Healthier Solutions

Terms and conditions

Effective from 1st January 2013

AVIVA

Welcome to Aviva

This booklet tells you about your policy, including:

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

When making a claim you will 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 glossary section at the back of this booklet.

We have designed this document to be as easy to understand as possible, but if you have any questions or queries about your policy please call us on **0800 158 3333** and we will be pleased to help you.

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

Contents

Cover and benefits

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

Some important notes apply:

- This **policy** covers **treatment** of **acute conditions**. It does not cover **chronic conditions**.

  An **acute condition** is defined as 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 from it, or which leads to **your** full recovery.

- All **treatment** and **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 section 3 of the policy conditions.

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,
- 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 benefit limits and excesses (if applicable) apply to each **member** every **policy year** unless otherwise stated.

Benefits	Amount payable	Notes
A. Hospital treatment as an in-patient or day-patient		**Key hospital list or NHS pay-bed See hospital charges benefit term**
If **you** have the six week option, **you** cannot claim for these benefits if **your treatment** is available on the NHS within six weeks from the date **your specialist** recommends it. See six week benefit term		
Hospital charges	In full	Including accommodation and meals, nursing care, drugs and surgical dressings, theatre fees
Specialists' fees	Up to the limits in **our** specialist fee schedule	See specialists' fees benefit term
Diagnostic tests	In full	Including blood tests, X-rays, scans, ECGs
Radiotherapy / **chemotherapy**	In full	
NHS cash benefit*	£100 each night, up to 30 nights	See NHS cash benefit term
B. Additional benefits		
Home nursing	In full	Immediately following **treatment** as an **in-patient** or **day-patient** that is covered by the **policy**. See home nursing benefit term
Private ambulance	In full	See private ambulance benefit term
Parent accommodation when staying with a child covered by the **policy**	In full	Child of 15 or under receiving **treatment** that is covered by the **policy**; one parent only
Hospice donation*	£70 each day, up to 10 days	See hospice benefit term
GP referred **treatment** by a **speech therapist** for children*	In full	Up to two speech therapy sessions for each child covered by the **policy**. See speech therapy benefit term
Baby bonus*	£100 for each baby	Payable to the **policyholder**. See baby bonus benefit term
GP Helpline*	Unlimited number of calls	See helplines benefit term
Stress Counselling Helpline*	Unlimited number of calls	This benefit is available to **members** aged 16 and over. See helplines benefit term

* Claims for these benefits will not affect the no claim discount.

The information on these pages must be read in conjunction with the definitions, benefit terms, policy conditions and exclusions and the **policy schedule**.

Over the next three pages there are five options for **out-patient** cover. If **you** have chosen one of the reduced **out-patient** options instead of C1 this will be shown on **your policy schedule**.

Benefits	Amount payable	Notes
C1. Treatment as an out-patient		
Consultations with a **specialist**	In full	
Treatment by a **specialist** as an **out-patient**	In full	**Specialists'** fees are covered up to the limits in **our** fee schedule. See specialists' fees benefit term
Diagnostic tests	In full	CT, MRI and PET scans as an **out-patient** are only covered at a **diagnostic centre**. **Specialists'** fees for surgical procedures are covered up to the limits in **our** fee schedule. See specialists' fees benefit term
Pre-admission tests (tests carried out at **hospital** before **your** admission to check that **you** are fit to undergo surgery and anaesthesia. These can include ECGs, blood tests).	In full	
Radiotherapy / **chemotherapy**	In full	
Other benefits		
Treatment for complications of pregnancy and childbirth	In full	See pregnancy complications benefit term
Surgical procedures on the teeth performed in a **hospital**	In full	**Specialists'** fees are covered up to the limits in **our** fee schedule. See specialists' fees benefit term
Limited emergency overseas cover	In full	Emergency **treatment** as an **in-patient** or **day-patient** during overseas trips of up to 90 days in total each **policy year**. See overseas benefit term
Specialist referred **treatment** by: • a **physiotherapist** • a **chiropractor** • an **osteopath**	In full	
Psychiatric **treatment** as an **out-patient**	Up to £2,000	On **GP** referral to a **psychiatric therapist** or to a **specialist**.

OR

Benefits	Amount payable	Notes
C2. Reduced out-patient cover and selected benefit reduction. Available to existing C2 option holders only		
Two consultations with **a specialist**	In full	
Diagnostic tests	In full	Only if they: • lead directly to **treatment** as an **in-patient** or **day-patient** that is covered by the **policy**, or • take place within six months after **treatment** as an **in-patient** or **day-patient** that is covered by the **policy** and are required for the same condition In addition, CT, MRI and PET scans as an **out-patient** are only covered at a **diagnostic centre** **Specialists'** fees for surgical procedures are covered up to the limits in our fee schedule. See specialists' fees benefit term.
Radiotherapy / **chemotherapy**	In full	
Please note: **Treatment** for complications of pregnancy and childbirth, surgical procedures on the teeth performed in a **hospital**, limited emergency overseas cover, **specialist** referred **treatment** by a **physiotherapist**, **chiropractor**, **osteopath**, **treatment** as an **out-patient** and psychiatric **treatment** as an **out-patient** are removed from cover.		

OR

C0. Reduced out-patient cover - £0 limit		
If you have chosen this option, the only **out-patient** benefits available on **your policy** are:		
CT, MRI and PET scans	In full	These scans are only covered at a **diagnostic centre**
Pre-admission tests (tests carried out at **hospital** before **your** admission to check that **you** are fit to undergo surgery and anaesthesia. These can include ECGs, blood tests).	In full	**We** cover pre-admission tests that are carried out up to 14 days before **in-patient** or **day-patient treatment** that is covered by the **policy**
Radiotherapy / **chemotherapy**	In full	
If **you** have C0 there is no cover for any **out-patient** consultations, **diagnostic tests** (other than pre-admission tests) or **treatment** by a **specialist**. **Treatment** for complications of pregnancy and childbirth, surgical procedures on the teeth performed in a **hospital**, emergency overseas **treatment**, **specialist** referred treatment by a **physiotherapist**, **chiropractor**, **osteopath** or psychiatric **treatment** as an **out-patient** are also removed from cover.		

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

OR

Benefits	Amount payable	Notes
C500. Reduced out-patient cover - £500 limit		
CT, MRI and PET scans	In full	These scans are only covered at a **diagnostic centre**
Pre-admission tests (tests carried out at **hospital** before **your** admission to check that **you** are fit to undergo surgery and anaesthesia. These can include ECGs, blood tests).	In full	**We** cover pre-admission tests that are carried out up to 14 days before **in-patient** or **day-patient treatment** that is covered by the **policy**
Radiotherapy / **chemotherapy**	In full	
The following benefits are subject to a combined limit of £500 for each **member** every **policy year**:		
Consultations with a **specialist**		**Specialists'** fees are covered up to the limits in **our** fee schedule. See specialists' fees benefit term
Treatment by a **specialist** as an **out-patient**		
Diagnostic tests including blood tests, X-rays and ECGs		
Specialist referred **treatment** by: • a **physiotherapist** • a **chiropractor** • an **osteopath**		
Psychiatric **treatment**		On **GP** referral to a **psychiatric therapist** or to a **specialist**.
If **you** have C500 **we** will not cover **treatment** for complications of pregnancy and childbirth, surgical procedures on the teeth performed in a **hospital** and emergency overseas treatment.		

OR

C1000. Reduced out-patient cover - £1,000 limit		
CT, MRI and PET scans	In full	These scans are only covered at a **diagnostic centre**
Pre-admission tests (tests carried out at **hospital** before **your** admission to check that **you** are fit to undergo surgery and anaesthesia. These can include ECGs, blood tests).	In full	**We** cover pre-admission tests that are carried out up to 14 days before **in-patient** or **day-patient treatment** that is covered by the **policy**
Radiotherapy / **chemotherapy**	In full	
The following benefits are subject to a combined limit of £1,000 for each **member** every **policy year**:		
Consultations with a **specialist**		**Specialists'** fees are covered up to the limits in **our** fee schedule. See specialists' fees benefit term
Treatment by a **specialist** as an **out-patient**		
Diagnostic tests including blood tests, X-rays and ECGs		
Specialist referred **treatment** by: • a **physiotherapist** • a **chiropractor** • an **osteopath**		
Psychiatric **treatment**		On **GP** referral to a **psychiatric therapist** or to a **specialist**.
If **you** have C1000 **we** will not cover **treatment** for complications of pregnancy and childbirth, surgical procedures on the teeth performed in a **hospital** and emergency overseas **treatment**.		

Please see **your policy schedule** to see which options apply to **you**.

Benefits	Amount payable	Notes
D. Other treatment and therapies. Claims for the benefits in option D will not affect **your** no claim discount		
GP referred **treatment** by: • a **physiotherapist** • a **chiropractor** • an **osteopath** • an **acupuncturist**	In full	Up to 10 sessions in combined total each **member**, each condition, every **policy year**. See therapies benefit term
Minor surgery by a **GP**	Up to £100 for each procedure	For procedures appearing on **our** GP minor surgery list. Details are available on request
E. Dental and optical benefits. Claims for the benefits in option E will not affect **your** no claim discount		
Treatment by a dentist of an **accidental dental injury**	Up to £600	For each **member**, each condition, every **policy year**
Routine dental treatment	Up to £300, of which **you** pay £50 excess	See dental and optical excess benefit term for details of how the excess works
Optical benefit	Up to £200, of which **you** pay £50 excess	See optical benefit term. See dental and optical excess benefit term for details of how the excess works
F. Psychiatric treatment		
Treatment as an **in-patient** or **day-patient** - accommodation and nursing	In full up to 28 days	
Specialists' fees for **treatment** as an **in-patient** or **day-patient**	Up to £210 each week	
G. Hospital list options. You will have the Key hospital list unless **you** have chosen one of the following:		
Extended hospital list		See hospital charges benefit term
Trust hospital list		See hospital charges and Trust hospitals benefit terms
Signature hospital list - available to residents of Scotland and Northern Ireland only		Available to residents of Scotland or Northern Ireland only. See hospital charges benefit term
Fair+Square hospital list - available to existing Fair+Square hospital list holders only		See Fair+Square hospitals benefit term

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

Benefits	Amount payable	Notes
H. Excess options		
£100	Benefits covered under this **policy** will be subject to an excess payable for each **member** every **policy year**. See excess benefit term	
£200		
£500		
£1,000		
£3,000		
£5,000		
I. Six week option		
You cannot claim for private **treatment** as an **in-patient** or **day-patient**, or NHS cash benefit, if **your treatment** is available on the NHS within six weeks from the date **your specialist** recommends it		See six week benefit term
J. Protected no claim discount		
Your no claim discount (NCD) is protected. **Your** discount will remain at its current level and not reduce at the next **renewal date** if a claim that would have caused your NCD to reduce by three levels is paid.		Eligibility criteria apply. See protected NCD benefit term

Benefit terms

Baby bonus

We pay the **policyholder** a baby bonus of £100 for each baby born to or adopted (within a year of birth) by a **member** during a **policy year**.

The baby bonus is only available if the baby is born or adopted more than ten months after the **policyholder** joins the **policy** and is payable once for each baby.

Dental and optical excess

Routine dental treatment and optical benefit each have an excess of £50. **We** will pay for the costs up to the limit covered by the **policy**, minus the amount of the excess.

For example, if a claim is made for £220 for **routine dental treatment** covered by the **policy**, **we** will deduct the £50 excess from this sum and pay the balance of £170 to **you**. **You** are responsible for paying the £50 excess for the **treatment** received. This leaves a balance of £80 available to **you** in this example for subsequent claims in the same **policy year**. The excess is only deducted once for each **member** every **policy year**.

If **you** have chosen another excess on this **policy** it will not apply to option E (Dental and optical benefits).

Excess

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

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

For example, if **you** have a £5,000 excess and **your treatment** in a **policy year** costs £10,000, **you** will pay the first £5,000 and **we** will pay the rest. If the **treatment** carries on into the next **policy year**, another excess will apply, so **you** will again pay the first £5,000 of **treatment** received in that **policy year**.

The excess is applied on the date **treatment** takes place and not the date **we** pay the bill.

The excess does not apply to NHS cash benefit, the baby bonus, donations **we** make to a **hospice**, any benefit claimed under option E (dental and optical benefits), or to the wigs benefit under benefits for cancer treatment.

If **you** claim for a benefit that has a limit, and **you** have not already paid **your** excess for that **policy year**, the excess will count towards the benefit limit.

So if, for example, **your** excess was £200 and the **treatment** you were claiming for had a benefit limit of £500, **you** would have to pay the first £200 and **we** would only pay up to a further £300 for that benefit in that **policy year**.

If the **treatment you** were claiming for had a benefit limit of £200 and **your** excess was again £200, then **you** would have to meet the full cost yourself and **we** would not pay any claims for that benefit for the remainder of the **policy year**. However **your** excess would be paid and would not apply to any other claims in that **policy year**.

If **we** do not pay a claim because the amount due is less than the excess, the no claim discount will not be affected.

If an excess applies, **we** will write to the **policyholder** to advise who the excess should be paid to. The **policyholder** is liable for the excess and this should be paid directly to the provider of **treatment** or services, for example the **specialist** or **hospital**.

Fair+Square hospitals

The Fair+Square hospital list is a closed list. It is not available as an option unless stated on **your policy schedule**.

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

- included on the Fair+Square hospital list, and
- recognised by **us** for the **treatment** that **you** need

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.

Helplines

The GP Helpline and Stress Counselling Helpline services are designed to be available 24 hours a day but some reasonable delay may be experienced. They are not emergency services. **You** may call on behalf of another **member** subject to any patient confidentiality requirements of the **GP** or service provider. In using the Helplines, **you** (where applicable, on behalf of another **member**) automatically authorise the use and disclosure of any medical or other information, on a fully confidential basis as between **us**, the **GPs** and any service providers **we** use in making the services available, for the sole purpose of policy and service administration. **We** shall not be responsible for any failure in the provision of the Helplines to the extent that it is due to circumstances beyond the reasonable control of **us** or any of **our** service providers.

A GP Helpline consultation is advice which it is practical for one of **our** retained **GPs** to give **you** over the telephone when **your** symptoms are described. It is intended to deal with one call per **member** lasting up to 15 minutes in respect of one set of symptoms presented. The consultation may, at the discretion of the **GP**, involve a longer call or more than one call.

Call charges are the responsibility of the caller.

Home nursing

We cover home nursing if this:

- is recommended and supervised by **your specialist**,
- takes place in **your** home,
- immediately follows **treatment** as an **in-patient** or **day-patient** that is covered by **your policy,**
- is carried out by a **nurse** and is the type of **treatment** that only a **nurse** can provide, and
- is needed for medical reasons and is not to help with **your** mobility, personal care or preparation of meals.

Hospice

We will pay a donation directly to the **hospice** when:

- **you** receive care as a patient of a **hospice**, and
- **we** have previously covered **treatment** for the condition.

Hospital charges

If **you** receive **treatment** as an **in-patient** or **day-patient** in a **hospital** that is not either

- an NHS pay-bed, or
- included on **your** hospital list and recognised by **us** for the **treatment** that **you** need

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.

NHS cash

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:

- for the first three nights following an **accident or emergency admission**
- for claims for psychiatric **treatment**.

Optical

Optical benefit is payable for contact lenses and glasses bought as a result of a change in **your** prescription.

We do not cover the cost of eye tests, optical solutions and accessories (for example cases, cleaning cloths) or contract schemes (for example monthly disposable contact lens schemes).

Overseas

Cover is restricted to the **treatment** of emergency conditions that are serious enough to need an immediate admission to **hospital** as an **in-patient** or **day-patient**. **We** strongly recommend **you** take out additional travel insurance for full overseas cover.

We have an overseas emergency assistance partner who deals with all aspects of overseas claims.

The telephone number is: +44 (0)2381 247290
Calls may be monitored and/or recorded.

Our overseas emergency assistance partner is available 24 hours a day. When you call, please give them your name, policy number and a brief description of the problem.

We cover **treatment** as an **in-patient** or **day-patient** for an **acute condition** outside the **UK** if:

- **you** are outside the **UK** temporarily for a maximum of 90 days during any **policy year**,
- a medical emergency occurs that requires **you** to be admitted to an overseas medical facility for **treatment** immediately,
- the **treatment** is carried out by a medical practitioner,
- the **treatment** is required for the immediate needs of the medical emergency, and
- the **treatment** is **medically necessary**.

We do not cover **treatment** outside the **UK** if:

- it is planned ahead, including any elective surgical procedure, such as a caesarean section, or for therapy, such as physiotherapy,
- it is carried out as an **out-patient**,
- it could have been carried out by a **GP** if **you** had been in the **UK**, **you** could have treated the condition yourself or **you** could have waited for **treatment** until **you** returned to the **UK**,
- it consists of **out-patient** drugs and dressings (including medication that **you** are currently taking and medication which **you** can obtain 'over the counter'), or
- **your** medical condition and the **treatment** are not covered by **your policy**.

Evacuation

Evacuation is the transport of a patient from a medical facility to the nearest appropriate medical facility for **treatment** of an overseas medical emergency. The nearest appropriate medical facility for **your treatment** might not be in the **UK**.

We only cover **evacuation** to the nearest appropriate medical facility if:

- **your evacuation** is **medically necessary**,
- **you** contact **us** and **we** agree to **your evacuation** before this takes place, and
- **your evacuation** is undertaken by the emergency assistance company specified by **us** and all arrangements are made by them.

We do not cover **your** repatriation to the **UK** unless the nearest appropriate **hospital** is in the **UK** and **we** have agreed to **your** repatriation before this takes place.

We do not cover travel or accommodation costs for relatives or friends who accompany **you** during **your evacuation** or repatriation to the **UK**, whether or not they are covered by this **policy** (or another of **our** policies).

We will pay all costs in sterling at the rate ruling in London at the beginning of the month in which **your treatment** takes place.

Pregnancy complications

Cover will only be available for **treatment** directly or indirectly arising from or recommended by **your specialist** in connection with the following conditions:

- Ectopic pregnancy (development of foetus outside the womb)
- Miscarriage (if **you** have miscarried, but not investigations into the cause of repeated miscarriages)
- Still birth
- Hydatidiform mole (cell growth abnormality in the womb)
- Retained placenta (afterbirth retained in the womb)
- Pre-eclampsia (a condition with a number of symptoms, including high blood pressure and fluid retention)
- Eclampsia (a coma or seizure during pregnancy and following pre-eclampsia)
- Gestational diabetes (if diabetes begins in pregnancy, but not before)
- Caesarean sections - in specific clinical circumstances (**we** require full clinical details from **your specialist** before **we** can make a decision about cover)

We will only pay for these conditions and **treatments** at least 10 months after **you** join the **policy**.

Private ambulance

We cover travel by a private ambulance to the nearest available facility if:

- it is needed in connection with **treatment** as an **in-patient** or **day-patient** that is covered by **your policy**,
- **you** travel between **hospitals** as part of **your treatment** as an **in-patient**, and
- it is **medically necessary** for **you** to travel by ambulance.

Protected NCD

If **you** have not already selected no claim discount (NCD) protection, it can only be added at **your renewal date**.

To be eligible for the NCD protection **you** must:

- have not had any form of cancer, heart disease or stroke in the last five years,
- have not had any consultations, **diagnostic tests** or **treatment** in the last 12 months,
- have no consultations, **treatment** or **diagnostic tests** pending with a **GP**, **specialist** or **hospital**, and
- not be aware of any conditions for which **you** may need **diagnostic tests** or **treatment** in the next six months, whether or not **you** have consulted a medical practitioner.

The NCD protection takes effect if a **member** makes any claims that would have caused the NCD to reduce by three levels on the scale (these are new claims or claims that haven't yet caused the **member** to drop down the NCD scale which total more than £250).

Instead of the NCD reducing by three levels:

- that **member** will remain at their current NCD level,
- **we** will calculate their premium from the next **renewal date** based on their current NCD level, and

- **we** will remove that **member's** NCD protection and the NCD rules will apply. For details of these see section 3 of the policy conditions.

We will remove the NCD protection if **you** ask **us** at any **renewal date**.

If **we** remove a **member's** NCD protection for any reason, **we** will reinstate it after a period of 12 months with no claims paid if the **policyholder** asks **us** to and the **member** satisfies the protected NCD eligibility rules.

Six week

If **you** are not entitled to NHS **treatment** (for example because **you** are not a **UK** resident), there is no cover for **treatment** as an **in-patient** or **day-patient** if **you** have chosen the six week option.

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 or call **our** customer service helpline on 0800 158 3333. Calls to and from Aviva may be recorded and/or monitored.

Speech therapy

This benefit is available for each child covered by the **policy**, until the **renewal date** following their 18th birthday and includes cover for speech therapy needed for developmental delay.

Therapies

We cover up to ten sessions in combined total (for example five physiotherapy sessions and five osteopathy sessions) each **policy year** on referral from a **GP** for each separate condition.

Please note – if option C2 (Reduced **out-patient** cover and selected benefit reduction) has also been chosen, there is no cover for **specialist** referred **treatment** by a **physiotherapist**, **osteopath**, **chiropractor** or **acupuncturist** in any circumstances.

Trust hospitals

If the Trust **hospital** nearest to **you** is removed from the Trust hospital list and there is no other **hospital** on the Trust hospital list within 30 miles of **your** address, **we** will review **your** hospital list option at **your** next **renewal date**.

We may change **your** hospital list option to either the Key hospital list or the Signature hospital list, to make sure that **you** have a **hospital** available to **you** within a reasonable distance. If **we** change **your** hospital list option, the Trust hospital list will no longer be available to **you**.

A change of hospital list may affect **your** premium.

Benefits for cancer treatment

This section explains what Aviva will pay for **cancer treatment**

Important:

If **you** have chosen a monetary limit for **out-patient treatment** (C0, C500 or C1000) the monetary limit will not apply to **cancer treatment** received after **you** have been diagnosed with **cancer**.

If **you** have the six week option, **we** do not pay for **treatment** as an **in-patient** or **day-patient** if it is available on the NHS within six weeks from the date **your specialist** recommends it. If **you** are diagnosed with **cancer**, this may mean that **your treatment** will be available on the NHS and **we** will not pay for most of the **treatment** that **you** need.

If **you** have the six week option and **you** have **treatment** as an **out-patient**, **we** do not apply the six week rule to that **treatment**. However, if **you** need to be admitted for emergency **treatment**, for example a blood transfusion, **we** will not pay for that **treatment**.

If **you** have **treatment** as an **out-patient** at a **hospital** not on **your** list, **we** will pay in full. However, if **you** are admitted for **treatment** as a **day-patient** or **in-patient** to a **hospital** that is not included on **your hospital** list and recognised by **us** for the **treatment** that **you** need, **we** will calculate the average cost of equivalent **treatment** across all **hospitals**, 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.

Benefits	Amount payable	Notes
Hospital charges for surgery and medical admissions	In full	Including accommodation and meals, nursing care, drugs and surgical dressings, theatre fees. See preventative treatment benefit term
Specialists' fees	Up to the limits in **our** specialist fee schedule	See specialists' fees benefit term
Post-surgery services		For example, specialist nursing, feeding; see post-surgery services benefit term for details of services that the **policy** will pay for
Chemotherapy	In full	See chemotherapy benefit term
Radiotherapy	In full	See radiotherapy benefit term
Bisphosphonates (bone strengthening drugs)	In full	**We** pay for bisphosphonates when they are being used to treat metastatic bone disease
Treatment for side effects of **chemotherapy** and radiotherapy	In full	See side effects benefit term
Wigs	Up to £100	In total whilst **you** are a **member** of the **policy** (not per **policy year**) See wigs benefit term
External prostheses	Up to £5,000	See prostheses benefit term
Stem cell and bone marrow transplants	In full	See stem cell transplants benefit term
Monitoring	Up to ten years	See monitoring benefit term
Ongoing needs	Up to five years	See ongoing needs benefit term
Preventative treatment for **cancer**		See preventative treatment benefit term
End of life care		See end of life care benefit term

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

Benefit terms

Chemotherapy

We will pay for **chemotherapy** in full if **you** have the **treatment**:

- as a **day-patient** or an **in-patient** at a **hospital** on **your** list
- as an **out-patient**, or
- at home.

If **you** have option C2, **we** will still cover consultations and **diagnostic tests** in full whilst **you** are having **chemotherapy**.

We do not pay for hormone therapy.

BUT: **We** will pay for hormone therapy if **you** need it to shrink a tumour before **you** have surgery or radiotherapy.

End of life care

We will pay for end of life care in a **hospital** if it is **medically necessary**.

If **you** are admitted to a **hospice**, **we** will make a donation to the **hospice** of £100 each night, up to £10,000 (someone will need to tell **us** that **you** have been admitted to the **hospice**).

If **you** stay at home but are visited by a **nurse** from a registered charity, for example MacMillan Cancer Support or Marie Curie Cancer Care, **we** will donate £50 a day to one charity for each day they need to be with **you**, up to the £10,000 limit.

Monitoring

We will pay for monitoring for up to ten years after **your treatment** for **cancer** has finished. This includes **diagnostic tests** and consultations.

We do not pay for monitoring after **treatment** for non-melanoma skin **cancer**.

BUT: If **you** have option C2, these limits will still apply to any monitoring that **you** undergo.

Ongoing needs

If **you** have any ongoing medical needs, such as regular replacement of tubes, drains or stents, **we** will pay for up to five years after **your treatment** for **cancer** has finished.

BUT: If **you** have option C2, these limits will still apply to any ongoing needs.

Post-surgery services

Medical services

Following surgery for **cancer** there are a number of different specialist services that **you** may need, depending on the type of **cancer** **you** have and the surgery **you** have had. **We** will pay for consultations immediately following surgery with, for example, a:

- dietician in order to stabilise **your** diet following surgery or **chemotherapy**
- stoma **nurse** to show **you** how to care for **your** stoma
- **nurse** to show **you** how to manage lymphoedema.

Artificial feeding

If, due to **your cancer** or **treatment** of **your cancer**, **you** have problems eating and need artificial feeding, **we** will pay for the insertion and replacement of a tube (for example, a central line, PICC line or PEG) to deliver the food (called nutrition). Whilst **you** are receiving **treatment** for **cancer** **we** will pay for the nutrition itself, although once **your cancer** **treatment** has finished **we** will no longer pay for the nutrition itself, or maintenance of the line (for example cleaning of the line).

Preventative treatment

We will pay for surgery to prevent further **cancer** only if **you** have already had **treatment** for **cancer** that **we** have paid for – for example, **we** will pay for a mastectomy to a healthy breast in the event that **you** have been diagnosed with **cancer** in the other breast.

We will not pay for surgery where **you** have no symptoms of **cancer**, for example where **you** have a strong family history of **cancer** such as breast cancer, or bowel cancer.

Prostheses

We will pay in full for prostheses that are inserted into the body.

For external prostheses following surgery for **cancer** – for example arms, legs, breasts, ears – **we** will contribute up to £5,000 towards the cost of the first prosthesis after **your** surgery. This includes any cost for fitting the prosthesis.

Radiotherapy

We will pay for radiotherapy in full as:

- a **day-patient** or an **in-patient** at a **hospital** on **your** list if **you** need it for medical reasons, or
- an **out-patient**.

If **you** have option C2, **we** will still cover consultations and **diagnostic tests** in full whilst **you** are having radiotherapy.

Side effects

Whilst you are receiving **chemotherapy** or radiotherapy, **we** will pay for **treatment** prescribed by **your specialist** that **you** need to deal with their side effects, for example:

- antibiotics
- anti-sickness drugs
- steroids
- pain killers
- drugs to boost **your** immune system, and
- blood transfusions.

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 or call **our** customer service helpline on 0800 158 3333. Calls to and from Aviva may be recorded and/or monitored.

Stem cell transplants

We will pay for:

- the collection of
- storage of, and
- implantation of

stem cells and bone marrow if **you** have this **treatment** at a **hospital** on **your** list.

If the stem cells or bone marrow comes from another person, **we** will pay for their collection. **We** do not pay for search costs to find a donor for a transplant.

We will pay for drugs for **you** to take home at the time **you** are discharged from **hospital** following a stem cell or bone marrow transplant.

BUT: After **you** have been discharged from **hospital** following a stem cell or bone marrow transplant, **you** may need to take certain drugs (for example immunosuppressants, antibiotics, steroids) for a long period of time in order to prevent complications. **We** will not pay for these drugs.

Wigs

We will pay up to £100 towards the cost of a wig if **you** need one due to hair loss caused by **cancer treatment**.

Exclusions

AIDS and HIV

We do not cover **treatment** of AIDS (Acquired Immune Deficiency Syndrome), HIV (Human immunodeficiency virus) or any condition arising from or **related** to AIDS or HIV.

Addictions and substance abuse

We do not cover **treatment** for addictions (such as alcohol addiction or drug addiction) or substance abuse (such as alcohol abuse or solvent abuse), or **treatment** of any illness or injury needed directly or indirectly as a result of any such abuse or addiction.

Appliances and prostheses

We do not cover:

- surgical or medical appliances such as wheelchairs, hearing aids, false limbs, crutches, dentures and orthotics (supports)
- neurostimulators or any **treatment** needed in connection with them.

BUT: We do cover

- prostheses inserted into the body during a surgical procedure,
- hand, back and knee braces required immediately after a **related** surgical procedure, and
- heart pacemakers and implantable cardioverter defibrillators.

Birth control

We do not cover **treatment** directly or indirectly **related** to birth control.

Chronic conditions

We do not cover **treatment** of a **chronic condition**.

In particular:

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

BUT:

- **We** do cover unexpected acute flare-ups of a **chronic condition** until **your** condition is re-stabilised.
- **We** do not apply this **chronic condition** exclusion to **treatment** for **cancer**.

Cosmetic treatment

We do not cover **treatment**, or any consequence of **treatment**, that is intended to change **your** appearance (for example a tummy tuck, facelift, tattoo, ear piercing), whether or not this is carried out for psychological or medical reasons.

We do not cover **treatment**, or any consequence of **treatment**, to remove undiseased tissue.

BUT: We will cover a surgical procedure to restore **your** appearance 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.

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

Dental treatment - please see your policy schedule to see which options have been chosen

We do not cover:

- **treatment** carried out by a dentist or dental surgeon,
- **treatment** of gum disease or **treatment** carried out to help **you** wear dentures, bridges or implants, or
- orthodontic **treatment** and any associated extractions.

OR

If **you** have chosen option E (dental and optical benefits) the exclusion that applies to **you** is:

We do not cover

- dental **treatment** performed for cosmetic reasons such as teeth whitening, or
- **treatment** carried out to help **you** wear dentures, bridges or implants, or
- orthodontic **treatment** and any associated extractions.

Dialysis

We do not cover kidney dialysis as part of long-term **treatment** of a **chronic condition**.

BUT: We cover short-term kidney dialysis:

- if **you** are admitted to **hospital** for eligible **treatment** as an **in-patient** for another condition and **you** need **your** regular kidney dialysis during this admission, or
- if required as a result of secondary kidney failure during eligible **treatment** as an **in-patient**, or
- immediately before or after a surgical procedure to transplant a kidney as part of **treatment** as an **in-patient**.

Drugs and dressings

We do not cover drugs or dressings for **you** to take home from **hospital**.

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

Experimental treatment

We do not cover experimental **treatment**, unless it meets the criteria set out below.

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

- proven or established within common **UK** practice, for example, a drug used within the terms of its licence or approved by NICE for use in the NHS, and
- supported by peer reviewed and published clinical evidence which proves that the **treatment** has positive clinical outcomes, and
- is acceptable clinical practice, practised widely by **UK specialists**.

If **your treatment** meets all 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**. **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 all the requirements listed above, **we** will still pay for the lowest cost of either:

- 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**.

Eyesight- please see your policy schedule to see which options have been chosen

We do not cover **treatment** for short sight or long sight, such as glasses, contact lenses or laser eyesight correction surgery.

OR

If **you** have chosen option E (dental and optical benefits) the exclusion that applies to **you** is:

We do not cover **treatment** for short sight or long sight, such as laser eyesight correction surgery.

GP charges and treatment - please see your policy schedule to see which options have been chosen

We do not cover:

- **treatment** provided by a **GP**,

- **treatment** or **diagnostic tests** requested by a **GP**, such as X-rays, blood tests and scans (other than two speech therapy sessions per child) or
- **GP** charges or fees, including those for completing a claim form.

OR

If **you** have chosen option D (other treatment and therapies) the exclusion that applies to **you** is:

We do not cover:

- **treatment** provided by a **GP**, other than minor surgery from **our** published list,
- **treatment** requested by a **GP**, other than **treatment** by a **physiotherapist**, **osteopath**, **chiropractor** or **acupuncturist,** and two speech therapy sessions per child,
- **diagnostic tests** requested by a **GP**, such as X-rays, blood tests and scans, or
- **GP** charges or fees, including those for completing a claim form.

Hearing loss

We do not cover hearing aids or devices, cochlear implants, or any **treatment related** to their implantation or continued care.

BUT: We will cover **diagnostic tests** to investigate the cause of **your** deafness.

Infertility treatment

We do not cover investigations into the causes of infertility, or infertility **treatment**.

Non-medical admissions

We do not pay for **hospital** charges if the reason **you** have been admitted to **hospital** is that **you** need help with mobility, personal care or preparation of meals. **We** only pay if **you** have been admitted to **hospital** for medical reasons.

Out-patient treatment

If **you** have chosen option C2 (reduced **out-patient** cover and selected benefit reduction), **we** do not cover **treatment** as an **out-patient**.

BUT: **we** do cover up to two consultations with a **specialist** each **policy year**, and limited **diagnostic tests**.

If **you** have chosen option C0 (Reduced **out-patient** cover - £0 limit) **we** do not cover **treatment** as an **out-patient**, including consultations and **diagnostic tests**.

BUT: **we** do cover CT, MRI and PET scans, pre-admission tests and radiotherapy/ **chemotherapy.**

Overseas treatment - please see your policy schedule to see which options have been chosen

We do not pay for **treatment** outside the **UK** other than provided under the limited emergency overseas cover.

OR

If **you** have chosen option C2, C0, C500 or C1000 (a reduced **out-patient** option) the exclusion that applies to **you** is:

We do not pay for **treatment** outside the **UK**.

Pregnancy and childbirth - please see your policy schedule to see which options have been chosen

We do not cover pregnancy and childbirth or **treatment** required as a result of pregnancy or childbirth. **We** do not cover termination of pregnancy.

BUT: We do cover the specific complications listed under the **treatment** for complications of pregnancy and childbirth benefit.

OR

If **you** have chosen option C2, C0, C500 or C1000 (a reduced **out-patient** option) the exclusion that applies to **you** is:

We do not cover pregnancy or childbirth or any **treatment related** to pregnancy or childbirth in any circumstances.

Psychiatric treatment - please see your policy schedule to see which options have been chosen

We do not cover **treatment** of psycho-geriatric conditions of any kind.

OR

If **you** have chosen option C2 (reduced **out-patient** cover and selected benefit reduction) or C0 (reduced **out-patient** cover - £0 limit) but not option F (psychiatric **treatment**) the exclusion that applies to **you** is:

We do not cover **treatment** of psychiatric, psycho-geriatric or mental illnesses or conditions of any kind, such as stress.

Rehabilitation, convalescence and nursing home care

We do not cover rehabilitation, convalescence or nursing home care.

BUT: We do not apply the exclusion for rehabilitation to **treatment** for **cancer**.

Routine medical examinations, screening and preventative treatment - please see your policy schedule to see which options have been chosen

We do not cover:

- routine medical examinations (such as sight tests), medical screening, health check-ups or vaccinations, or
- **treatment** to prevent a disease or illness, or
- any **treatment** to discover the presence of a potential disease or illness if symptoms are not present, for example genetic tests
- If **we** have paid for **you** to have **treatment** for **cancer**, this exclusion will not apply with regard to **cancer**.

OR

If **you** have chosen option E (dental and optical benefits) the exclusion that applies to **you** is:

We do not cover:

- routine medical examinations (other than **routine dental treatment**), medical screening, health check-ups or vaccinations, or
- **treatment** to prevent a disease or illness, or
- any **treatment** to discover the presence of a potential disease or illness if symptoms are not present, for example genetic tests
- If **we** have paid for **you** to have **treatment** for **cancer**, this exclusion will not apply with regard to **cancer**.

Self-inflicted injury

We do not cover **treatment** directly or indirectly arising as a result of self-inflicted injury.

Sexual dysfunction

We do not cover **treatment** of sexual dysfunction such as impotence.

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

Sleep disorders and sleep problems

We do not cover **treatment** directly or indirectly **related** to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep).

Sport – professional sports

We do not cover **treatment** of an injury sustained whilst **you** are:

- training for, or
- taking part in

sport for which **you** are paid or funded by sponsorship or grant (unless **you** receive travel costs only). This exclusion does not apply if **you** are coaching the sport.

Treatment that is not eligible

We do not pay for **treatment** 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.

Undiseased tissue

We do not cover **treatment**, or any consequence of **treatment**, to remove undiseased tissue.

Varicose veins

We do not cover **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:

- They are causing ankle oedema of venous origin
- There is established lipodermatosclerosis or progressive skin changes

- There have been recurrent episodes of superficial thrombophlebitis
- A trial of continuous compression therapy prescribed by your GP for at least 6 months has failed
- There is active or healed venous ulceration.

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

War and hazardous substances

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

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

Warts / verrucas

We do not cover **treatment** of warts or verrucas.

Weight loss surgery

We do not cover **treatment** that is directly or indirectly **related** to:

- bariatric surgery (weight loss surgery), such as gastric banding or a gastric bypass, or
- the removal of surplus or fat tissue.

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)

If **you** were covered on a **policy** that was updated to Healthier Solutions, the following wording applies to **you**:

Any medical exclusions **we** have applied are shown on **your policy schedule**.

If **you** do not have any personal medical exclusions applied to a medical condition, the wording that applies to **your** cover is:

We do not cover **treatment** of any **pre-existing condition**, or any **related** condition unless **you** advised **us** of that condition in writing when **you** applied for the **policy** and **we** did not apply an exclusion for it.

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

If **you** applied to join Healthier Solutions, the following wording applies to **you**:

We do not cover **treatment** of any **pre-existing condition**, or any **related** or associated condition unless **you** advised **us** of that condition in writing when **you** applied for the **policy** and **we** did not apply an exclusion for it.

Any medical exclusions **we** have applied are shown on **your policy schedule**.

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

Moratorium (this is sometimes known as mori)

We do not cover **treatment** of 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 a **pre-existing 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 Medical Exclusions (CME)

For **members** who were fully medically underwritten on another **policy** and then transferred to Healthier Solutions.

We apply the personal medical exclusions for **pre-existing conditions** that were applied by **your** previous insurer. These are shown on **your policy schedule**. The terms and conditions of this **policy** may be different to those of **your** previous policy.

Continued moratorium

For **members** who were insured on a moratorium basis on another **policy** and then transferred to Healthier Solutions.

We do not cover **treatment** of any **pre-existing condition**, or any **related** conditions, 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 is the date **you** started cover with **your** first insurer (provided there has been no break in cover since then).

However, we will cover a **pre-existing 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** may be different to those of **your** previous policy.

Medical History Disregarded (MHD)

For **members** who have left a company scheme and who were insured on a MHD basis.

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** may be different to those of **your** previous policy.

Policy conditions

1. 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**.

Adding members

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

Newborn babies

If a **member** has a baby while they are covered by the **policy**, they can add their baby to the **policy** without underwriting if the **policyholder** applies to **us** within three months of the baby's birth. 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.

Before **we** can include a newborn baby on **your policy we** need a copy of the baby's birth certificate.

Please also see Child rates under Premiums section.

2. 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.

We do not pay any claims if premiums are not paid to date at the time **your treatment** takes place.
If **you** pay monthly, each monthly premium payment is for one month's cover. If **you** pay annually, each annual premium payment is for one year's cover. If **you** wish to change the way **you** pay the premium (for example from monthly to annually) **you** can do this at the **renewal date**. 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 section 5, changes to your circumstances.

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** age 20 or over on the **policy**).

MyHealthCounts

If **you** choose to participate in **our** MyHealthCounts programme, **you** may receive a discount on **your** premium. This discount on **your** premium can go up or down at **your renewal date**, depending on the Q score **you** achieve.

The premium discount will depend on **you** completing **your** online Q score in full and on time. Please refer to the MyHealthCounts website for full details of when the final Q score is required.

We may change or remove all or any part of the MyHealthCounts offer at any time and **we** will advise the **policyholder** of any changes.

Full details are available on request or online at www.aviva.co.uk/myhealthcounts.

3. No claim discount

Your policy includes a no claim discount (NCD) which is reviewed at each **renewal date**.

The NCD cannot fall below level 0.

An NCD applies to each member of the policy. This means that if a **member** makes a claim on the **policy** which affects the NCD, only the premium for that **member** will change.

The NCD is affected on the date **we** pay the bill that arises from the claim, rather than the date the **treatment** takes place.

Before each renewal **we** will review the claims that **we** have paid for each **member** in the year before the **renewal date** to determine the NCD

that will be used to calculate their premium for the next **policy year**:

a) If no claims have been paid for a **member** during the year before the **renewal date**, their no claim discount will increase by one level on the scale.

b) If the claims **we** have paid for a **member** are all new claims, or claims that have not yet caused the **member** to drop down the NCD scale, and the total combined amount **we** have paid towards those claims is £250 or less, that **member** will remain at their current NCD level. New claims are those that are for a disease, illness or injury which is not **related** to an existing claim.

c) If **we** have paid claims for a **member** that are new claims, or claims that have not yet caused the **member** to drop down the NCD scale, and the total combined amount **we** have paid towards those claims is more than £250, that **member's** NCD will reduce by three levels on the scale.

d) The NCD will not reduce by more than three levels on the scale in any one **policy year**.

e) If **we** have paid bills for a claim that caused the **member** to drop three levels down the NCD scale in a previous year, and **we** pay further bills for the same claim in another **policy year**, it will not cause the NCD to reduce again at the end of that **policy year**. Instead, that **member** will remain at their current NCD level (unless other claims that do cause the **member** to drop down the scale have been paid).

f) Claims under the following will not affect the NCD:

- NHS cash benefit
- Hospice donation
- Baby bonus
- **GP** referred treatment by a speech therapist for children
- Other treatment and therapies
- Dental and optical benefits
- If **we** do not pay a claim because the amount due is less than an excess.

The NCD is applied after any other premium discounts or reductions.

A claim paid after the renewal premium has been calculated will not affect the NCD at that renewal, instead it will affect the NCD the following year.

We may change the structure of the NCD and will advise the **policyholder** before any changes take effect. **We** may remove the NCD from a future **renewal date** by giving at least one year's notice to the **policyholder**.

4. Payments for ineligible treatment

If **we** agree to pay for **treatment** that is not normally eligible on y**our 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, **your** no claim discount and **your** excess (if **you** have an excess).

5. 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, address, if somebody works for the diplomatic service or a foreign embassy.

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**:

No claim discount scale

Level	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
% discount off level 0 premium	0	9	18	25	32	39	45	50	54	59	63	66	69	72	75

- Changes relating to **members**, for example a change of name, title, address,
- The correction of any information shown on the **policy schedule**.
- Removing **members** from the **policy**.
- Changes to the underwriting terms.

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

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

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

6. Renewing the policy

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

We will give **you** reasonable notice when **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 in writing.

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

If **you** wish to make any changes to **your policy** at renewal, for example adding or removing options, please contact **us**.

7. Cancelling the policy

When the **policyholder** may cancel the **policy**

The cooling off period

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

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

We ask for written confirmation of cancellations due to the potential loss of benefits to **you** in doing so. **You** are advised to call **our** Customer Service Helpline to discuss **your** options before taking this step.

When we may cancel the policy

If the **policyholder** or a **member** has at any time:

- misled **us**, for example telling **us** incorrect information or not telling **us** something that **we** have asked for, or
- defrauded or attempted to defraud **us**, or
- agreed to any attempt by someone else to defraud **us**, or
- not acted openly and honestly in their dealings with **us**

we may at any time (and backdate this action where appropriate):

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

If **we** cancel the **policy** for these reasons:

- **we** may backdate the cancellation (this means that **we** may not pay claims),
- **we** will notify the **policyholder** in writing by first class post or by hand to their last known address, and
- this will end the cover of the **policyholder** and all **members** listed on the **policy schedule**.

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 Healthier Solutions product at **your renewal date**. If this happens, **we** will contact **you** to advise **you** of **your** options.

8. 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.

9. Third party claims

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

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

If **we** have paid any costs for **your treatment** then **you** must not settle **your** personal injury claim unless **we** have given our agreement to **you** or **your** lawyers.

If **you** recover costs **we** have paid for **your treatment**, including any interest on any payments **we** have made, **you** must forward these sums to **us** immediately.

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

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

We cannot offer **you** legal advice.

10. If you have other private medical insurance

If **you** have any other insurance covering any of the benefits covered by **your** Aviva **policy,** such as other private medical insurance or travel insurance, **you** must let **us** know and **we** may recover these costs from that other insurer.

11. Law

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

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

Third party rights

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

How to claim

When you are referred by your GP, please call us on 0800 158 3333.

If you have 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 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 and then the hospital will 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 3333 and we will send you a summary.

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

Hospital lists

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

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

If you do not have internet access and need to know whether or not a hospital is on your list, please call 0800 015 1013.

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

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

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

Children

Only a limited number of hospitals in the UK are able to admit children under the age of three for private treatment. Please contact our Customer Service Helpline on 0800 158 3333* if you have any queries about cover for children on your policy.

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

Accommodation

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

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 015 1024
E-mail: hccomp@aviva.co.uk

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
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Telephone: 0300 123 9123
Email: complaint.info@financialombudsman.org.uk
Website: www.financial-ombudsman.org.uk

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

The Financial Services Compensation Scheme (FSCS)

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

Further information about compensation scheme arrangements is available from:

Financial Services Compensation Scheme
10th Floor
Beaufort House
15, St Botolph Street
London
EC3A 7QU
Website: www.fscs.org.uk
Telephone: 0800 678 1100 or 020 7741 4100

Language

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

Definitions

Accident or emergency admission

An admission to:

- **hospital** directly following an accident, or
- to a **hospital** ward directly from the emergency department for urgent or unplanned **treatment**, or
- to 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**.

Accidental dental injury

An injury which causes damage or deformity to teeth or gums which have not previously been decayed, diseased, repaired, restored or treated (other than scaling or polishing). This does not include damage to dentures or implants. The injury must be caused by an accident which occurs after **you** join the **policy**.

Acupuncturist

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.**

Acute condition

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

Advice

Any

- consultation,
- advice or
- prescription

from a **GP** or **specialist**.

Cancer

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

Chemotherapy

Drugs that are used to treat **cancer**. These include:

- drugs used to destroy cancer cells or prevent tumours from growing (these could be cytotoxic drugs, targeted or biological therapy drugs), and
- drugs used to strengthen bones (these are called bisphosphonates).

For this **policy**, hormone therapy is not chemotherapy.

Chiropractor

A practitioner who is:

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

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** 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.

Evacuation

The transport of a **member** from the country of incident to the next nearest appropriate facility for **treatment** as an **in-patient** or **day-patient**.

GP

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

Hospice

A **hospital** or part of a **hospital** recognised as a hospice by **us** which is devoted to the care of patients with progressive disease (where curative **treatment** is no longer possible) on an **in-patient** or domiciliary basis.

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.

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.

Member

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

Nurse

A qualified nurse who:

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

Osteopath

A practitioner who is:

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

Out-patient

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

Physiotherapist

A practitioner who is:

- included in the register of the Health and Care Professions Council 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**
- **members**
- amendments and
- exclusions that apply to specific **members** (if any).

Policy year

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

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**.

Psychiatric therapist

A practitioner

i. who is employed to provide therapy sessions at a psychiatric **hospital** or

ii. who is:

- an Accredited Member or Senior Accredited Member of the British Association of Counselling and Psychotherapy (BACP), or
- a Chartered Psychologist registered with the British Psychological Society (BPS), or
- a practitioner who has conditional registration with the BPS, or
- an Accredited Member of the British Association for Behavioural and Cognitive Psychotherapies (BABCP), or
- an Accredited Member of Scotland's Professional Body for Counselling and Psychotherapy (COSCA), or
- a psychologist registered with the Health and Care Professions Council (HCPC), or
- a practitioner who is registered with the United Kingdom Council for Psychotherapy (UKCP) under one of the following Modality Sections:
  - Behavioural & Cognitive Psychotherapies section
  - Humanistic & Integrative section
  - Psychotherapeutic Counselling section
  - Psychoanalytic & Psychodynamic section

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.

Renewal date

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

Routine dental treatment

Dental treatment carried out by a dental practitioner in a dental surgery including examinations, tooth cleaning, white fillings (where appropriate), crowns, extractions and surgery.

Specialist

A registered medical practitioner who:

- has at any time held and is not precluded from holding a substantive consultant appointment in an NHS hospital, or
- holds a Certificate of Higher Specialist Training issued by the Higher Specialist Training Committee of the relevant Royal College or faculty, or
- is included in the Specialist Register kept by the General Medical Council

and who is recognised by **us** to provide the **treatment you** require for **your** condition.

Speech therapist

A practitioner who is:

- included in the register of speech and language therapists kept by the Health and Care Professions Council and
- recognised by **us**.

Treatment

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

UK

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

We/our/us

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

You / Your

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

Any questions?

Call us on

0800 092 4590

Need to make a claim?

Call us on

0800 158 3333

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

GP helpline

24 hours a day, 7 days a week

0800 158 3112

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

Stress counselling helpline

24 hours a day, 7 days a week

0800 158 3349

This benefit is available to members aged 16 and over.

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Firm reference number 202153. Aviva Health UK Limited, Head Office: Chilworth House Hampshire Corporate Park Templars Way Eastleigh Hampshire SO53 3RY.
www.aviva.co.uk/health

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