# Medios Executive Plus

## Terms and conditions

**Effective 1st January 2024**

AVIVA

## Contents

# Definitions

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

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

## Accident or emergency admission

An admission to:

- **hospital** directly following an accident
- a **hospital** ward directly from the emergency department for urgent or unplanned **treatment**, or
- a **hospital** ward on the same day as a referral for **treatment** is made either by a **GP** or **specialist**, when immediate **treatment** or **diagnostic tests** are **medically necessary**.

## Acute condition

A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

## Advice

Any

- consultation,
- advice or
- prescription.

# Definitions

## Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

## Chronic condition

A disease, illness or injury which has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

## Commencement date

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

## Complementary medical treatment

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

## Date of entry

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

## Day-patient

A patient who is admitted to a **hospital** or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

## Diagnostic centre

A

- **hospital** or
- facility

recognised by us to carry out a CT, MRI or PET scan.

## Diagnostic tests

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

## GP

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

## Hospital

- A hospital included on your chosen hospital list, as shown on your **policy schedule**, or

- an NHS pay-bed

  which we recognise to provide the type of **treatment** undertaken, or
- any establishment which we agree is an appropriate facility for the provision of **treatment**, prior to **treatment** being carried out.

## In-patient

A patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

## Insured person

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

a. the **policyholder**;

b. the person to whom the **policyholder** is married or with whom he/she cohabits permanently;

c. unmarried own, step, foster and adoptive children of a. or b. above.

## Medically necessary

**Treatment** or a medical service which is needed for your diagnosis and is appropriate in the opinion of a qualified medical practitioner or **specialist**. By generally accepted medical standards, if it is withheld your condition or the quality of medical care you receive would be adversely affected.

## Medicines

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

## Minor surgery

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

## Network

A group of treatment units, specialising in managing specific 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**.

## Nurse

A qualified nurse who:

- is on the register of the Nursing and Midwifery Council (NMC), and
- holds a valid NMC personal identification number.

# Definitions

## Open referral

A referral for tests or treatment that details the type of **specialist** you need to see but does not name a specific specialist or **hospital**.

An open referral should include:

- your medical condition/symptoms
- the specialism and sub-specialism of the consultant that you need to see.

## Out-patient

A patient who attends a **hospital**, consulting room, or out-patient clinic and is not admitted as a **day-patient** or an **in-patient**.

## Period of cover

The period set out in the **policy schedule** during which cover is in place and for which the premium has been paid.

## Physiotherapist

A practitioner who is:

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

## Policy

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

## Policyholder

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

## Policy schedule

The schedule giving details of (amongst others):

- the **policyholder**
- **insured persons**, and
- amendments.

## 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 your **date of entry**.

## Psychiatric therapist

A practitioner who is:

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

and who is recognised by us.

## Related

Diseases, illnesses or injuries are related if, in our reasonable medical opinion, one is a result of the other or if each is a result of the same disease, illness or injury.

## Relevant date

The actual date of **treatment**.

## Review date

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

## Specialist

A registered medical practitioner who:

- has at any time held and is not precluded from holding a substantive consultant appointment in the relevant specialty 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.

## Surgical appliances

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

## Treatment

Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

## UK

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

## 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**).

# Cover and benefits

The purpose of this **policy** is to cover you during a **period of cover** for the **treatment** of **acute conditions** on a short term basis. If you are a resident in the Channel Islands or Isle of Man additional cover and benefits apply. Please refer to the additional benefits document. Except as otherwise stated below, all **treatment** must be by, and under the care of, **specialists** following referral from your **GP**.

**You** are covered for eligible **treatment**. Eligible **treatment** is **treatment** of an **acute condition**:

- covered under your **policy**, including facilities, services and equipment,
- shown by current best available clinical evidence to improve your health outcome, at the time your **treatment** takes place,
- appropriate for your individual care, including how it is carried out, how long it continues and how often it occurs,
- carried out by a health care professional, such as a **specialist**, who is qualified to provide your **treatment** and to care for your condition, and is recognised by us,
- carried out at a **hospital** on your list or an NHS **hospital**, recognised by us to provide the type of **treatment** undertaken,
- carried out in facilities where appropriate clinical governance processes are in place at the time your **treatment** takes place, and
- undertaken because you need it for medical reasons.

All **treatment** and **diagnostic tests** must be carried out by providers (such as **hospitals**, facilities, **specialists**) recognised by us. If you have **treatment** with a provider that we do not recognise, we will not pay that provider's fees.

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.

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

## Benefits

Benefits available for **treatment** under this **policy,** subject to the benefit terms, shall be limited to **hospital** charges and professional fees for the following:

| Benefits | Amount payable | Notes<br>- see also benefit terms |
|---|---|---|
| A. **In-patient** or **day-patient treatment** at a **hospital** on your chosen list, a **network** facility or an NHS **hospital** recognised by us – see benefit term 4 | | |
| i. **Hospital** charges | In full | Consisting of accommodation and meals; nursing care, drugs and surgical dressings; operating theatre; intensive and high dependency care; **surgical appliances** and physiotherapy. See benefit term 4 |
| ii. **Specialists'** fees | Up to the limits in Aviva's fee guidelines for **specialists** | Consisting of surgeons', anaesthetists' and physicians' fees. See benefit term 2b |
| iii. **Diagnostic tests**<br>Including blood tests, X-rays, physiological tests such as ECGs; CT, MRI and PET scans | In full | Including blood tests, X-rays, physiological tests (such as ECGs) and CT, MRI and PET scans |
| iv. Radiotherapy/chemotherapy | In full | |
| v. Mental health **treatment** | In full | Up to a maximum of 100 days per **insured person** per one year **period of cover**. See benefit term 5. **Specialists'** and practitioner fees are covered up to the limits in our fee schedule |
| B. **Out-patient treatment** | | |
| i. Consultations with a **specialist** | In full | **Specialists'** fees are covered up to the limits in our fee schedule. See benefit term 2b |
| ii. **Treatment** by a **specialist** | In full | Including **hospital** fees, equipment charges and anaesthesia. **Specialists'** fees are covered up to the limits in our fee schedule. See benefit term 2b |
| iii. **Diagnostic tests** | In full | Including blood tests, X-rays, physiological tests (such as ECGs) and CT, MRI and PET scans. CT, MRI and PET scans as an **out-patient** are only covered at a **diagnostic centre** |

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

| Benefits | Amount payable | Notes<br>- see also benefit terms |
|---|---|---|
| iv. Radiotherapy/chemotherapy | In full | |
| v. **Treatment** by a **physiotherapist** | | Practitioner fees are covered up to the limits in our fee schedule. See benefit term 2b |
| a. on **specialist** referral | In full | Following eligible **in-patient** or **day-patient treatment** |
| b. on **GP** referral or on **specialist** referral | Maximum of 12 sessions per **insured person** per one year **period of cover** | Not following eligible **in-patient** or **day-patient treatment** |
| vi. Mental heath **treatment** | In full | On referral by a **GP** to a **psychiatric therapist** or to a psychiatric **specialist**. See benefit term 5. **Specialists'** and practitioner fees are covered up to the limits in our fee schedule. See benefit term 2b |
| **Additional Benefits** | | |
| C. Nursing at home by a **nurse** | In full | Immediately following eligible **in-patient treatment**. See benefit term 6 |
| D. Private ambulance | In full | See benefit term 7 |
| E. Parent accommodation when staying with a child covered by the **policy** | In full | Child aged 15 or under receiving eligible **treatment**; one parent only. See benefit term 8 |
| F. **Minor surgery** by a **GP** | Up to £250 | For procedures appearing on our GP **minor surgery** list.<br>For further details please see **aviva.co.uk/gp-minor-surgery** |
| G. i. **Complementary medical treatment** | £600 in combined total | Up to 12 sessions per **insured person** per one year **period of cover**, maximum £50 per session. See benefit term 9 |
| ii. **Medicines** | Up to £100 | For **medicines** when prescribed by a homeopath, herbal practitioner or naturopath only, per **insured person** per one year **period of cover** |
| H. NHS cash benefit | £200 | For each night spent undergoing eligible NHS **in-patient treatment**; up to a maximum of 100 nights per **insured person** per one year **period of cover**. See benefit term 10 |
| I. **Day-patient** cash benefit for private **treatment** | £100 | Payable if private **day-patient treatment** is received rather than private **in-patient treatment** |

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

| Benefits | Amount payable | Notes<br>- see also benefit terms |
|---|---|---|
| J. **Treatment** for complications of pregnancy and childbirth | In full | Subject to the condition arising at least 10 months after the **date of entry**. See benefit term 11 |
| K. Targeted drug therapies for **cancer** | In full | Up to 24 months per condition. The time limit starts from when you first start receiving the targeted therapy. We only cover drugs that would be available to you on the NHS |
| L. Bone strengthening drugs (such as bisphosphonates) | Up to 24 months | We pay for bone strengthening drugs when they are being used to treat metastatic bone disease |
| M. Monitoring after **treatment** for **cancer** | Up to 5 years | We will pay for monitoring for up to 5 years after **your treatment** for **cancer** has finished.<br>This includes **diagnostic tests** and consultations.<br>We do not pay for monitoring after **treatment** for non-melanoma skin **cancer** |
| N. Stress Counselling helpline | Unlimited number of calls | This service is available to **insured persons** aged 16 and over.<br>See benefit term 12 |

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

# Benefit terms

1. The date for determining the benefits available for **treatment** shall be the **relevant date**.

2a. All costs for which benefit is claimed must:

- be **medically necessary**, and
- unless otherwise specified in this **policy** be wholly and exclusively for the purpose of **treatment** of **acute conditions** on a short term basis.

Benefit is only payable in respect of **treatment** that aims to return you to the state of health you were in immediately before suffering the disease, illness or injury or which leads to your full recovery.

b. We cover **specialists**' fees and practitioner fees (such as physiotherapists and psychiatric therapists) 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 difference.

You can view the fee schedule online at **aviva.co.uk/health/online-fee-schedule** or call our customer service helpline on 0800 158 3102. Calls to and from Aviva may be recorded and/or monitored.

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

4. If you receive **treatment** as an **in-patient** or **day-patient** in a **hospital** or facility that is not:

- included on your hospital list,
- included on 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 **treatment** across all **hospitals** on your list and that average cost is the maximum we will pay. This could leave you with a shortfall that the **policy** does not cover. If the actual cost of the **treatment** is less than the average cost, we will pay the **hospital** costs in full. We will cover **specialists**' fees up to the limits in our fee schedule.

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

If you receive **treatment** as an NHS **in-patient** or **day-patient** whilst occupying an NHS amenity bed (a bed paid for by you in a single room or side ward in an NHS **hospital** recognised by us where you receive NHS **in-patient** or **day-patient treatment**), and that **treatment** would have been covered by the **policy** if you had chosen to receive it as a private patient, we will reimburse you for the cost of the amenity bed.

We will pay the fixed cost for the amenity bed only; we will not pay for additional extras (such as visitor meals).

If you claim for the cost of an NHS amenity bed you cannot also claim NHS cash benefit for the same **treatment**.

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

   BUT:

   We do not cover

   - **treatment** that is given solely to alleviate symptoms, or
   - chronic mental health conditions.

   We consider a mental health condition to be chronic if:

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

   We do not cover **treatment**, including **diagnostic tests** to treat or assess learning difficulties or developmental or behavioural problems such as attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder.

   Mental health **treatment** is not available under any other benefit.

6. Benefit C (nursing at home) is only available for nursing on condition that it satisfies all of the following:

   - It is necessary to replace **hospital** nursing
   - It is prescribed by a **specialist** for medical reasons
   - It is under the direction of a **specialist**
   - It immediately follows eligible **in-patient treatment**, and
   - It is not related to pregnancy, childbirth or maternity care.

7. Benefit D (private ambulance) is payable for transport by private ambulance which is **medically necessary** if you are receiving eligible **treatment** as a **day-patient** or **in-patient** and need transport to and/or from **hospital**.

8. Benefit E (parent accommodation) is payable in full if the parent is staying in the same **hospital** as the child and is accompanying him or her through medical necessity. If accommodation for the parent is not available in the **hospital** we will pay up to £100 per night towards the cost of accommodation in a nursing home or hotel for up to 30 nights.

# Benefit terms

9. For the purposes of benefit G, the following practitioners are recognised by us:

   *Acupuncture*

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

   - a Medical Member or
   - Accredited Member

   of the British Medical Acupuncture Society, and

   who is recognised by us

   **OR**

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

   *Chiropractic*

   A practitioner who is:

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

   *Homeopathy*

   A homeopath who is a member of:

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

   *Osteopathy*

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

   *Medical Herbalism*

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

10. Benefit H (NHS cash benefit). We will pay NHS cash benefit if:

    - you receive **treatment** as an NHS **in-patient**, and
    - that **treatment** would have been covered by the **policy** if you had chosen to receive it as a private patient.

    When you make a claim for NHS cash benefit, we may ask for the discharge summary from the **hospital**.

    NHS cash benefit is not available:

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

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

11. Benefit J (complications of pregnancy and childbirth) will only be available for **treatment** directly or indirectly arising from or recommended by your **specialist** in connection with the following conditions once diagnosed:
    - ectopic pregnancy (development of foetus outside the womb)
    - miscarriage (if you have miscarried, but not investigations into the cause of miscarriage or **treatment** to prevent miscarriage)
    - still birth
    - hydatidiform mole (cell growth abnormality in the womb)
    - retained placenta (afterbirth retained in the womb)
    - eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
    - caesarean sections – in specific clinical circumstances (we require full clinical details from your **specialist** before we can make a decision about your cover).

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

12. Benefit N (Stress Counselling helpline). This service is designed to be available 24 hours a day but some reasonable delay may be experienced. This is not an emergency service. You may call on behalf of another **insured person** subject to any patient confidentiality requirements of the service provider. In using the helpline, you (where applicable, on behalf of another **insured person**) automatically authorise the use and disclosure of any medical or other information, on a fully confidential basis as between us and any service providers we use in making the service available, for the sole purpose of **policy** and service administration.

    We will not be responsible for any failure in the provision of the helpline service to the extent that it is due to circumstances beyond the reasonable control of us or any of our service providers.

    Call charges are the responsibility of the caller.

    The Stress Counselling helpline is available to **insured persons** aged 16 and over.

    Stress Counselling helpline:
    **0800 158 3349**

# Exclusions from cover

Benefits will not be available for

1. **Treatment**

a. of any **pre-existing condition** or any **related** condition unless the **pre-existing condition** or any **related** condition was fully disclosed to us in writing on our prescribed application and we have not expressly excluded **treatment** relating to it, or it is not excluded under the **policy**.

Any medical exclusions we have applied are available online at **aviva.co.uk/myaviva** or on request by calling 0800 092 4590.

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

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

b. of a **chronic condition**.

In particular:

- regular planned check ups for a **chronic condition** where you are likely to need **treatment**
- expected deterioration of a **chronic condition** which needs regular consultations, **diagnostic tests** or **treatment**.

BUT:

- we do cover unexpected acute flare-ups of a **chronic condition** until your condition is re-stabilised (this does not apply to chronic mental health conditions – please see benefit term 5 for further information).

c. directly or indirectly arising from or required in connection with:

- pregnancy or childbirth, or **related** conditions that can only be caused by pregnancy or childbirth.

BUT: We do cover:

- **related** conditions that can also be experienced outside of pregnancy and childbirth, and
- the specific complications listed under the pregnancy complications benefit (Benefit J).

- voluntary sterilisation;
- infertility or **diagnostic tests** to find the cause of infertility.

d. for alcoholism, alcohol misuse, solvent misuse, drug misuse or addictive conditions of any kind and **treatment** of any illness or injury arising directly or indirectly from any such misuse or addiction;

e. received in health hydros, nature cure clinics or similar establishments, or private beds registered as a nursing home attached to such establishments;

f. by a **specialist** without a referral from your **GP** except for **treatment** of **acute conditions** in an emergency but only if your **GP** is kept fully informed of the **treatment** so that he/she is able to support a claim for benefit;

This exclusion 1g does not apply to **treatment** provided under benefit G (**complementary medical treatment**).

g. of mental health or geriatric conditions except as provided under benefits A (v) and/or B (vi);

h. of foetal surgery;

i. involving a transplantation operation other than corneal and skin grafts.

j. for short sight or long sight, such as glasses, contact lenses or laser eyesight correction surgery;

k. that is not covered by your **policy** or the consequences of such **treatment**. For example, we do not cover **treatment** of an infection or corrective surgery needed as a result of ineligible cosmetic surgery.

2. Supportive **treatment** of renal failure including dialysis. However, we will pay for the cost of renal dialysis incurred:

a. immediately pre- and post-operatively during any kidney transplant or attempted transplant;

b. in connection with acute secondary failure when the dialysis is part of intensive care

c. if you are admitted to **hospital** for eligible **treatment** for another condition and need regular kidney dialysis during this admission.

3. Procedures, or any consequence of a procedure, that is intended to change your appearance (for example a tummy tuck, facelift, tattoo, body piercing and hair dye), whether or not this is carried out for psychological or medical reasons.

# Exclusions from cover

We do not cover procedures, or any consequence of a procedure, to remove undiseased tissue.

BUT: We will cover a surgical procedure to restore your appearance that takes place while you are covered by the **policy** if:

- the surgical procedure immediately follows an accident, or **treatment** for **cancer**, and
- the accident or **cancer treatment** took place when you were covered under the **policy** and you have had no break in cover since then.

If you have an implant or implants following **treatment** for **cancer** we will pay for the removal and replacement of the implant or implants at the end of their lifespan providing you were covered under the **policy** when the **cancer treatment** took place and you have had no break in cover since then.

We advise that you contact us before **treatment** begins so that we can confirm if you are covered.

4. Drugs and dressings for you to take home from **hospital** or any prescription charges.

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

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

6. Routine medical examinations (including sight testing). If we have paid for you to have **treatment** for **cancer**, this exclusion will not apply with regard to molecular profiling used to determine your **cancer treatment**.

7. **Hospital** charges:

a. if for any reason the **hospital** has effectively become or could be treated as being your home or permanent abode; or

b. where the admission to the **hospital** is arranged wholly or partly for domestic reasons.

8a. Neurostimulators (such as cochlear implants) and any **treatment** related to their implantation or continued care. This exclusion does not apply to heart pacemakers or implantable cardioverter defibrillators.

b. Spectacles; contact lenses; hearing aids; dentures; other optical, dental, surgical or medical appliances or equivalent appliances (other than a **surgical appliance** used as an integral part of **in-patient** or **day-patient treatment** of **acute conditions**).

9. **Treatment** required as a consequence of an injury sustained whilst training for, or participating in, scuba-diving, hang-gliding, mountaineering, motor or professional sports.

10. **Treatment** directly or indirectly required as a result of:

a. war (declared or not), military, paramilitary or terrorist activity (including the effects of radiological, biological or chemical agents);

b. use, misuse, escape or explosion of any gas or hazardous substance (such as explosives, radiological, biological, or chemical agents).

11. Experimental **treatment**, unless it meets the criteria set out below.

We only pay for **treatment** that is:

- approved by European Medicines Agency (EMA) and Medicines & Healthcare products Regulatory Agency (MHRA) and is used within terms of its licence,

or

- part of a nationally approved clinical guideline (The National Institute for Health and Care Excellence or Scottish Intercollegiate Guidelines Network),

or

- supported by best quality evidence (prospective randomised controlled trials that have been published in peer reviewed journals, independent of conflicts of interest and applicable to the **insured person's** clinical condition), and offered by a **specialist** with documented evidence of positive clinical and patient reported outcomes within a **hospital** that is equipped with staff, equipment and processes to provide it.

If your **treatment** meets these requirements, we will not exclude **treatment** on the basis that it is experimental. Before we can decide if your proposed **treatment** is eligible, we must receive all the clinical details we need from your **specialist**, including a completed 'Treatment Request Form'. We must confirm your cover in writing before any **treatment** begins.

BUT:

Even if we consider **your treatment** to be experimental because it does not satisfy the requirements listed above, we will still pay for the lowest cost of either:

# Exclusions from cover

- the experimental **treatment** or
- the equivalent established **treatment** usually provided for your condition, if this is available.

Please note: No payment will be made if there is no established **treatment** available for your condition (for which the experimental **treatment** is being proposed). If you undergo experimental **treatment** that is not successful, we will not pay towards further **treatment** of your condition or for any other condition that you develop as a result of undergoing experimental **treatment**.

12. Any **treatment** or surgical procedure carried out for the purpose of removing undiseased body tissue and any consequence of such treatment.
13. **Treatment** directly or indirectly arising from or required as a consequence of self-inflicted injury.
14. **Treatment** outside the **UK**.
15. **Treatment** directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep).
16. **Treatment** of warts, verrucas or skin tags.
17. **Treatment** that is directly or indirectly related to:
    - bariatric surgery (weight loss surgery), such as gastric banding or a gastric bypass and non-surgical **treatment** such as injections, medications or drugs, or
    - the removal of surplus or fat tissue.
18. **Treatment** of sexual dysfunction such as impotence.

    BUT: We do cover investigations, including **diagnostic tests**, to find the cause of sexual dysfunction.
19. **Treatment** of varicose veins of the leg.

    BUT: We will cover **treatment** when: The varicose veins are greater than 3mm in diameter and any of the following also applies:
    - there is established lipodermatosclerosis or progressive skin changes
    - there have been recurrent episodes of superficial thrombophlebitis
    - there is active or healed venous ulceration.

    We will need to contact your **GP** or **specialist** for details of your condition before we can confirm your claim.

20. Dental or orthodontic **treatment**, including orthgnatic (bite correction) surgery.

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

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

22. **Treatment** by a practitioner, **specialist** or other healthcare professional that we do not recognise, we will not pay for that provider's fees.

    If you attend a **hospital**, facility or any other treatment centre that we do not recognise, we will not pay for that provider's charges.

# Conditions

## 1. Compliance with policy terms

Our liability under this **policy** will be conditional upon the **policyholder** and each **insured person** complying with its terms and conditions.

## 2. Change of risk

The **policyholder** must inform us, as soon as possible, of any changes relating to **insured persons** (such as change of name, address, occupation, civil partnership status or change to their **UK resident** status), or of any other changes to your circumstances which may affect the cover available under this **policy**. For example if your children are over 18 and no longer in full time education. In line with reasonable underwriting practice we reserve the right to alter the premiums or **policy** terms, cancel cover for an **insured person** (which will be done following notification they are no longer a **UK resident**), or cancel the **policy** following a change of risk.

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

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

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

## 3. Policy duration and premiums

a. This **policy** shall be for one year and is continuable subject to the terms in force at the time of each **review date** where the product is still offered by us. We may at our option renew the **policy** automatically on the terms in force at each **review date**, that we may continue to collect your premium at the rate in force and that we need not obtain your request to do so for each renewal. We will of course notify you of

any changes to the premium or **policy** terms prior to each **review date** and you may then notify us should you not wish to renew.

b. The **policyholder** shall elect prior to or at the **commencement date** or **review date** to pay either an annual premium or monthly premium.

c. The premium rate shall be that prevailing generally at the **commencement date** or if later the appropriate **review date**.

d. The premium payable may be changed by us from time to time. However this **policy** will not be subject to any alteration in premium rates generally introduced until the next **review date**.

e. All premiums are payable in advance of any cover under the **policy** being provided. Each monthly premium relates to one month's cover. Each annual premium relates to one year's cover.

   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.

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

g. We will not pay any claims if premiums are not paid to date at the time your **treatment** takes place.

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

## 4. Guaranteed loyalty bonus

For as long as the **policy** remains in force and the premium applied to each **insured person** is paid, each **insured person** will be charged the premium applicable to new entrants in the age band applied to the **insured person** at their **date of entry**. This guaranteed loyalty bonus does not apply to child dependants, included by their parents under this **policy**.

## 5. Insurance of family members

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

# Conditions

b. Where parents/guardians have covered their children under this **policy** cover for such children will not continue beyond the next **review date** following their 18th birthday, which will be extended up to their 26th birthday for unmarried children in full time education.

c. For so long as an **insured person** and two of his or her children under the age of 18 or if unmarried and in full time education, under the age of 26, remain covered under the **policy**, the third and subsequent children of one such **insured person** will be covered under the **policy** at no additional premium.

d. All **insured persons** shall be insured on the basis of the same **hospital** and excess options.

e. All those named on the **policy schedule** will be covered on this **policy**. The **policyholder** cannot add new members to the **policy**.

## 6. Cancellation

**Important note**

The Consumer Insurance (Disclosure and Representations) Act 2012 sets out situations where failure by a policyholder to provide complete and accurate information requested by an insurer allows the insurer to cancel the policy, sometimes back to its start date and to keep any premiums paid.

The **policyholder** must take reasonable care to provide complete and accurate answers to any questions we ask either in an application form, over the telephone or by any other means when the **policyholder** takes out, makes changes to or renews the **policy**.

### When the policyholder may cancel the policy:

**The cooling off period**

The **policyholder** may cancel the **policy** for any reason within 14 days of renewing the **policy** or receiving the **policy** renewal documents, whichever is the later (this is called the 'cooling off period'). Provided no claims have been made during the cooling off period we will refund any premium already paid during that time.

**After the cooling off period**

The **policyholder** may cancel the **policy** after the cooling off period, but we will not refund any premiums that have been paid for cover up to the cancellation date.

If the **policyholder** has paid an annual premium, we will refund the premium that has been paid for the time that the **policy** is no longer in place (from the cancellation date to the end of the **period of cover**).

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

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

or by calling us on 0800 158 3101

You are advised to call our customer service helpline to discuss your options before taking this step. Calls to and from Aviva may be recorded and/or monitored.

### When we may cancel the policy

If the **policyholder** has not taken reasonable care to provide complete and accurate answers to the questions we ask (see Important note above):

- we may cancel the **policy** back to its original start date and refuse to pay any claim, or
- we may not pay any claim in full, or
- we may revise the premium, or
- the extent of cover may be affected.

If we cancel the **policy** for this reason, we will give at least 7 days written notice to the last known postal or email address. The **policyholder** will be entitled to a refund of the premium paid in respect of the cancelled cover, less a proportionate deduction for the time we have provided cover, unless we are legally entitled to keep the premium under the Consumer Insurance (Disclosure and Representations) Act 2012.

If a claim made by, or on behalf of, the **policyholder** or a **insured person** is in any way fraudulent or fraudulently exaggerated or supported by a false statement or fraudulent evidence, we may:

- refuse to pay the claim, and
- recover any sums paid by us in respect of the claim.

In addition:

- where the claim is made by, or on behalf of, the **policyholder**, we may cancel the **policy** back to the date of the fraudulent act and keep all premiums. This will end the cover of the **policyholder** and all **insured persons** listed on the **policy schedule**, or

# Conditions

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

If we cancel the **policy** or any **insured person's** cover for these reasons we will notify the **policyholder** (and the relevant **insured person**) in writing by post to their last known address, giving at least 7 days notice.

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, subject to claims experience and the approval of our underwriters.

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

## 7. Claims procedure

a. If you have an excess, we will pay benefits up to the amounts shown after the excess has been paid.

The amount of excess you will need to pay is calculated from the percentage of the total premium paid, meaning the excess amount will change if an **insured person** is removed from the **policy**.

Your excess amount can be found in the **policy schedule**.

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

The excess does not apply to **minor surgery** by a **GP**, **complementary medical treatment**, NHS cash benefit or **day-patient treatment** cash benefit.

The excess is applied on the date **treatment** takes place and not on the date we pay the bill. If an **insured person** claims for a benefit that has a monetary limit, the excess amount will not contribute to the monetary limit.

So, if for example the excess was £200 and the **treatment** the **insured person** is claiming for has a benefit limit of £1,000, the **insured person** would have to pay the first £200 and we would pay up to a further £1,000 for that benefit in that one year **period of cover**.

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

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

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

c. You must submit to us, as soon as is possible after issue date, the original bills.

d. All documents or material (including but not limited to accounts, certificates and X-rays) that we require to support a claim, shall be provided without expense to us.

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

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

f. Claims may only be made for **treatment** actually given during a **period of cover** and benefit will be available only for expenditure incurred prior to the expiry or termination of such a **period of cover**.

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

## 8. Third party claims

You must let us know if **treatment** was needed because someone else was at fault – for example, if you were injured as a result of a road traffic accident. We may be able to recover the cost of your **treatment** that we

# Conditions

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 made any payment under the **policy** including a payment for your **treatment** then you must not settle your personal injury claim unless we have given our agreement to you or your lawyers.

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

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

## 9. 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.

## 10. Transfer

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

## 11. Changes to your cover

We may change the terms and conditions of the **policy** at the **review date**. If there are changes to the **policy**, we will let you know before the next **review date**. If you decide to cancel the **policy** as a result of such changes, you must let us know, either by writing or calling our customer service department.

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

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

## 12. Fraudulent/unfounded claims

We act on the basis of information that the **policyholders**, **specialists**, providers and **hospitals** provide. We take a very serious view of fraud or dishonesty in any claim. We will investigate fully any instance of suspected fraud or dishonesty whether by customers or providers of healthcare. We will report and share any cases of fraud with other organisations and public bodies including the police.

## 13. Payments for ineligible treatment

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

Any payments we do make towards the cost of ineligible **treatment** will count towards any benefit limit listed in your **policy** terms and conditions and your excess (if you have an excess).

## 14. Validity

The insurance is valid in the **UK** and can be conducted only by persons who are a **UK resident** and have the intention to remain resident in the **UK** for the duration of the one year **period of cover**.

## 15. 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 will have any rights 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 3102. Calls to and from Aviva may be recorded and/or monitored.

If your GP has given you an open referral, with no specialist name, we can help to name the specialists in your area that work out of a hospital on your list. This sometimes means you can get an appointment quicker, as you can arrange an appointment with the specialist that can see you at a time that suits you.

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

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

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

- the treatment is covered
- your specialist or hospital is recognised by us
- there are any limits that apply to your cover, or
- you need to complete a claim form.

It will help if you can give us the following information:

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

You need to give us all the information we need to assess your claim, for example:

- a completed claim form if we ask for one (we need 5 working days to assess claim forms)
- any medical reports relating to your treatment
- previous medical records
- a doctor's report if we need one, and
- original bills and receipts where appropriate (not copies).

Please remember, we do not cover GP charges or fees for completing a claim form if the claim is not covered by the policy.

If your claim continues for some time or the symptoms re-occur, we may ask for more details.

## Claims payments

We pay all costs in sterling.

Most hospitals on your list will settle charges directly with us, although some may ask you to pay and then reclaim the money from us. You should check the bill on leaving the hospital or facility. The hospital or facility will then forward it to us for payment.

Sometimes you might be sent the bills first. All you need to do is forward them to us with a fully completed claim form (if one has been requested) or with details of your full name, address and policy number. We will then pay the provider (for example the hospital or specialist) direct for eligible costs.

If you would like details of the bills we have paid for your treatment, please call us on 0800 158 3102 and we will send you a summary. Calls to and from this number may be monitored and/or recorded.

We do not pay any claims if premiums are not paid up to date at the time your treatment takes place.

**Did you know?**

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

# Welcome to MyAviva

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

## With a whole host of benefits at your fingertips, you can:

- check your policy or scheme information, including cover and benefit details
- start a new claim or update us on an existing one
- view your claims summary, update us on what's next and track bills paid against your claim
- keep track of your excess and out-patient benefits (if applicable), helping you stay in control
- live chat directly to one of our claims experts without having to pick up the phone.

**Lets get started** – log in to MyAviva today at aviva.co.uk/myaviva or download the app to your tablet or smartphone by searching for 'MyAviva' in your app store. MyAviva terms and conditions apply and are available to read in-app before signing up. MyAviva is free to download. Data charges may apply.

# Hospital lists

Details of our hospital lists are available online at **aviva.co.uk/hospital-lists** From here you can view the latest list on a PDF, which can be downloaded or printed.

Hospital lists are updated frequently as we work to ensure we get the best possible service for our customers. We regularly add new hospitals, transfer hospitals between lists or in the event hospitals close or change ownership we sometimes remove them. For this reason please check the list before arranging any treatment.

If you do not have internet access and need to know whether or not a hospital is on your list, please call **0800 015 1013**. Calls to and from this number may be monitored and/or recorded.

Most of the hospitals on the list send bills directly to us. However, sometimes the bills might be sent to you first. If this happens, just forward them to us with your full name, address and policy number and we will pay the provider direct for eligible treatment costs.

If you have paid a bill, send the original receipt to us and we will reimburse you for all eligible costs. The address for all bills and receipts is:

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

PHIN

### Private Healthcare Information Network

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

### Children

Only a limited number of hospitals in the UK are able to admit children for private treatment. Please contact our customer service helpline on **0800 158 3101** if you have any queries about cover for children on your policy.

Calls to and from this number may be monitored and/or recorded.

### Accommodation

Many of the hospitals on the list will normally provide private en-suite facilities to Aviva members. It is likely that variations will exist with respect to the size and quality of these rooms so if you have any queries about the accommodation that will be available to you, please check with your specialist or the hospital before you are admitted.

## Networks

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.

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**.

If you need treatment for a condition for which we have a network, you can benefit from our networks by obtaining an open referral and allowing us to confirm a treatment facility for you, or you can choose to use a hospital on your hospital list.

## What happens in an emergency

If you require emergency treatment as a result of an accident or illness, you'll normally be taken to the accident and emergency department of your nearest NHS hospital. The NHS is best placed to offer emergency treatment and facilities which aren't normally available at private hospitals. If you need further care after the initial treatment and are considering private facilities, please discuss this with your hospital doctor and contact the customer service helpline. You'll be able to discuss your claim in detail with an experienced adviser, to ensure you have access to the most appropriate facilities when you need them.

# Use of personal information

## 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** 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** 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**.

# Further information

## If you have any cause for complaint

Our aim is to provide a first class standard of service to our customers, and to do everything we can to ensure you are satisfied. However, if you ever feel we have fallen short of this standard and you have cause to make a complaint, please let us know. Our contact details are:

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

Telephone: **0800 051 7501**
E-mail: **hcqs@aviva.com**

We have every reason to believe that you will be totally satisfied with your Aviva policy, and with our service. It is very rare that matters cannot be resolved amicably. However, if you are still unhappy with the outcome after we have investigated it for you and you feel that there is additional information that should be considered, you should let us have that information as soon as possible so that we can review it. If you disagree with our response or if we have not replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate. Their contact details are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: **0300 123 9123** or **0800 023 4567**
Email: **complaint.info@financial-ombudsman.org.uk**
Website: **financial-ombudsman.org.uk**

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

## Clinical complaints

Clinical services or providers are not regulated by the Financial Conduct Authority (FCA) and are not subject to our complaint process set out before. For clinical complaints relating to the conduct or competency of your specialist or the facilities at which they practise, these need to be directed to the specialist and hospital or clinic directly. For your information,

the responsibility for investigating and responding to clinical complaints is as follows:

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

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

## The Financial Services Compensation Scheme (FSCS)

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

Further information about compensation scheme arrangements is available from:

Website: **fscs.org.uk**

## Language

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

## Need this in a different format?

Please get in touch on **0800 158 3101** if you'd prefer this terms and conditions **(INME005)** in large font, braille, or as audio.

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

## How to contact us


0800 158 3102

contactus@aviva.com

MyAviva.co.uk


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


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Registered Office 8 Surrey Street Norwich NR1 3NG. Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139. A wholly owned subsidiary of Aviva Insurance Limited. 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 acts as agent of Aviva Insurance Limited 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.
**aviva.co.uk/health**

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