



My Health Cash Plan for Groups

Group Member Handbook



My Health Cash Plan for Groups

My Health Cash Plan for Groups is a product designed to help you with your everyday healthcare needs. Your employer has provided you with this cover as an employee benefit that you can use towards everyday healthcare costs.

This guide provides you with information about your My Health Cash Plan for Groups policy, so you can start making use of the benefits of your membership. Please refer to your policy schedule for details of the benefits and policy options chosen by your employer.

If you'd like a copy of the terms and conditions, containing full details of the benefit terms, conditions and exclusions that apply to your cover then please contact your group administrator.

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Making a claim

To make a claim on your My Health Cash Plan for Groups policy, simply follow the step-by-step guide below.

You don't need to tell your group administrator when you make a claim.

Step 1

Check this guide and your policy schedule to make sure you're covered for the treatment you've received.

Step 2

Complete a claim form. You can get one from our claims team by calling **0800 158 5191** (calls may be monitored and/or recorded); download one at **aviva.co.uk/cashplanclaimform** or, you may be able to download a copy from your employer's intranet site.

Step 3

Return the form to us, making sure you've:

- completed all relevant sections and signed it
- attached itemised receipts for all the costs you're claiming for (these must be originals, so please take a copy for your own records)
- had the relevant sections completed by the optician, hospital or GP (if required).

We'll process your claim and, if eligible, reimburse you up to the benefit limits of your policy.

What's covered?

The information on the following pages details what's covered under your policy.

All benefit limits apply to each member, every policy year, unless otherwise stated.

A one month qualifying period applies to all benefits, unless otherwise stated. The qualifying period starts from the date you join the policy and benefit can't be claimed for any treatment received during this time.

Please note - your level of cover will depend on that chosen by your employer. Please refer to your policy schedule to see which cover and benefit levels apply to you.

Dental and optical cover

All My Health Cash Plan for Groups policies begin with our Dental and Optical Cover, which we'll reimburse you for 100% (up to your benefit limit). Dental and Optical Cover also works as a 'combined pot', which means that you can choose how you use your benefit each year - from 100% dental to 100% optical or anywhere in between. You'll also receive the further policy benefits of a 24 hour stress counselling helpline and gym discounts.

Your level of cover will depend on that chosen by your employer. Please refer to your policy schedule.

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 24 hour stress counselling helpline and gym discounts from the Core Health section. No other benefits are available.

Core Health

If your employer has chosen to include Core Health on your policy, it provides you with a more comprehensive package. As well as what's included in Dental and Optical Cover, we'll reimburse you for 80% of treatment available under Core Health (again, up to your benefit limit).

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

Benefits	Reimbursement amount	Benefit limit			
		Level 1	Level 2	Level 3	Level 4
Health screens	80% Available for one screen every two policy years 12 months qualifying period	£50	£75	£100	£150
Baby cash payment	Paid for each baby 10 month qualifying period	£50	£100	£200	£300
Stress counselling helpline	Unlimited number of calls (qualifying period doesn't apply). This benefit is available to members aged 16 and over.				
Gym discounts	Up to 25% discount at a nationwide network of health and fitness clubs (qualifying period doesn't apply)				

Please note, this cover is only available if your employer has chosen this option. Your level of cover will depend on that chosen by your employer. Please refer to your policy schedule.

Hospital Extras

If your employer has selected Hospital Extras, as well as Dental and Optical and Core Health, the following benefits will also apply (up to your benefit limit).

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

Please note, this cover is only available if your employer has chosen this option. Your level of cover will depend on that chosen by your employer. Please refer to your policy schedule.

Health Enhance

If your employer has chosen to include this option, as well as Optical and Dental and Core Health, we'll reimburse you for 80% of treatment available under 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

Please note, this cover is only available if your employer has chosen this option. Your level of cover will depend on that chosen by your employer. Please refer to your policy schedule.

What isn't covered

The following exclusions apply to your My Health Cash Plan for Groups policy:

GP charges

We don't cover you for any charges for the completion of a claim form, or for proof of GP referral.

Other insurance

We don't cover you for any benefits where a claim has already been paid under another cash plan or insurance policy of any kind.

Overseas treatment

We don't cover you for treatment or tests received outside the UK (other than provided under the dental cover).

Qualifying period

We don't cover you for any treatment received in the first month after you join the policy. In addition, a 10 month qualifying period applies to the baby cash payment and a 12 month qualifying period applies to health screens.

Sport – professional sports

We don't cover you for treatment of an injury sustained whilst training for or taking part in a sport for which you're paid or sponsored (unless you receive travel costs only).

Unsupported claims

We don't cover you for any benefit where we haven't received a fully completed claim form and original receipts where required.

War and hazardous substances

We don't cover you for 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).

This is a summary. Other exclusions apply to certain benefits and options. Please see the terms and conditions booklet for full details.

Our Wellbeing Services

Stress Counselling helpline

The Stress Counselling helpline can be a good place for you to get help with personal or work-related stress issues. Talking and sharing can be the first step in helping to work through problems and resolve them.

The Stress Counselling helpline is free to use, all year round. Call **0800 092 3189** for a confidential chat with a trained counsellor (available to members aged 16 or over). For joint protection, telephone calls may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free.

Get Active, feel the benefits

Get Active helps you stay fit and healthy with discounts on online workouts, over 3,000 health and fitness clubs nationwide and a variety of discounted products and services to help you and your family get active and keep healthy.

Please note: completing the sign up process, either online or in-person at your selected health and fitness club, may result in you entering a binding contract with the gym you have selected. This could include conditions such as minimum term and monthly fees. Please read the terms and conditions relating to your chosen gym carefully.

For more information on Get Active, please visit aviva.co.uk/getactive. Enter the code HCGLRG to sign up – it's as simple as that.

Terms and conditions and the privacy policy can be viewed before signing up.

This service is a non-contractual benefit Aviva can withdraw at any time.

Other information

Changes to your personal details

Should your name or address change you should inform your group administrator as soon as possible so they can update us. This will allow us to continue to process your claims without delay.

Leaving the company or policy

If you leave your company, have your membership removed by your company or if you decide to leave the policy, your membership of the policy will cease immediately, even if treatment was pre-authorised by Aviva. However you may be entitled to benefit from continued medical cover on an individual policy. Benefits, exclusions, terms and conditions on an individual policy may be different to those on this policy.

If you'd like to discuss this further, please contact our sales advice line on: 0800 158 3333 (calls to and from Aviva may be monitored and/or recorded).

If you've got 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 got cause to make a complaint, please let us know. Our contact details are:

Aviva Health UK Ltd
Complaints Department
PO Box 540
Eastleigh
SO50 0ET

Telephone: **0800 051 7501**

Email: hcqs@aviva.com

Calls may be monitored and/or recorded.

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 can't 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 haven't 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've given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman won't affect your legal rights.

The Financial Services Compensation Scheme (FSCS)

We're covered by the FSCS. You may be entitled to compensation from the scheme if we can't meet our obligations. This depends on the type of business and the circumstances of the claim.

Further information is available from:

Website: fscs.org.uk

Language

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

Use of personal information

We collect and use personal information about you so that we can provide cover 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 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 your company's policy. Additional controllers are Aviva Health UK Limited who administers the policy and your company's intermediary (if applicable), who are responsible for the sale and distribution of the policy and any applicable reinsurers.

Personal information we collect and how we use it

We'll use personal information collected from you and obtained from other sources:

- to provide you with the benefit of your company's insurance cover: we need this to decide if we can offer insurance and if so on what terms and also to administer the 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 our insurers, reinsurers and brokers we use and for the detection and prevention of fraud
 - 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;

- 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 anti-money laundering checks.

As well as collecting personal information about you, we may also use personal information about other people, for example your eligible dependants who you wish to benefit from your company's policy. **If you're providing information about another person we expect you to ensure that they know you're doing so. You might find it helpful to show them this privacy notice**

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'll 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 unspent offences or criminal convictions of you or somebody else covered under the policy. We recognise that information about health and offences or criminal convictions is particularly sensitive information. We'll ensure that we only use that information where we need to for our insurance purposes (including assessing the terms of your insurance contract, dealing with changes to your policy and/or dealing with claims).

There may be times when we need consent to use personal information for a specific reason. If this happens we will make this clear to you at the time. If you give us consent to using personal information, you're 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 won't 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 isn't 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 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.

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 company's 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 the 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're 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 in respect of risks underwritten by Aviva, with insurers who cover Aviva under its group insurance policies and with our brokers who arrange and manage such reinsurance and insurance arrangements. They will use your data to decide whether to provide reinsurance and insurance cover, arrange and manage such cover, assess and deal with reinsurance and insurance claims under such cover and 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.

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 the policy. We may also need to keep information after our relationship with you has ended, for example to ensure we've an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we're required to do so for legal, regulatory or tax purposes.

Your rights

You've 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're no longer required, object to use of personal information based on legitimate business interests, 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've 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 or writing to the Data Protection Officer, Level 5, Pitheavlis, Perth PH2 0NH.

If you've a complaint or concern about how we use your personal information, please contact us in the first instance and we'll 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.

Need to make a claim?

Call us on

0800 158 3116

Lines are open Monday to Friday 9am-5pm.

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

Any questions about your policy?

Call us on

0800 158 5190

Lines are open Monday to Friday 9am-5pm.

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

Stress Counselling helpline

To talk to an experienced counsellor phone

0800 158 3349

This service is available to members aged 16 and over.

**This brochure is also available in braille,
large print and audio format.**

If required, please contact us on **0800 051 7501** to request a version in a format more suitable for you. Calls may be monitored and/or recorded.

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