

Child Health Solutions

Terms and conditions

Welcome to Aviva

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

This booklet tells you about this policy, including:

- what to do 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 provided.

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 the 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 this policy please call us on **0800 158 3333** and we will be pleased to help.

How to make a claim check list

Follow our step by step guide on how to make a claim. By following these steps and providing us with the information requested below it will allow us to process your child's claim as quickly as possible.

1 Go to the GP as normal

2 Before you call please ensure you have the following information:

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

3 Call us on 0800 158 3333 and tell us (have to hand):

- your policy number
- the details from step 2
- your GP's name

4 We will tell you whether or not:

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

Note: children aged 16 or over can contact us themselves with details of their claim We will try to assess your claim over the phone but in some cases we may require you to fill in a claim form

Important information

Child Health Solutions provides cover for a **child** insured on the **policy**.

Only a **child's** parent or guardian can be the **policyholder**.

The **policyholder** can contact us about the **child's** medical **treatment** and receive information about their **child's** claim. A **child** aged 16 years or older can contact **us** about his/her own **treatment** or claim.

We will send any correspondence about the **child's** cover, **treatment** or claim to the **policyholder**, including explanation of benefit statements.

We cannot discuss details of the **child's** cover, **treatment** or claim with a parent or guardian who is not the **policyholder** unless the **policyholder** has given us written permission to do so.

(Please see the Policy Conditions section, point 10 - Data protection and disclosure of information).

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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 the **child** to the state of health they were in immediately before suffering from it, or which leads to their full recovery.
- All **treatment** and **diagnostic tests** must be by **specialists** following referral by a **GP**.
- All benefit limits and excesses (if applicable) apply per **child** per **policy year**.

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

- covered under the **policy**, including facilities, services and equipment,
- shown by current best available clinical evidence to improve the **child's** health outcome, at the time their **treatment** takes place,
- appropriate for the **child's** 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 the **child's treatment** and to care for their condition,
- carried out in facilities where appropriate clinical governance processes are in place at the time the **treatment** takes place, and
- undertaken because the **child** needs it for medical reasons.

All benefit limits and excesses (if applicable) apply per **child** per **policy year** unless otherwise stated

Benefits	Amount payable	Notes
A. Hospital treatment as an in-patient or day-patient		Extended hospital list for children or NHS pay-bed. See benefit term 1
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 benefit term 2
Diagnostic tests	In full	Including blood tests, X-rays, scans, ECGs
Radiotherapy / chemotherapy	In full	
NHS cash benefit	£100 per night, up to 30 nights	See benefit term 3
B. 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 benefit term 2
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 benefit term 2.
Radiotherapy / chemotherapy	In full	
C. Other treatment and therapies as an out-patient		
GP referred treatment by: <ul style="list-style-type: none"> • a physiotherapist • a chiropractor • an osteopath • an acupuncturist 	In full	Up to 10 sessions in combined total per child , per condition, per policy year . See benefit term 4

The information on this page 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
D. Child benefits		
Treatment by a dentist of an accidental dental injury	Up to £600	Per child , per condition, per policy year
Routine dental treatment	Up to £300 £50 excess	See benefit term 5 for details of how the excess works
GP referred treatment by a speech therapist	In full	Up to two speech therapy sessions
Support cash benefit	£10 per night, up to five nights	See benefit term 6
E. Additional benefits		
Home nursing	In full	Immediately following treatment as an in-patient or day-patient that is covered by the policy . See benefit term 7
Private ambulance	In full	See benefit term 8
Parent accommodation when staying with a child covered by the policy	In full	Child aged 15 or under receiving treatment that is covered by the policy ; one parent only
Hospice donation	£70 per day, up to 10 days	See benefit term 9
GP Helpline	Unlimited number of calls	See benefit term 10
Stress Counselling Helpline	Unlimited number of calls	See benefit term 10

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

Benefit terms

1 – hospital charges for in-patient and day-patient treatment

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

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

we will only pay **hospital** charges for that **treatment** up to:

- £250 per night for **treatment** as an **in-patient** or
- £200 for each admission for **treatment** as a **day-patient**.

Hospital charges include accommodation and nursing costs, but also any other charge made by any **hospital**, facility or service provider if it is related to the **child's treatment**. **Specialists'** fees will be paid for up to the limits in **our** fee schedule.

2 – 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 the **policyholder's** responsibility to pay the **specialist** the difference.

3 – NHS cash benefit

We will pay NHS cash benefit if:

- a **child** receives **treatment** as an NHS **in-patient**, and
- that **treatment** would have been covered by the **policy** if the **child** had received 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 will not be paid for the first three nights following an **accident or emergency admission**.

C. Other treatment and therapies as an out-patient

4 – GP referred treatment by a physiotherapist, osteopath, chiropractor or acupuncturist

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

D. Child benefits

5 – Routine dental treatment benefit excess

Routine dental treatment benefit has 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**. The **policyholder** is responsible for paying the £50 excess for the **treatment** received. This leaves a balance of £80 available to the **child** in this example for subsequent claims in the same **policy year**. The excess is only deducted once per **child** per **policy year**.

6 – Support cash benefit

We will pay support cash benefit if a **child**:

- receives **treatment** as a private **in-patient** that is covered by the **policy**, or
- receives **treatment** as an NHS **in-patient** that would have been covered by the **policy** if the **child** had received it as a private patient.

This benefit will not be paid for the first three nights following an **accident or emergency admission** if the **child** is admitted as an NHS **in-patient**.

E. Additional benefits

7 – home nursing

We cover home nursing if this:

- is recommended and supervised by the **child's specialist**,
- takes place at 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 the **child's** mobility, personal care or preparation of meals.

8 – 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**,
- it is needed for travel between **hospitals** as part of the **child's treatment** as an **in-patient**, and
- it is medically necessary for the **child** to travel by ambulance.

9 – hospice donation

A donation will be paid directly to the **hospice** when:

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

Benefit terms

10 – GP and Stress Counselling Helplines

The GP and Stress Counselling helpline services are available for:

- a **child** aged 13 years or older
- the **policyholder** (on behalf of a **child**).

The GP Helpline and Stress Counselling Helpline services are designed to be available 24 hours per day but some reasonable delay may be experienced. They are not emergency services.

The **policyholder** may call on behalf of a **child** subject to any patient confidentiality requirements of the **GP** or service provider. In using the Helplines, a **child** aged 13 years or older (or the **policyholder** on behalf of a **child**) automatically authorises 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 GP Helpline service 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 a **child** aged 13 years or older (or the **policyholder** on behalf of a **child**) over the telephone when the symptoms are described. It is intended to deal with one call per **child** 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.

Please note: **Children** must seek permission from the telephone bill payer before calling the GP or Stress Counselling Helplines.

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 **chronic conditions**.

Cosmetic treatment

We do not cover **treatment**, or any consequence of **treatment**, that is intended to change a **child's** 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 a **child's** appearance if:

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

We advise that **you** (or the **child** if aged 16 or over) contacts **us** before **treatment** begins so that **we** can confirm if the **child** is covered.

Exclusions

Dental treatment

We do not cover:

- dental **treatment** performed for cosmetic reasons such as teeth whitening, or
- **treatment** carried out to help a **child** wear dentures, bridges or implants, or
- orthodontic **treatment**.

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 a **child** is admitted to **hospital** for eligible **treatment** as an **in-patient** for another condition and they need their 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 a **child** to take home from **hospital**.

BUT: We do cover drugs and dressings that are needed during, and immediately related to, a course of 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 a **child's treatment** meets all these requirements, **we** will not exclude **treatment** on the basis that it is experimental.

Before **we** can decide if the proposed **treatment** is eligible, **we** must receive all the clinical details **we** need from the **child's specialist**. **We** must confirm cover in writing before any **treatment** begins.

BUT:

Even if **we** consider a **child's 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 their condition, if this is available.

Please note: No payment will be made if there is no established **treatment** available for a **child's** condition (for which the experimental **treatment** is being proposed).

If a **child** undergoes experimental **treatment** that is not successful, **we** will not pay towards further **treatment** of their condition or for any other condition that they develop as a result of undergoing experimental **treatment**.

Eyesight

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

GP charges and treatment

We do not cover:

- **treatment** provided by a **GP**,
- **treatment** requested by a **GP**, other than **treatment** by a **physiotherapist**, **osteopath**, **chiropractor**, **acupuncturist** or **speech therapist**,
- **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 a **child's** deafness.

Overseas treatment

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

Pregnancy and childbirth

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

Psychiatric treatment

We do not cover **treatment** of psychiatric 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.

Routine medical examinations, screening and preventative treatment

We do not cover:

- routine medical examinations (other than **routine dental treatment**), medical screening, health check-ups or vaccinations, or

Exclusions

- **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.

Self-inflicted injury

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

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 a **child** is:

- training for, or
- taking part in

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

Treatment that is not eligible

We do not pay for **treatment** that is not covered by the **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.

War, criminal activity 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

This **policy** is subject to one of two different types of underwriting. The **policy schedule** will show which type of underwriting applies to **your child / children**.

Moratorium (This is sometimes known as mori)

We do not cover **treatment** of any **pre-existing condition**, or any **related** conditions, if the **child** had:

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

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

However, **we** will cover a **pre-existing condition** if the **child** does not have:

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

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

Full Medical Underwriting (FMU)

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 to **your policy** are shown on **your policy schedule**.

We may review a **child's** personal medical exclusion(s) at the **renewal date**, if **you** ask **us** to. If **we** have recently applied an exclusion when a **child** joined the **policy** or reviewed a medical exclusion at the **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**.

Policy conditions

1. Who can be a member?

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

Only the **policyholder's children** can be **members**.

Cover will not continue beyond the next **renewal date** following a **child's** 18th birthday.

Adding members

You can add new **members** to the **policy** at any time by contacting **us**. **We** will not accept children who are within two months of their 18th birthday or older.

Newborn babies

You can add a newborn baby to the **policy** without underwriting if **you** apply within three months of the baby's birth. No premium will be required:

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

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

2. Premiums

The **policy schedule** shows how much **you** need to pay, 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 **you** tell **us** to cancel the **policy** in time for **us** to stop collecting the payment.

We do not pay any claims if **your** premiums are not paid to date at the time the **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 the premium is paid (for example from monthly to annually), **you** can do this at the **renewal date**.

3. Changes to your circumstances

The **policyholder** must tell **us** as soon as possible about:

- any changes relating to the administration of **policy** premiums, for example a change of name, address or bank details.
- any other material changes that affect information given to **us** relating to the premiums.

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 the cover or premiums.

4. Renewing the policy

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

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**.

5. 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.

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 the **child** 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 dishonestly 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
- otherwise failed to observe the terms and conditions of this **policy**, 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.

Policy conditions

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 all **members** listed on the **policy schedule**.

If any premium is not paid, the **policy** will automatically be cancelled. If the premium is paid within 45 days of the date on which it was due, **we** may, at **our** discretion, reinstate cover although **we** will not pay any claims until outstanding premiums have been paid in full.

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

We reserve the right to withdraw or close the Child Health Solutions product at **your renewal date**. If this happens, **we** will contact **you** to advise **you** of **your** options.

6. 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, subject to their agreement to continue the **policy** and accept its terms and conditions (unless the spouse or partner is not the **child's** parent or legal guardian, in which case the **policy** will cease)

7. Third party claims

The **policyholder** must let **us** know if **treatment** was needed because someone else was at fault – for example, if the **child** was injured as a result of a road traffic accident. **We** may be able to recover the cost of the **child's 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 the **child's treatment** then **you** must not settle the third party claim unless **we** have given **our** agreement to this settlement to the **child**, to **you**, or to **your** lawyer.

If **we** have paid for the **child's treatment** and costs are recovered (including any interest on payments **we** have made) **you** must forward these sums to **us** immediately.

We are entitled to prosecute any third party in the **child's** name for any claim relating to any costs **we** have incurred.

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

We cannot offer **you**, or the **child**, legal advice.

8. If you have other private medical insurance

If the **child** has 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.

9. 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.

Your legal rights

This **policy** is a contract between the **policyholder** and **us**. **Members** have no right under the Contracts (Rights of Third Parties) Act 1999 to enforce this **policy** or any part of it. This will not affect other legal rights or remedies (if any) which someone else (a third party) may have, that is rights which do not exist solely by virtue of that Act.

10. Data protection and disclosure of information

On behalf of all **members**, **you** agree and consent to the processing (including electronic or computer processing) and the use of all personal and medical details received by **us**, by the data controllers and by relevant third parties (which may include the

policyholder, medical and service providers and relevant intermediaries). Processing may be for the purposes of **policy** administration, service provision (including research), reinsurance, claims validation and fraud prevention. **We** may also use the **child's** personal data or disclose it to third parties to process claims that are also covered by another insurer or other third party.

The **policyholder** also agrees to provide (or arrange for **members** to provide) confirmation of consent from **members** which **we** may require from time to time.

Processing may be in any part of the world and will be carried out according to standards of data protection within the meaning of English law. The data controllers are Aviva Health UK Limited, Aviva Insurance Limited and Aviva Life and Pensions UK Limited.

If **you** are using a financial adviser or other intermediary to set up or manage the **policy**, **you** acknowledge that they have full authority to act on **your** behalf. This means **we** may treat any instruction from them as being an instruction from **you** (including an instruction to set up or alter a **policy**).

How to claim

If the **child** is referred by their GP, please call **us** on 0800 158 3333.

If they 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 the **child's GP** has given them a named referral, **we** will check that the **specialist** is recognised by **us**.

Whenever possible **we** will assess the **child's** 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 recommend that the **policyholder** (or the **child** if over 16 years) calls before any planned **treatment** or **diagnostic tests** take place so that **we** can advise if:

- the **treatment** is covered,
- the **specialist** or **hospital** is recognised by **us**,
- there are any limits that apply to the **child's** cover, or
- a claim form needs to be completed.

It will help if **you** (or the **child** if over 16) can give **us** the following information:

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

You (or the **child** if over 16) need to give **us** all the information **we** need to assess the 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 the **child's treatment**,
- a doctor's report if **we** need this, and
- original bills and receipts where appropriate (not copies).

Please remember, **we** do not cover **GP** charges or fees for completing a claim form.

If the **child's** 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 the extended hospital list for children will settle charges directly with **us**, although some may ask the **policyholder** (or the **child** if aged 18 years or over) to pay and then reclaim the money from **us**. The **policyholder** 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. These bills should be forwarded to **us** with a fully completed claim form (if one has been requested) or with details of the **child's** full name, address and policy number. **We** will then pay the provider (for example the **hospital** or **specialist**) direct for eligible costs.

We do not pay any claims if premiums are not paid to date at the time the **child's treatment** takes place.

Ex-gratia payments

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

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

Please note: **we** may call these payments ex-gratia payments or without prejudice payments.

Hospital lists

Details of the extended hospital list for children are available online at aviva.co.uk/child/hospital-lists. From here the latest list can be downloaded or printed.

Our hospital lists change regularly to reflect when hospitals are closed, new ones opened and to reflect other changes. For this reason you should always contact our Customer Service Helpline before receiving any treatment to confirm that the hospital is available and is recognised by us to provide the treatment the child requires.

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

Most of the hospitals on the list send bills directly to us. However, sometimes the bills might be sent to the policyholder first. If this happens, just forward them to us with the child's 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 us on 0800 158 3333 if you have any queries about cover for children on the policy.

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 there are any queries about the accommodation that will be available, please check with the specialist or the hospital before the child is 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 FSCS if we become insolvent and 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
7th Floor, Lloyds Chambers
Portsoken Street
London
E1 8BN

Website: www.fscs.org.uk

Telephone: 020 7892 7300

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** joined 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**.

Acute condition

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

Child / children

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

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 the **child's** rehabilitation or for them 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 a **child's** symptoms.

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 the extended hospital list for children, 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.

Member

A **child** 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 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** who is the **child's** parent or guardian.

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:

- the **child** has received medication, **advice** or **treatment**, or
- they have experienced symptoms,

whether the condition has been diagnosed or not before they joined the **policy**.

Related

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

Renewal date

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

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** the **child** requires for their condition.

Speech therapist

A practitioner who is:

- included in the register of speech and language therapists kept by the Health 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 (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

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

Any questions? Need to make a claim?

Call us on

0800 158 3333

GP Helpline

24 hours a day, 7 days a week

0800 158 3112

Stress Counselling Helpline

24 hours a day, 7 days a week

0800 158 3349

Please note, calls to and from Aviva may be recorded and/or monitored.

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aviva.co.uk/health

