general exclusions.

Hospital extras

We will cover the benefits listed in this option, up to a combined total. The amount available will depend on the benefit level that has been selected.

In-patient and day-patient cash benefit

We will pay £15 per night for **in-patient** admissions to **hospital** and £15 per day for **day-patient** admissions to **hospital** up to the benefit level for this option.

To claim this benefit the **member** must send **us** a completed claim form, with the relevant section fully completed and stamped by the **hospital**.

We do not cover:

- any items or treatment listed in the general exclusions, or
- admissions:
 - for any disease, illness or injury that existed before the **member** joined the **policy**, whether or not it was diagnosed before they joined
 - relating to pregnancy or childbirth
 - for respite care, rehabilitation or domestic reasons
 - for psychiatric, psycho-geriatric or mental illnesses or conditions of any kind
 - relating to addictions or substance abuse
 - to an accident and emergency department, or
 - for cosmetic or reconstructive treatment.

But: we will cover an admission for cosmetic or reconstructive surgery if:

- the surgery immediately follows an accident, or treatment for cancer, and
- the accident or cancer treatment took place when the **member** was covered under the **policy** and they have had no break in cover since then.

Optical

We will cover sight tests and glasses, prescription sunglasses and contact lenses needed as a result of a change in prescription.

If a **member** pays for contact lenses by regular subscription, **we** will pay up to half the amount available for optical costs under their benefit level towards these costs per **policy year**.

We do not cover:

- laser eye treatment
- non-prescription eyewear
- repairs or loss of glasses or contact lenses
- optical solutions and sundries, for example cases
- missed appointment fees
- goggles or other sport or work related eyewear
- contact lenses provided by an optical insurance plan, or
- any items or treatment listed in the general exclusions.

To claim this benefit the **member** must send **us** a completed claim form, with the relevant section fully completed and stamped by the optician.

Prescriptions and GP charges

We will cover up to 80% of each bill, up to the benefit level selected.

We will cover:

- NHS prescription charges
- inoculations and vaccinations, and
- minor surgery by a **GP**.

We do not cover:

- NHS prescriptions or vaccinations if the **member** is exempt from paying them
- private prescriptions

- charges for diagnostic tests, for example X-rays, blood tests, or
- any items or treatment listed in the general exclusions.

Specialist second opinion

We will cover 80% of the bill, up to the benefit level for this option, for a private consultation with a **specialist** to get a second opinion. This must follow an initial consultation where the **member** is unsatisfied with the outcome.

We do not cover:

- treatment or diagnostic tests carried out during the consultation, or
- any items or treatment listed in the general exclusions.

Therapies

We will cover 80% of each bill for **physiotherapy, osteopathy, chiropractic, homeopathy** and **acupuncture**, up to a combined total. The amount available will depend on the benefit level that has been selected.

The treatment must be referred by the **members' GP**.

We do not cover:

- therapies for any injury or illness that existed before the **member** joined the **policy**, whether or not it was diagnosed before they joined
- medication, drugs or dressings
- X-rays or scans
- appliances, for example supports, insoles or braces, or
- any items or treatment listed in the general exclusions.

X-rays and scans as a private patient

We will cover 80% of each bill for private X-rays and scans required to diagnose a condition, up to the benefit level for this option.

The X-rays and scans must be referred by the **members' GP**.

We do not cover:

- X-rays and scans:
 - relating to pregnancy
 - relating to infertility
 - needed once a diagnosis is known
- **specialist** charges, or
- any items or treatment listed in the general exclusions.

General exclusions

The following exclusions apply to the whole **policy**.

GP charges

We do not cover any charges for the completion of a claim form, or for proof of **GP** referral.

Other insurance

We do not cover any benefits where a claim has already been paid under another cash plan or insurance policy of any kind.

Overseas treatment

We do not cover treatment or tests received outside the **UK** (other than provided under the dental cover).

Qualifying period

We do not cover any treatment received by a **member** in the first month after they join the **policy**. In addition, a ten month qualifying period applies to the baby bonus and a 12 month qualifying period applies to health screens.

Sport – professional sports

We do not cover treatment of an injury sustained whilst a **member** is training for or taking part in a sport for which they are paid or sponsored (unless they receive travel costs only).

Unsupported claims

We do not cover any benefit where **we** have not received a fully completed claim form and original receipts where required.

War and hazardous substances

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

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

Policy conditions

1. Who can be a member?

All those named on the **policy schedule** will be covered on this **policy**.

All **members** must be:

- an employee of the **policyholder**, who has a contract to work for a minimum of 16 hours a week, over the age of 16 and on PAYE
- the sole proprietor
- a partner, or
- a registered director

all who work for no less than 16 hours per week in the **policyholder's** business.

Adding members

The **policyholder** may add new **members** to the **policy** at any time by contacting **us**.

If a new **member** is added part way through the **policy year**, the benefits available to them will be pro-rated. For example, if a **member** joins 6 months into a **policy year**, they will have 6 months worth of benefit available to them. So if they had benefit level 3 for the dental and optical benefit this would mean they can claim up to £125 (out of a total yearly benefit of £250).

2. Premiums

The **policy schedule** shows how much must be paid and when. **We** will advise the **policyholder** if the premium changes.

The premium is payable without deduction.

The **policyholder** is responsible for paying the premium for all **members** and must not recover any part of the premium from the **members**.

Before the **policy** starts the **policyholder** must provide **us** with a list of all the **members** that need to be included on the **policy**. The premium for the **policy** is based on the number of **members** included on it. **We** reserve the right to re-quote and increase or decrease the premium due if the number of **members** on the **policy**

alters between the time **we** quote and the time **we** enrol the **policy**.

We will collect premiums in advance of the date they are due. **We** will collect any premiums due unless the **policyholder** tells **us** to cancel the **policy** in time for **us** to stop collecting the payment.

We do not pay any claims if **we** have not received a premium or if **your** premiums are not paid to date at the time treatment takes place. If **you** pay monthly, each monthly premium payment is for one month's cover. If **you** pay annually, each annual premium payment is for one year's cover. If **you** wish to change the way **you** pay the premium (for example from monthly to annually) **you** can do this at the **renewal date**. Any change to **your** premium will only take effect from the **renewal date**.

The **policyholder** must inform **us** within 30 days if a **member** joins or leaves the **policy**.

Premium adjustments

Monthly payments

If **you** pay monthly, **we** will review **your** payment amount on a monthly basis and amend it as **members** join or leave the **policy**. The cut off point for notification of changes to Direct Debits is ten working days before the date they are due.

Joiners

If we are notified of changes to the Direct Debit before the 10 day cut off

If a **member** is joining within the 15 days after **your** collection date, **we** will collect a full month's premium at the collection date before the **member** joins. If a **member** is joining more than 15 days after **your** collection date, **we** still start collecting their premiums on the collection date after they join and will not charge for the days leading to that payment.

If we are notified of changes to the Direct Debit after the 10 day cut off

If a **member** is joining within the 15 days after **your** collection date, **we** will collect a full two months' premium on the collection date after they join. If a **member** is joining more than 15 days after **your** collection date, then **we** will start collecting their premiums on the collection date after they join and will not charge for the days leading to that payment.

Leavers

If we are notified of changes to the Direct Debit before the 10 day cut off

If a **member** is leaving within the 15 days after **your** collection date, **we** will amend the premium at the collection date before the **member** leaves and **you** will not be charged for the extra days after that date. If a **member** is leaving more than 15 days after **your** collection date, **we** will amend the premium from the collection date after they leave.

If we are notified of changes to the Direct Debit after the 10 day cut off

If a **member** is leaving within the 15 days after **your** collection date, **we** will collect their full month's premium on the collection date before they leave, but will refund it in full the following month. If a **member** is leaving more than 15 days after **your** collection date, **we** will collect their full months' premium on the collection date before they leave.

Annual payments

We will calculate any outstanding premium, or premium owed back to **you** at the end of **your** **policy year**, to reflect **members** that have joined or left throughout the year. The premium will be pro-rated to cover just the months that a **member** was covered by the **policy**. **You** will be invoiced for any outstanding premium due.

Joiners

We will only charge a premium for the first month if the **member** joins within 15 days of the monthly anniversary of the **policy** start date.

Leavers

We will only charge a premium for the last month if the **member** leaves more than 15 days after the monthly anniversary of the **policy** start date.

Please note, **members** leaving the **policy** will be removed from the date **we** receive notification from **you**. **We** are unable to backdate amendments. No refund of premiums will be issued due to a delay in telling **us** of a **member** leaving the **policy**.

Should the number of **members** included on the **policy** change by 10% or more during a **policy year** we reserve the right to review our pricing at the **renewal date**.

3. Changes to your circumstances

You must tell **us** as soon as possible about any changes relating to **members**, for example a change of name or address.

We reserve the right to alter the premiums or **policy** terms or cancel cover for a **member** of the **policy** following a change of risk.

We will always write to **your** last known address with details of any changes to **your** cover.

4. Renewing the policy

The **policy** lasts for one year and (if **we** still offer My Health Cash Plan for Groups) **we** will automatically renew it unless **you** notify **us** that **you** do not wish to renew.

Changes to your cover

The **policyholder** can add or remove options at the **renewal date**. All **members** of the **policy** must have the same options, so a change of options will apply to all **members**. If changes are made to the options included in the **policy**, **we** will pay claims in line with the benefit options and limits in place at the time treatment takes place.

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

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

5. Claiming

All claims must be submitted on one of **our** claim forms within 90 days of the date the treatment was received. For optical benefit, all claims must be submitted on one of **our** claim forms within 90 days of the purchase of the glasses or contact lenses. The **member** must also include receipts for any bills that they are claiming reimbursement for. These must be original, itemised receipts. **We** do not accept photocopies or invoices.

We will only pay for treatment that has already been received and paid for. Claims will be paid against the **policy year** in which the treatment takes place.

If a **member** is claiming optical benefit, the claim form must be completed and stamped by the optician.

If a **member** is claiming for therapies, X-rays, scans or any of the benefits in the health enhance option, the claim form must be completed and signed by their **GP**.

Claims for the baby bonus must be accompanied by a copy of the birth or adoption certificate.

If a **member** is claiming **in-patient** or **day-patient** cash benefit or child support cash benefit, the claim form must be completed and stamped by the **hospital**.

6. Cancelling the policy

When the policyholder may cancel the policy

The cooling off period

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

documents (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.

If **you** wish to cancel **your policy**, **you** can do so by notifying **our** Customer Service Team at:

My Health Cash Plan for Groups
Aviva Health UK Ltd
Jewry House
Jewry Street
Winchester
SO23 8RZ

When we may cancel the policy

We may cancel the **policy** if **you** or a **member** have at any time:

- defrauded or attempted to defraud **us**, or
- agreed to any attempt by someone else to defraud **us**.

If **we** cancel the **policy** for either of these reasons **we** shall not provide **you** with any refund of premium.

We may also cancel the **policy** if **you** or a **member** have at any time:

- misled **us**, for example dishonestly telling **us** incorrect information or not telling **us** something that **we** have asked for, or
- not acted openly and honestly in their dealings with **us**.

If **we** cancel the **policy** for either of these reasons **we** will provide **you** with such refund of premium as **we** consider reasonable in the circumstances, based on whether **we** were deliberately or mistakenly misled.

If **we** cancel the **policy** for any of the reasons set out above:

- **we** may backdate the cancellation (this means that **we** may not pay claims)

- **we** will notify **you** in writing by post or by hand to **your** last known address, and
- this will end the cover of the **policy** and all **members** listed on the **policy schedule**.

As an alternative to cancelling the **policy we** may instead (and backdate where appropriate)

- terminate a **member's** cover, or
- apply different terms (in line with reasonable underwriting practice) to a **member's** cover.

If any premium is not paid, the **policy** will automatically be cancelled. If the premium is paid within 60 days of the date on which it was due and there are no claims pending, **we** will reinstate cover although **we** will not pay any claims until outstanding premiums have been paid in full.

If the premium is paid annually and the **policy** is cancelled after the cooling off period, **we** will not refund the premium.

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

We reserve the right to close the My Health Cash Plan for Groups product at **your renewal date**. If this happens, **we** will contact **you** to advise **you** of **your** options.

7. Third party claims

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

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

If **we** have paid any costs for their treatment then the **member** must not settle their

personal injury claim unless **we** have given **our** agreement to them or their lawyers.

If the **member** recovers costs **we** have paid for treatment, including any interest on any payments **we** have made, they must forward these sums to **us** immediately.

If **we** want to, **we** can take proceedings in the **member'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 the **policy**.

We cannot offer legal advice.

8. If you have other medical insurance

If a **member** has any other insurance covering any of the benefits covered by this Aviva **policy**, such as another cash plan, private medical insurance or travel insurance, they must let **us** know and **we** may recover these costs from that other insurer.

9. Law

This **policy** is governed by English law and shall be subject to the exclusive jurisdiction of the courts of England and Wales.

If **we** decide to waive any term or condition of this **policy**, **we** may still rely on that term or condition at a later time.

Third party rights

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

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're satisfied. However, if you ever feel we've fallen short of this standard and you've 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 015 1024**

E-mail: hccomp@aviva.co.uk

We've every reason to believe that you'll be totally satisfied with your Aviva policy, and with our service. It's very rare that matters cannot be resolved amicably. However, if you're still unhappy with the outcome after we've investigated it for you and you feel that there's 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've 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 4537**

Email: complaint.info@financialombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Please note that the Financial Ombudsman Service will only consider your complaint if you've given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect your legal rights.

The Financial Services Compensation Scheme (FSCS)

We're 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're 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: www.fscs.org.uk

Telephone: **0800 678 1100** or **020 7741 4100**

Definitions

Wherever you see the following words or phrases highlighted in bold throughout this document, they will have the meaning given below:

Acupuncture

Treatment carried out by a doctor registered with the General Medical Council (GMC) who is also either:

- a Medical Member or
- an 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**.

Allergy testing

Diagnostic tests carried out by a **specialist** in relation to allergies.

Chiropody

Treatment carried out by a practitioner who is:

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

Chiropractic

Treatment carried out by a practitioner who is:

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

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.

Dietician

Treatment by a practitioner who is:

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

GP

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

Homeopathy

Treatment carried out by a homeopath who is:

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

Hospital

- A private hospital or NHS hospital in the **UK** which is registered in accordance with United Kingdom legislation and which has specialist facilities for carrying out major surgical operations, 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.

Member

A person named as an insured person in the **policy schedule**.

Osteopathy

Treatment carried out by a practitioner who is:

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

Physiotherapy

Treatment carried out by a practitioner who is:

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

Podiatry

Treatment carried out by a practitioner who is:

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

Policy

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

Policyholder

The company or other business entity which is named as the policyholder in the **policy schedule**.

Policy schedule

The schedule giving details of (amongst others):

- the **policyholder**
- **members**
- cover options
- amendments (if any).

Policy year

The period of time from the date the **policy** began until the day before the first **renewal date** or, if the **policy** has been renewed, from one **renewal date** to the next.

Renewal date

The annual anniversary of the date on which this **policy** began.

Specialist

A registered medical practitioner who:

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

UK

Great Britain and Northern Ireland, the Channel Islands and the Isle of Man (for the purposes of this **policy**).

We / our / us

Aviva Health UK Limited, who administers **your policy** on behalf of Aviva Insurance Limited, who underwrites and provides **your** contract of insurance.

You / your

The company or other business entity which is named as the policyholder in the **policy schedule**.

Any questions about your policy?

Call us on

0800 158 5190

Need to make a claim?

Call us on

0800 158 5191

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

GP helpline

24 hours a day, 7 days a week

0800 015 4333

Calls to the GP Helpline may be recorded
for quality and training purposes

Stress counselling helpline

24 hours a day, 7 days a week

0800 158 3349

This benefit is available to members aged 16 and over

Aviva Health UK Limited. Registered in England Number 2464270. Registered Office 8 Surrey Street Norwich NR1 3NG.
Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139.
This insurance is underwritten by Aviva Insurance Limited. 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. Aviva Health UK Limited, Head Office: Chilworth House,
Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY.
www.aviva.co.uk/health

