

Private Medical Insurance

Insurance Product Information Document



Company: Aviva Health UK Limited

Product: Healthier Solutions

Registered in England Number 2464270. Registered Office 8 Surrey Street Norwich NR1 3NG. Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139.

This document provides a summary of the key information relating to a private medical insurance policy. The full terms and conditions of the cover and other important information are included in the policy documentation.

What is this type of insurance?

This insurance is designed to provide cover for residents of the UK, to obtain treatment for an acute condition such as a disease, illness or injury that is likely to respond quickly to treatment.



What's insured?

This is a summary of the core cover. Please refer to the terms and conditions for full details.

- ✓ In-patient and day-patient hospital treatment
- ✓ Out-patient consultations
- ✓ Out-patient diagnostic tests and treatment
- ✓ Out-patient mental health treatment
- ✓ Cancer treatment and aftercare
- ✓ Physiotherapy, osteopathy and chiropractic treatment on referral by a specialist
- ✓ NHS cash benefit—cash payment for NHS stays
- ✓ Baby bonus—cash payment for each baby
- ✓ **Hospital options** – where you're covered for treatment. You must choose one of these options – this will affect your premium
 - Expert Select – a guided hospital option
 - Key list (nationwide list)
 - Extended list (nationwide list with additional London coverage)
 - Trust Care list (NHS private patient unit and partnership hospitals only)
 - Signature list (hospitals in Scotland and Northern Ireland only)

Options to increase your cover (increasing your premiums)

- GP referred physiotherapy, osteopathy, chiropractic and acupuncture treatment
- Dental and optical benefits
- Mental health treatment as an in-patient or day-patient
- Protected no claim discount

Options to decrease your cover (reducing your premiums)

- Out-patient limit options are available
- Multiple excess options are available
- Six week option



What isn't insured?

This is a summary of some of the core exclusions. Please refer to the terms and conditions for full details.

- ✗ Pre-existing conditions – subject to underwriting type
- ✗ Long-term or chronic conditions
- ✗ Pregnancy and childbirth, but we do cover related conditions that can also be experienced outside of pregnancy and childbirth
- ✗ Birth control and infertility treatment
- ✗ Alcohol misuse, drug misuse or self inflicted injuries
- ✗ Cosmetic treatment
- ✗ Sports related treatment if a member is paid or sponsored
- ✗ Experimental treatment
- ✗ Treatment by providers (such as specialists, practitioners, hospitals) that aren't recognised by us



Are there any restrictions on cover?

- ! Specialists' and practitioners fees will be covered up to the limits in Aviva's fee schedules
- ! Hospital fees are only covered in full when using a facility agreed by us
- ! CT/MRI/PET scans are only covered when using a facility agreed by us
- ! Some benefits have specific limits. Please refer to your terms and conditions for full details
- ! Some benefits will be removed if you choose a reduced out-patient limit
- ! If you select an excess, eligible benefits will only be paid once the excess amount has been deducted



Where am I covered?

- ✓ The UK – for the purposes of this product: Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.



What are my obligations?

- You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out, make changes to, and renew your policy. All members must also take reasonable care to provide complete and accurate answers to the questions we ask when making a claim.
- You must also tell us about changes to your circumstances, for example, a change of name or address.
- All members of the policy must have the legal right to reside, and be physically living, in the UK, for the duration of the policy year other than trips abroad totalling no more than three months during the policy year. You must tell us as soon as possible if this ceases to be the case, or if it might reasonably be expected that a member may cease to satisfy these criteria following renewal of the policy.
- The provision of insurance under this policy is conditional on you observing and fulfilling the terms, provisions, conditions and clauses of this policy.
- Premiums must be paid as shown in your policy documentation. Claims won't be covered if premiums haven't been paid.



When and how do I pay?

You can pay your premiums annually or monthly by either direct debit or credit card. Payments must be made from a UK bank account.



When does the cover start and end?

From the start date (shown on your policy schedule) for a period of 12 months – and then for the period specified when you renew and pay your premium (usually 12 months).



How do I cancel the contract?

You can cancel your policy at any time. If you cancel within 14 days of purchase or renewal (or, if later, from the day you receive your policy or renewal documentation), provided no claims have been made, you'll receive a full refund of the premium. If you cancel after the 14 days, you'll be entitled to a refund of premium less a proportionate deduction for the time we have provided cover.

If you wish to cancel your policy, you'll need to notify Aviva in writing at: Aviva Health UK Limited, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3RY, by email to: directhealthadmin@aviva.com, or by calling Aviva on 0800 092 4590.

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