



# **Speedy Diagnostics**

Terms and conditions



# Welcome to Aviva

This booklet tells you about your policy, including:

- what to do if you wish to claim
- what's covered
- what's not covered, and
- explanations of some of the terms used in this document so that you're fully aware of the cover you have bought.

When making a claim you'll need to refer to the information in this booklet, so please keep it somewhere safe. We recommend that you also make a note of your policy number and our contact information separately in case this booklet is lost or mislaid.

Throughout this booklet certain words are shown 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.

When we refer to 'you' or 'your' in this policy document, we mean a person named as an insured person in the policy schedule.

When we refer to 'we', 'our', or 'us', we mean Aviva Health UK Limited, which administers your policy on behalf of Aviva Insurance Limited, which underwrites and provides your contract of insurance. We are a wholly owned subsidiary of Aviva Insurance Limited and act as its agent for the purposes of: (i) receiving premium from our clients; and (ii) receiving and holding claims money and premium refunds prior to transmission to our client making the claim or entitled to the premium refund.

Throughout this policy document, the words 'such as', 'including' and 'for example' are illustrative only and are not intended to define an exhaustive list.

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 3333** and we'll be pleased to help you. Calls to and from Aviva may be recorded and/or monitored.

This policy is underwritten by Aviva Insurance Limited and administered by Aviva Health UK Limited.

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# Cover and benefits

The information on these pages shows the benefits available under your **policy**. If a **member** is resident in the Channel Islands or Isle of Man additional cover and benefits apply. Please refer to the special terms page in the Policy Schedule.

Some important notes apply:

- This **policy** covers you for **diagnostic tests** which will enable a **specialist** to make an initial diagnosis of an illness or injury from your symptoms. The only exceptions to this are:
  - angioplasty when done at the same time as an angiogram; and
  - therapeutic arthroscopy when done at the same time as a diagnostic arthroscopy.
- Please remember that this **policy** does not cover you for **treatment** and is not a substitute for full private medical insurance. If your **specialist** is planning tests that may go on and include **treatment**, you may incur costs not covered by this **policy**. We recommend that you discuss this with your **specialist** before undergoing any **diagnostic tests**.
- All **diagnostic tests** must be by, and under the care of, **specialists** following referral by a **GP**.
- A no claim discount applies to this **policy**. For further details please see [aviva.co.uk/health-ncd](https://aviva.co.uk/health-ncd)
- We take our obligations under the Equality Act 2010 seriously, and do not exclude cover generally for people on the basis of their protected characteristics. The cover and exclusions detailed in your **policy** apply to everyone and are a reflection of the commercial risk we are prepared to accept as an insurance company.

**In-patient** and **day-patient diagnostic tests** will be covered when they take place at a **hospital** on the Speedy Diagnostics hospital list or a facility within one of our **networks**. All **diagnostic tests** must be carried out by providers (such as **hospitals**, facilities, **specialists**) recognised by us. If you undergo **diagnostic tests** with a provider that we do not recognise, we will not pay that provider's fees.

## Networks

We have set up **networks** of **treatment** units, specialising in managing certain conditions. We only work with clinicians and medical facilities that meet our quality care standards.

More information on **networks** and a list of conditions for which we have a **network** in place can be found at [aviva.co.uk/health-network](https://aviva.co.uk/health-network).

If you need **diagnostic tests** for a suspected condition for which we have a **network**, you can benefit from our **networks** by obtaining an open referral and allowing us to confirm a facility for you, or you can choose to use a **hospital** on the Speedy Diagnostics hospital list.

If you undergo **diagnostic tests** as an:

- **in-patient** or
- **day-patient**

in a **hospital** that is not:

- included on the Speedy Diagnostics hospital list
- included in one of our **networks**, or
- an NHS pay-bed at an NHS **hospital**

but is recognised by us, we will calculate the average cost of equivalent **diagnostic tests** across all **hospitals** on the Speedy Diagnostics hospital 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 **diagnostic tests** 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.

This **policy** only covers **diagnostic tests** if you undergo them in the **UK**.

If you receive **diagnostic tests** in a **hospital** that is not recognised by us, we will not pay any **hospital** fees for your **diagnostic tests**.

If you undergo **diagnostic tests** 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** where you undergo NHS **in-patient** or **day-patient diagnostic tests**), 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.)

| Benefits   | Amount payable                       | Notes  |
|--|--------------------------------------|--|
| <b>Diagnostic tests as an out-patient</b>  |                                      |  |
| Consultations with a <b>specialist</b>   | Up to the limits in our fee schedule | See the <u>specialists' fees</u> benefit term  |
| <b>Specialists' fees for diagnostic tests</b>  | Up to the limits in our fee schedule | See the <u>specialists' fees</u> benefit term  |
| <b>Diagnostic tests</b><br>for example blood tests, X-rays, scans, ECGs                                | In full                              | Including any drugs and surgical dressings.<br><br>CT, MRI and PET scans as an <b>out-patient</b> will only be covered at a <b>diagnostic centre</b> . |
| <b>Diagnostic tests as a day-patient or in-patient</b>   |                                      |  |
| <b>Hospital charges for diagnostic tests</b><br>for example an endoscopy, removal of tissue for biopsy | In full                              | Accommodation and meals; nursing care, drugs and surgical dressings and theatre fees   |
| <b>Specialists' fees</b>   | Up to the limits in our fee schedule | See the <u>specialists' fees</u> benefit term  |
| Additional service - use of this service will not affect your no claim discount                        |                                      |  |
| Stress Counselling helpline  | Unlimited number of calls            | This service is available to <b>members</b> aged 16 and over. See the <u>Stress Counselling helpline</u> benefit term                                  |

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

# Benefit terms

## Specialists' fees

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](https://aviva.co.uk/health/online-fee-schedule), or call our customer service helpline on **0800 158 3333**.

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

## Stress Counselling helpline

The Stress Counselling helpline service is designed to be available 24 hours a day but some reasonable delay may be experienced from time to time.

This is not an emergency service. You may call on behalf of another **member** subject to any patient confidentiality requirements of the service provider.

In using the helpline, 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 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.

Stress Counselling helpline: **0800 158 3349**

# Exclusions

## Consultations and diagnostic tests by providers that are not recognised

If you see 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 centre that we do not recognise, we will not pay for that provider's charges.

## Diagnostic tests that aren't covered

We do not cover **diagnostic tests**:

- ordered by a **specialist** without referral from a **GP**
- ordered by a **GP** (the **GP** must refer you to a **specialist**)
- or consultations for your condition once a diagnosis has been made by either a **GP**, **specialist**, ophthalmic optician or dentist
- or consultations that you need as a result of an injury sustained whilst you are training for or taking part in sport for which you are paid or personally funded by sponsorship or grant (including equipment and any kit). This exclusion does not apply if you are coaching the sport or receiving travel costs only
- to assess learning difficulties or developmental or behavioural problems such as attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder
- directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep), or
- to find the cause of infertility or the cause of miscarriage.

## Drugs and dressings

We do not cover the cost of drugs and dressings for you to take home from **hospital**.

## Hospital accommodation charges

We do not cover **hospital** accommodation charges:

- if for any reason the **hospital** has effectively become or could be treated as being your home or place where you permanently live,
- where admission to the **hospital** is arranged wholly or partly for domestic reasons, or
- if the charges are for **diagnostic tests** as part of a **hospital** stay for another condition.

## Pre-existing conditions

Your **policy** is also subject to one of five ways of dealing with **pre-existing conditions**. This is sometimes called underwriting. Your **policy schedule** will show which type of underwriting you have chosen.

## Routine medical examinations and screening

We do not cover:

- routine medical examinations (such as sight tests, dental check ups or ante natal tests), medical screening, health check-ups or
- any **diagnostic tests** to discover the presence of a potential disease or illness if you do not have symptoms, for example genetic tests.

## Treatment

We will not cover **treatment** of your condition or suspected condition (this exclusion does not apply to an angioplasty or arthroscopy if done at the same time as the **diagnostic test** which showed that you needed it).

# Underwriting

Your **policy** is subject to one of five different types of underwriting. Your **policy schedule** will show which type of underwriting applies to you.

## Full medical underwriting (FMU)

We do not cover **diagnostic tests** for any **pre-existing condition**, or any **related** or associated condition, unless:

- you told us about the **pre-existing condition** in writing when you applied for the **policy**, and
- either we did not apply an exclusion for it, or it is not excluded under the **policy**.

Any medical exclusions we have applied are available on request by calling **0800 092 4590\***.

We may review your personal medical exclusion(s) at your **renewal 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 **renewal 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**), in our view is likely to need **diagnostic tests** or **treatment** in the future. There are some medical exclusions that we will not review – for example, exclusions for **chronic conditions**.

## Continued medical exclusions (CME)

– for **members** who were fully medically underwritten (FMU) on an Aviva policy and then transferred to Speedy Diagnostics

We apply the personal medical exclusions for **pre-existing conditions** that we placed on your previous policy, if any. New exclusions may be added to your policy based on the answers you have provided or are required to provide on your application. Any medical exclusions we have applied are available on request by calling **0800 092 4590\***. The terms and conditions of this **policy** will be different to those of your previous policy.

We may review your personal medical exclusion(s) at your **renewal date**, if you ask us to. If we have reviewed a medical exclusion at your **renewal date**, we will let you know when the medical exclusion may be reviewed again, if you ask us.

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

We will not alter or remove a medical exclusion if the excluded medical condition (or any **related condition**) is likely to need **diagnostic tests** or **treatment** in the future. There are some medical exclusions that we will not review – for example, exclusions for **chronic conditions**.

## Moratorium (Mori)

We do not cover **diagnostic tests** for any **pre-existing condition**, or any **related** condition, if you had:

- symptoms of,
- medication for,
- **diagnostic tests** for,
- **treatment** for, or
- **advice** about

that condition in the five years before you joined the **policy**.

However, we will cover **diagnostic tests** for that condition if you do not have:

- medication for,
- **diagnostic tests** for,
- **treatment** for, or
- **advice** about

that condition during a continuous two year period after you join the **policy**.

**Continued moratorium (CMORI)** – for **members** who were insured on a moratorium (Mori) basis on an Aviva policy and then transferred to Speedy Diagnostics

We do not cover **diagnostic tests** for any **pre-existing condition**, or any **related** condition, if you had:

- symptoms of,
- medication for,

- **diagnostic tests** for,
- **treatment** for, or
- **advice** about

that condition in the five years before your initial date of cover. Your initial date of cover will be the date that you first started cover with Aviva (provided that there has been no break in cover since then). However, we will cover **diagnostic tests** for that condition if you do not have:

- medication for,
- **diagnostic tests** for,
- **treatment** for, or
- **advice** about

that condition during a continuous two year period after your initial date of cover.

The terms and conditions of this **policy** will be different to those of your previous policy.

**Medical history disregarded (MHD)** – for **members** who were insured on a MHD basis on an Aviva policy and then transferred to Speedy Diagnostics

We do not apply any personal medical exclusions to your **policy** as a result of **pre-existing conditions**.

The terms and conditions of this **policy** will be different to those of your previous policy.



# Policy conditions

## Who can be a member?

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

- The **policyholder**
- the **policyholder's** spouse, partner or civil partner and
- their children

can all be **members**.

Each **member** must be a **UK resident** for the duration of the **policy year**. You must notify us as soon as possible if:

- at any time a **member** ceases to be a **UK resident** during the **policy year**, or
- it might reasonably be expected that a **member** may cease to be a **UK resident** following any renewal of the **policy**.

If a **member** ceases to be a **UK resident**, we may cancel cover for that **member** from up to 14 days after we become aware, as the policy does not provide cover for any **members** who cease to be a **UK resident** and the relevant **member** will need to arrange alternative cover if they wish to continue their underwriting terms with another provider.

If we cancel a **member's** cover for this reason:

- the **policyholder** will be entitled to a proportionate refund of the premium paid in respect of the cancelled cover (if applicable), less a proportionate deduction for the time we have provided cover, and
- we will notify the **policyholder** in writing by post to your last known address or appointed intermediary.

## Adding members

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

## Newborn babies

If the **policyholder** or their spouse, partner or civil partner has a baby while they are covered by the **policy**, they can add their baby to the **policy** from the baby's birth date, if the **policyholder** applies

to us within three months of the baby's birth date. This means that at the point of claim their medical history will be disregarded, and no personal medical exclusions will apply.

No premium will be required either:

- for three months from the date of the baby's birth, or
- until the next **renewal date**

whichever happens sooner.

Please also see Child rates under 'Premiums' section.

## Premiums

The **policy schedule** shows you how much must be paid, when and by which payment method. We will advise the **policyholder** if the premium changes.

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.

If any amounts paid under this **policy** need to be refunded to the **policyholder** (for whatever reason) they will be paid into the account from which we received the original funds.

We will not pay any claims if premiums are not paid up to date at the time your **diagnostic tests** take place.

We can set off any amount that we owe to you against any amount due to us from you, and will give you written notice if we do.

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.

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 frequency with which you **pay** the premium (for example from monthly to annually) you **can** do this at the **renewal date**.

If there are no changes to your **policy** during the **policy year**, any change to your premium will only

take effect from the **renewal date**. See the section titled 'changes to your circumstances'.

We act as agent of Aviva Insurance Limited for the purposes of receiving premium, receiving and holding claims money and premium refunds. Once a premium is received by us it is treated as if it has been paid directly to Aviva Insurance Limited and claims money and premium refunds will only be treated as received by you when they are actually paid over by us.

### Child rates

A premium is payable for all **members** on the **policy** aged 20 and over.

A premium is payable for the eldest **member** aged under 20 on the **policy**.

All other **members** aged under 20 on the **policy** are covered free. (This will only apply if there is at least one **member** aged 20 or over on the **policy**).

### No claim discount (NCD)

Your **policy** includes a no claim discount (NCD) which is reviewed at each **renewal date**. For full details of how the NCD is applied, please see [aviva.co.uk/health-ncd](https://aviva.co.uk/health-ncd)

### Payments for ineligible diagnostic tests and treatment

If at any time, due to exceptional circumstances, we agree to pay for **diagnostic tests** or **treatment** that is not normally eligible on your **policy**, this does not mean that we will make another payment for **diagnostic tests** or **treatment** in the same or similar circumstances.

Any payments we do make towards the cost of ineligible **diagnostic tests** or **treatment** may affect your no claim discount.

### Changes to your circumstances

The **policyholder** must tell us as soon as possible about any changes relating to **members**, for example a change of name or if they cease to be a **UK resident**. We reserve the right to alter the premiums or **policy**

**terms**, cancel cover for a **member** of the **policy** or cancel the **policy** following a change of risk.

The following changes can be made to your **policy** at any time during the **policy year**, but this could result in your premium changing before your **renewal date**:

- changes relating to **members**, for example a change of name, title, address or change to their **UK resident** status
- the correction of any information shown on the **policy schedule**
- removing **members** from the **policy** (which will be done following notification they are no longer a **UK resident**)
- changes to the underwriting terms.

Any changes made during the **policy year** will be treated as a continuation of your contract of insurance.

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

### Renewing the policy

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

We will send your renewal documents to you before your **policy** is due to renew in order to give you time to decide whether to renew the **policy** or cancel it.

### Changes to your cover

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.

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

### 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 purchasing the **policy**

or receiving the **policy** 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 **policy year**).

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

Aviva Health UK Limited  
Chilworth House  
Hampshire Corporate Park  
Templar's Way  
Eastleigh  
Hampshire  
SO53 3RY

or by calling us on **0800 092 4590**.

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.

### 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 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 **member** 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 **members** listed on the **policy schedule**, or
- where the claim is made by, or on behalf of, a **member**, we may cancel that **member's** cover back to the date of the fraudulent act and keep premiums in respect of that **member's** cover. Alternatively, we may apply different terms (in line with reasonable underwriting practice) to that **member's** cover.

If we cancel the **policy** or any **member's** cover for these reasons we will notify the **policyholder** (and the relevant **member**) in writing by first class post or e-mail to their last known address or e-mail address as appropriate.

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 **member**.

We reserve the right to close the Speedy Diagnostics product at your **renewal date**. We will contact you to advise you if this happens.

### If the policyholder dies

We will not automatically cancel the **policy** if the **policyholder** dies. The **policy** will transfer to the **policyholder's** spouse or partner or the eldest child over the age of 18, subject to their agreement to continue the **policy** and accept its terms and conditions.

### Third party claims

You need to let us know if you needed consultations or **diagnostic tests** 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 any consultations or **diagnostic tests** that we have paid for. We call this a third party claim.

You must notify us and 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 consultations or **diagnostic tests** then you must not settle your personal injury claim unless we have given our agreement to you or your lawyers.

If you recover any payments that we have made under your **policy** including payment for your consultations or **diagnostic tests** and including any interest on payments we have made, you must forward these sums to us immediately.

If we want to, we can bring proceedings in your name for our own benefit to recover any costs we have incurred or payments we have made.

We will not pay for any costs, outlays or payments, or claim against any third party for costs, outlays or payments that are not covered by your **policy**.

We will have full discretion in the conduct of any such proceedings and in the settlement of any claim.

We cannot offer you legal advice.

### If you have other insurance

If you have any other insurance covering any of the benefits covered by your Aviva **policy**, you must let us know and provide us with any information we may require, as we may recover our share of these costs from that other insurer.

### Law

This contract is governed by and shall be construed in accordance with 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.

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

Notwithstanding any provisions of this **policy**, we will not be obliged to exercise or comply with any of our rights and/or obligations under this **policy** if to do so would cause (or may be reasonably likely to cause) us to breach any law or regulation in any jurisdiction.

# How to claim

When you are referred by your GP, please call us on **0800 158 3333**. Calls to and from Aviva may be recorded and/or monitored.

If we have a network for your suspected condition and you obtain an open referral we can direct you to a network facility if we have one, or you can choose to use a hospital on the Speedy Diagnostics hospital list.

A list of the suspected conditions for which we have networks in place and the facilities, specialists and other practitioners we recognise under those networks can be found at [aviva.co.uk/health-network](https://aviva.co.uk/health-network)

If you have been given an open referral, with no specialist name, we can help to name the specialists in your area that work out of a hospital on the Speedy Diagnostics hospital 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 consultations or diagnostic tests take place so that we can tell you:

- if the consultations or diagnostic tests are covered
- if your specialist is recognised by us
- which hospitals and diagnostic centres are available to you for your claim
- if there are any limits that apply to your cover, and
- if 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 consultations or diagnostic tests, when and where they are due to take place and how long they are expected to last, and
- your specialist's name and full address.

You need to give us all the information relating to your claim including:

- a completed claim form if we ask for one (we need 5 working days to assess claim forms)
- any medical reports relating to your consultations or diagnostic tests
- 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 will only be paid for consultations and diagnostic tests received by a person who is a member at the time they take place.

## Claims payments

We pay all costs in sterling.

Most hospitals on the list, facilities within our networks and specialists 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, facility or specialist consultation where the diagnostic test took place. The hospital, facility or specialist will then forward it to us for payment.

Sometimes you might be sent the bills first.

All you need to do is send them on to us with a fully completed claim form (if we have asked you to complete one) or with details of your full name, address and policy number. We will then pay the hospital, facility or specialist direct for eligible costs.

If you would like details of the bills we have paid for your consultations or diagnostic tests, please call us on **0800 158 3333** and we will send you a summary.

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

We do not pay any claims if premiums are not paid up to date at the time your consultation or diagnostic tests take place.

# Hospitals

We've set up networks of treatment units, specialising in managing certain conditions. We only work with clinicians and medical facilities that meet our quality care standards. These facilities measure their outcomes using patient reported outcome measures (known as PROMs), condition-specific clinical outcome scores and service user satisfaction scores.

More information on networks and a list of the conditions for which we have a network in place can be found at [aviva.co.uk/health-network](https://aviva.co.uk/health-network). Details of our hospital lists are available online at [aviva.co.uk/hospital-lists](https://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 don't have internet access and need to know whether or not a hospital is on your list, please call **0800 015 1013\***.

Please remember that CT, MRI and PET scans carried out as an out-patient will only be covered at one of our recognised diagnostic centres.

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 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:

Bill Payment Team  
Aviva Health UK Limited  
Chilworth House  
Hampshire Corporate Park  
Templar's Way  
Eastleigh  
Hampshire  
SO53 3RY

## Children

Only a limited number of hospitals in the UK are able to admit children for diagnostic tests as private patients. Please contact the customer service helpline on **0800 158 3333\*** if you have any queries about cover for children on your policy. Calls to and from Aviva may be recorded and/or monitored.



## Private Healthcare Information Network

You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network: [phin.org.uk](https://phin.org.uk)

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

# Privacy notice

Aviva Health UK Limited and Aviva Insurance Limited are the main companies responsible for your Personal Information (known as the controller). Where the cover was taken out online, directly with Aviva, then Aviva UK Digital Limited will also be a controller for the sale and distribution of the product.

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at [aviva.co.uk/privacypolicy](https://aviva.co.uk/privacypolicy) or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, and to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

We may carry out automated decision making to decide on what terms we can provide products and services, deal with claims and carry out fraud checks. More information about this, including your right to request that certain automated decisions we make have human involvement, can be found in the “Automated Decision Making” section of our full privacy policy.

We may use Personal Information we hold about you across the Aviva group for marketing purposes, including sending marketing communications in accordance with your preferences. If you wish to amend your marketing preferences please contact us at [contactus@aviva.com](mailto:contactus@aviva.com) or by writing to us at: Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD. More information about this can be found in the “Marketing” section of our full privacy policy.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the “Data Rights” section of our full privacy policy or by contacting us at [dataprt@aviva.com](mailto:dataprt@aviva.com).



# 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**

Email: [hcqs@aviva.com](mailto:hcqs@aviva.com)

Calls may be monitored and/or recorded.

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](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [financial-ombudsman.org.uk](http://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, whether through a network or otherwise, 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 third party 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're 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 the compensation scheme is available from:

Financial Services Compensation Scheme  
10th Floor  
Beaufort House  
15, St Botolph Street  
London  
EC3A 7QU  
Website: [fscs.org.uk](https://fscs.org.uk)

### **Language**

All documents and correspondence relating to this policy will be written in English.

# Definitions

## Advice

Any:

- consultation
- advice or
- prescription.

## 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.

## 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 under this **policy** to carry out a CT, MRI or PET scan.

## Diagnostic tests

Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.

## GP

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

## Hospital

- A hospital included on the Speedy hospital list at the time you undergo the **diagnostic test**

- an NHS pay-bed at an NHS hospital

which we recognise to provide the **diagnostic test** undertaken, or:

- any establishment which we agree is an appropriate facility for the provision of **diagnostic tests**, prior to the **diagnostic test** 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**.

## Network

A group of facilities specialising in managing specific suspected conditions.

We only work with clinicians and medical facilities that meet our quality care standards.

More information on networks can be found at [aviva.co.uk/health-network](https://aviva.co.uk/health-network)

## 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**.

## 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**
- **members** and
- amendments.

## Policy year

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

## 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 you joined the **policy**.

## 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.

## 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,
- holds a Certificate of Higher Specialist Training issued by the Higher Specialist Training Committee of the relevant Royal College or faculty, and
- is included in the Specialist Register kept by the General Medical Council

and who is recognised by us to provide consultations and diagnostic tests to the **member** required for the **member's** condition.

## Treatment

Surgical or medical services (but not including **diagnostic tests**) that are needed to relieve or cure a disease, illness or injury.

## UK

For the purposes of this **policy**, being Great Britain and Northern Ireland, the Channel Islands and the Isle of Man.

## UK resident

- Having the legal right to reside in the **UK** (ie. holding UK citizenship or an appropriate visa) for the duration of the **policy year**; and
- Physically living in the **UK** for the duration of the **policy year** (other than for trips abroad totalling no more than 3 months during the **policy year**).







## Need this in a different format?

**Please get in touch if you would prefer this brochure (GEN6883),  
in large print, braille or as audio.**

### How to contact us?



**0800 158 3348**



**contactus@aviva.com**



**aviva.co.uk**

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(i) receiving premium from our clients; and (ii) receiving and holding claims money  
and premium refunds prior to transmission to our client making the claim or entitled to  
the premium refund.

**aviva.co.uk/health**

