



NatWest Group Private medical benefit summary Gold

Effective from 1 October 2023



Welcome to your private medical scheme

This guide has been designed to provide you with the key information about your scheme, and it's important that you read this and keep for your records. The guide doesn't, however, contain the full terms, conditions, benefits and exclusions that apply to your scheme. These are contained in the scheme rules, a copy of which is available on request from your company, on your **company microsite**, or by contacting Aviva.

Your healthcare scheme is designed to provide you with benefit for treatment of acute symptoms and conditions. An acute condition is a disease, illness or injury that's 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.



Providing you with a quality service

At Aviva, we've got years of healthcare experience under our belt and our aim is to ensure you receive a quality service at all times. Most claims can be started online at MyAviva or telephone assessed by experienced claims advisers – making the process as quick and easy as possible. This is to minimise the disruption to you and ensure you receive your recommended treatment as quickly as possible.

Support for specialist conditions

We believe that it's important to offer you consistency of support and advice when dealing with certain conditions. That's why we've developed a number of dedicated claims teams to look after specialist conditions such as cancer and mental health. Each of these teams offer guidance from highly trained advisers, who are able to provide support throughout the course of your treatment. This ensures you can progress from one stage of treatment to the next as seamlessly as possible.

Customer service helpline

The customer service helpline is managed by experienced claims advisers who provide confidential support and reassurance and will guide you through every step of the claims process.

If you have any questions or want to make a claim, call the customer service helpline:

0800 158 3338

8:00am - 6:30pm Monday to Friday

9:00am - 1:00pm Saturday

Quoting scheme number:

980033

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

Get the most out of your private medical benefit

Make your life easier with MyAviva

Our online portal will help you manage your Aviva policies and schemes in one secure and easy-to-use place. With a whole host of benefits at your fingertips, you can:

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

MyAviva is also available to download from the **App Store** or **Google Play**. Mobile data charges may apply.

MyAviva terms and conditions apply and are available to read in-app before signing up.

How to access MyAviva

- Download the MyAviva App from the **App Store** or **Google Play** or visit **aviva.co.uk/activate**.
- * Click on '**Register without code**'
- * Provide your email address, create a password and enter your name and select '**Continue**'.
- * Once on your portfolio, select 'Continue your registration'
- * Enter your date of birth and postcode and select 'Continue'
- * You'll then need to provide your scheme number **980033**, complete your member number with the opening zeros removed. For example: **980033 + 00001100 = 9800331100**



A GP in your pocket with Aviva Digital GP

Get the guidance you need from an NHS-registered private GP via the app. Video consultations can save time, with no need to visit your GP surgery. You could have an appointment in as little as 30 minutes and appointments can be booked 24/7 - most are available on the same day. Your appointment slot with your selected GP will last for up to 15 minutes.

Activate your service using Access Number **583777**

Other benefits of the service include:

- * **GP Choice** - you will be offered both male and female GPs to choose from. You can also select to search for a GP who you have seen previously, via the app, within the last 6 months in order to book directly with them. Additionally, you can review GPs' bios and select a GP based on who best suits your needs according to their profile.
- * **Repeat NHS prescriptions** - you can order prescribed repeat medication within the app (all NHS England exemptions accepted) and get free UK delivery.
- * **Private prescription delivery service** - you have the option to choose delivery of medication to your home, office or other nominated location, or you can choose to collect from your local pharmacy. All private prescriptions will carry an associated charge.
- * **Add your children under 16** - if you have any children under 16 you can add them to your account for paediatric consultations, with a limit of up to 10 children per member. Your children under 16 can be added to your Digital GP account even if they are not eligible for benefit under the private medical scheme.
- * **Consultation Advice** - after your GP consultation, you will be able to see the advice you have been given and consultation history within the app.

Terms and conditions and the privacy policy for Aviva Digital GP can be viewed in-app before you sign up. Please note, Aviva Digital GP is available to residents of Great Britain, Northern Ireland, the Channel Islands and the Isle of Man at home or abroad.

This is a non contractual benefit and can be changed or removed at any time.

How to access Aviva Digital GP

- Download the Aviva Digital GP smartphone app from the **App Store** or **Google Play**. Mobile data charges may apply.
- Activate your service using your unique Access Number **583777**.
- You'll also receive an email asking you to validate your email address so you can complete your registration.

The registration process for Aviva Digital GP is similar to other apps that maintain security and confidentiality around your personal information. You'll be asked to enter a few personal details - the rest is straight forward.

How to make a claim

The three steps below outline the claims process.

Step 1 – If you're unwell

If you feel unwell, go and see your GP in the usual way. If your GP recommends you need to see a specialist for further assessment or treatment, they'll give you a referral. Alternatively you can get an open referral via Digital GP. This may either be:

- ✓ a **named** referral – where the GP recommends a particular specialist and/or hospital
- ✓ an **open** referral – where the GP just states which type of specialist you need to see, or the type of treatment you need, without stating a specialist's name or hospital.

All claims have to be authorised in advance by Aviva.

Step 2 – Go online with MyAviva or call the customer service helpline - 0800 158 3338

You can now start your claim through MyAviva, our online portal. Simply logon and click on the 'Make a new claim' button on your Health scheme homepage (details on how to register for MyAviva are included on the previous page). You'll be taken through a series of questions which will help us understand and assess your claim.

To help complete your claim, you will need to have:

- ✓ details of your condition including symptoms, dates and diagnosis if known
- ✓ medical specialism of the specialist you need to see.

If we have a network for your condition or suspected condition, unless your company has chosen the Extended hospital list, we'll tell you where you can have your treatment. This may or may not be at a hospital included on your hospital list. If we don't have a network in place or if you have access to the Extended hospital list:

- ✓ if you've been given a named referral, we'll check to make sure the specialist is recognised by us, or
- ✓ if it's an open referral, we'll use our specialist finder database to select an appropriate specialist and/or hospital.

To view our fee guidelines for specialists visit [aviva.co.uk/pmifees](https://www.aviva.co.uk/pmifees)

You'll receive an email by close of business the following day with confirmation including full details of your specialist and agreed treatment centre. The more information you're able to give us at this point, the easier it'll be for us to make the decision. If we need any further information following an online claim, we will call you directly or if you have any queries or concerns, you can contact one of claims experts through Live Chat on MyAviva.

Step 3 – Diagnosis, treatment or surgery

If your specialist decides you need treatment, please contact us to tell us the procedure code (called the CCSD code) provided by your specialist. You can do this by logging onto MyAviva and selecting the 'Update my claim' button on your Health Homepage.

Once you've given us these details, we can confirm whether your treatment is eligible and let you know where you can receive treatment – whether this is through our networks, at a hospital on your list, or at other facilities recognised by us.

Alternatively, you are able to start your claim by calling through to the customer service helpline on **0800 158 3338**. If you decide to call, please check that you have your scheme number to hand, **980033** and the name of your company. This will help us confirm your identity.

The Fast Track Physio claims process

We know that back, neck, muscle and joint pain (otherwise known as musculoskeletal pain) can stop you in your tracks and prevent you from enjoying life to the full.

Step 1 – If you're unwell with any back, neck, muscle or joint pain

Fast Track Physio gives you access to a clinical case manager who will help guide you down the right treatment pathway.

There's no need to see a GP, just call the customer service helpline.

Members aged 11 and under will need to get a GP referral before contacting the customer service helpline.

Step 2 – Call the customer service helpline - 0800 158 3338

Before you make this call, please check that you have to hand:

- ✔ your scheme number, 980033 and the name of your company. This will help us to confirm your identity.
- ✔ details of your symptoms and when they started.

One of our advisers will assess your claim and, if eligible, arrange for a clinical case manager from one of our independent clinical providers to contact you, or provide you with a link to our supplier's online portal where you can either book your own appointment at a convenient time for you or complete a digital assessment.

In some instances we may require more information before confirming eligibility but we'll talk this through with you when you call.

Step 3 – Clinical assessment

Using evidence-based medical guidelines, a clinical case manager will contact you to conduct a thorough assessment by telephone or video consultation and recommend the most effective course of treatment. This step won't be required if you completed your initial assessment digitally.

If clinically appropriate, you may be referred to a physiotherapist approved by the clinical case management provider for treatment and/or to a specialist for further treatment or diagnostic tests as necessary.

The clinical case manager will provide advice to help you manage symptoms and pain. They'll also advise how best to remain active with a tailored home exercise programme. Your case manager will continue to monitor your progress throughout your claim.

Mental health pathway

Follow these three simple steps to make a claim for a mental health condition:

Step 1 – If you need some support for your mental health

If you're worried about your mental wellbeing, our clinical case management approach can help. There's **no need for a GP referral**, just call the customer service helpline.

If you've seen your GP, you must still follow the mental health pathway to access assessment and treatment eligible for benefit under your scheme.

Step 2 – Call the customer service helpline - 0800 158 3338

Before you make this call, please check that you have to hand:

- ✔ your scheme number, 980033 and the name of your company. This will help us to confirm your identity
- ✔ details of your symptoms and when they started.

One of our advisers will transfer you to our independent clinical provider, where a therapist will conduct a thorough assessment with you. Or, if you prefer, we can arrange a suitable time to call you back.

Step 3 – Telephone clinical assessment

From a range of treatment options, the therapist will agree what's the most appropriate help for you.

These options include:

- ✔ self-directed online services
- ✔ remote talking therapies
- ✔ face-to-face treatment
- ✔ further assessment and treatment by a psychiatrist or within an in-patient facility, if clinically necessary.

All treatment is led by experienced mental health therapists working in conjunction with our independent clinical provider. At the end of treatment you'll be provided with a plan to help manage your symptoms in the longer term.

Talking Through Cancer

With a thorough knowledge of the different experiences people go through when living with cancer, the dedicated team of specialist cancer therapists will help you work through the emotional ups-and-downs, offering compassionate support and practical techniques along the way. They will help you feel more in control of the situation, listening and gaining a thorough understanding of your needs, going at your pace – offering the right support, when you need it.

Whether you want help coming to terms with your diagnosis, tips to help you see the wood for the trees, or simply want someone to talk to, the specialist therapists won't just support you through your diagnosis and beyond, they'll be there for those closest to you as well. Up to four of your loved ones can access support and with specialist services for children from the age of 5, they'll help provide the reassurance and emotional strength to live life as best you can, together.

This service is available if you have an eligible cancer claim.

If you've been diagnosed with cancer and need some mental health support, follow these two simple steps to make a Talking Through Cancer claim:

Step 1 - Call the customer service helpline or your Aviva Cancer Claims adviser

There's **no need to see your GP** before making a claim, you can simply call the customer service helpline. Alternatively, if you already have an authorised cancer claim, you can call the Cancer Claims team.

If you've already seen your GP, you must still follow the Talking Through Cancer pathway to access the therapy available under your scheme.

Before you make this call, please check that you have to hand:

- ✔ Your scheme number, 980033 and the name of your company. This will help us to confirm your identity
- ✔ Details of your symptoms and when they started.

One of our Cancer Claims advisers will assess your claim and, if eligible, transfer you to our independent clinical provider where a Case Manager will arrange an assessment for you. Or if you prefer, we can arrange a suitable time to call you back. You'll also have the option to choose up to four loved ones to access the service, even if they're not included on your scheme. Our advisers will be happy to go through the benefit your scheme provides in more detail and explain how this works.

Step 2 - Telephone clinical assessment

The therapist will agree what's the most appropriate support for you from a range of therapy options designed specifically to support people with cancer, their family and loved ones. These options may include:

- ✔ Online cognitive behavioural therapy (CBT)
- ✔ Remote counselling or talking therapy (telephone or video)
- ✔ Face-to-face counselling or therapy
- ✔ Family therapy

All treatment is led by specialist cancer therapists working in conjunction with our independent clinical provider. At the end of the programme, you'll be provided with a plan to help you in the longer term.

Our wellbeing services

We're dedicated to helping you live your best life. That means encouraging you to consider your wellbeing in terms of everything you do – the way you work, what you eat, how active you are, your mental health and how you spend and save money. By promoting healthier habits and incremental shifts in attitudes and actions we empower you to make informed, balanced and positive lifestyle choices.

Mental health support articles*

We want to help you when things become too much. If you're experiencing stress, anxiety or poor mental health, it can be difficult to get back on track.

Aviva can help you manage and improve your mental health by providing you with helpful information, videos and advice.

For more details on the support available, please visit [aviva.co.uk/mental-health-support](https://www.aviva.co.uk/mental-health-support)

Stress Counselling helpline

The Stress Counselling helpline can be a good place for you to get help with personal or work-related stress issues. Talking and sharing can be the first step in helping to work through problems and resolve them.

The Stress Counselling helpline is free to use, all year round. Call **0800 092 3189** for a confidential chat with a trained counsellor (available to members aged 16 or over).

For joint protection, telephone calls may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free.

Get Active, feel the benefits*

Get Active helps you stay fit and healthy with discounts on online workouts, over 3,000 health and fitness clubs nationwide and a variety of discounted products and services to help you and your family get active and keep healthy.

To find out more about Get Active and terms and conditions, please visit getactive.aviva.co.uk. You will need to use your access code **HCGLRG** to log in when prompted. Terms and conditions and the privacy policy can be viewed before signing up to any offers.

The sign-up process for some offers, such as health and fitness clubs, means you'll enter a binding contract which may include conditions such as minimum term and monthly fees. Please read the terms and conditions relating to your chosen offers carefully.

Aviva Digital GP*

Around the clock access to GP video consultations at no extra cost and repeat NHS prescriptions - all at the touch of a button. Get the guidance you need from a private GP via the app, with access to unlimited video consultations, 24/7.

Menopause Service

We understand that the menopause can affect both the individual and those closest to them. Now available as part of Aviva Digital GP, the menopause service can be used by anyone over the age of 16 who is eligible to register with the app, including partners and family members who are eligible for benefit under the scheme.

The service provides you with access to up to 6 consultations per member, per year, with a menopause trained health professional to discuss symptoms and concerns. In addition, there is an information hub offering practical tips and support to help you gain a better understanding of menopause, manage symptoms and address any impact it may be having on you personally or your relationships, family and working life. The service also includes a symptom assessment tool which provides a pre-consultation report. The menopause consultation notes and reports are stored in the app so you can refer back to these at any time.

To get started, download Aviva Digital GP from the App Store or Google Play (mobile data charges may apply) and enter your personal access number **583777**.

Aviva Digital GP is provided by Square Health and is available to residents of Great Britain, Northern Ireland, the Channel Islands and the Isle of Man at home or abroad. Terms and conditions and the privacy policy can be viewed in-app before you sign up. Mobile data charges may apply.

* These services are non-contractual benefits Aviva could change or withdraw at any time.

Additional support following a cancer diagnosis

We understand that receiving a cancer diagnosis could be life-changing and you may experience a whole host of emotions. Our specialist cancer services provide help and support for you and your loved ones throughout your cancer journey and beyond.

Careology*

Designed to complement advice and support from your treating cancer team, the Careology app can help you feel a little more in control at a time when life can feel overwhelming. You can:

- Record symptoms and side effects to easily keep track of how you're feeling, and see when to contact your care team
- Jot down questions, organise your thoughts and keep notes of how you're feeling each day with the digital journal
- Create a medication schedule and set reminders to help you take your medication accurately and on time
- Share your health status with your friends and family so they can see how you are and support you wherever they may be
- View a complete record of your symptoms, side effects, medications, notes and appointments, making it quick and easy to recall and share all aspects of what happened and when

If you have been diagnosed with cancer and would like access to the Careology app, simply call our customer service team on **0800 158 3338**. Alternatively, if you already have an authorised cancer claim, you can call the Cancer Claims Team. They will provide you with all the information you need to get started.

This service is available if you have an eligible cancer claim.

Cancer Care Guide*

Developed in partnership with Macmillan Cancer Support, our guide makes it simple for you and your loved ones to find information to help make life that bit easier following a diagnosis. It covers topics such as healthy eating and knowing your employment rights as well as helping you understand what support is available to ease financial concerns and help you prepare for cancer treatment.

In addition, if you'd like more practical support or to talk to one of Macmillan's specialist cancer nurses, you can call through to them on **0808 239 6341**.

Cancer Care with Get Active*

Benefit from savings on products and services that can help make a small difference if you or someone close to you is living with cancer. Cancer Care with Get Active provides you with access to discounted products and services that can help with the daily living adjustments a cancer diagnosis and treatment can bring, as well as offers on services and experiences that may enhance quality time spent with family and close friends.

So, whether you're looking to improve your current health and wellbeing, show someone your support, or you just want to feel more like yourself, there's a choice of specially arranged products and services to help.

Whether accessing the cancer care offers for yourself, or to help support loved ones or those close to you following a cancer diagnosis, the service is available to use any time, not just during a claim. Visit getactive.aviva.co.uk for more information

Cancer Care with Aviva Digital GP*

After a cancer diagnosis any changes to general health might feel even more concerning but with Aviva Digital GP, you can access a GP video consultation 24 hours a day, seven days a week. Some could be available even in as little as 30 minutes, with most available on the same day.

Following a consultation, you'll be able to see the advice and all consultation history within the app. With consultation notes held securely on the app, you can also easily access and email the medical information to your oncology team if needed.

Not only do you have the option to book a consultation with a GP you have seen previously via the app within the last 6 months, you can also update your medical profile before each consultation, meaning the GP will have an understanding of your recent medical history, including any medication you may be taking as part of your cancer treatment plan.

* These services are non-contractual benefits Aviva could change or withdraw at any time.

Your benefit – summary

Benefit limits shown below apply to each member every scheme year and all treatment must be on referral by, and under the care of, a specialist unless otherwise stated.

As a member of the scheme you have your **medical history disregarded** which means that any pre-existing conditions you have will be eligible for benefit providing they fall within the scheme rules.

This guide provides a summary of the scheme benefits. Full details are given in the scheme rules, a copy of which is available on request.

In-patient or day-patient treatment of acute conditions at a facility recognised by us as part of a network, a hospital on your list or an NHS hospital recognised by us

- Hospital accommodation charges
- Prescribed medicines, drugs and dressings
- Operating theatre fees
- Nursing care including intensive/high dependency care
- Specialists' fees including surgeons', anaesthetists' and physicians' fees
- Radiotherapy and chemotherapy
- Diagnostic tests including blood tests, X-rays, scans and ECGs
- Treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) through the Fast Track Physio Service.

Out-patient treatment of acute conditions at a facility recognised by us as part of a network or at a hospital recognised by us

- Consultations with a specialist
- Treatment by a specialist as an out-patient
- CT, MRI and PET scans at a diagnostic centre recognised by us
- Radiotherapy and chemotherapy
- Diagnostic tests for example X-rays, blood tests and ECGs
- Treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) through the Fast Track Physio Service. Osteopathy and chiropractics (if agreed) up to 10 sessions per condition
- GP referred physiotherapy, osteopathy, acupuncture and chiropractic treatment, up to 10 sessions in combined total, per condition (for non-musculoskeletal conditions).

Mental health benefits at a hospital or clinic within the mental health pathway

- In-patient and day-patient treatment up to 28 days
- Out-patient treatment by a psychiatric specialist or psychiatric therapist
- Benefit for chronic mental health conditions, if clinically appropriate
- One addictive conditions programme during the lifetime of the scheme, if clinically appropriate.

There's no need to see your GP to claim for a mental health condition. All you need to do is call us and we'll refer you through the mental health pathway.

Mental health treatment is not available under any other benefit on this scheme, apart from the gender identity benefit, treatment received through the neurodevelopmental pathway and the Talking Through Cancer benefit.

If private in-patient treatment is not available where you live, (such as the Channel Islands, Isle of Man, Isle of Wight or Northern Ireland), support will be provided by clinical transfer to a state in-patient facility in your local area.

Additional benefits

- Nursing at home immediately following eligible in-patient or day-patient treatment
- Private ambulance where medically necessary for transportation to the nearest available hospital for the purpose of eligible treatment
- Parent accommodation costs when staying with a child of 15 or under receiving eligible treatment; one parent only
- Minor surgery by a GP up to £100 per procedure; payable to the GP. To see what procedures are eligible visit: **[aviva.co.uk/gp-minor-surgery](https://www.aviva.co.uk/gp-minor-surgery)**
- Hospice donation of £70 per day up to 10 days maximum
- NHS cash benefit of £150 per night where eligible treatment as an NHS in-patient takes place without charge. Maximum of 35 nights.
NHS cash benefit isn't available:
 - for the first three nights following an accident or emergency admission
 - for cancer treatment (see the 'Benefit for cancer treatment' section), or
 - if you claim for the cost of an NHS amenity bed for the same treatment
- Gender identity benefit. See the 'Guide to gender identity benefit' for further information
- Neurodevelopmental benefit. See the 'Guide to neurodevelopmental pathway' for further information
- Surgical procedures on the teeth performed in a hospital
- Chronic and GP referred services benefit - the following out-patient benefits up to £2,500 in combined total:
 - Consultations with a specialist and diagnostic tests for non acute and previously acute conditions
 - GP referred radiology and pathology
- Private prescription fees up to £500 in combined total
- Benefits for people residing in the Channel Islands only, consisting of:
 - Travel costs for up to 6 return trips. Benefit will be available per return trip for the reimbursement of the lower of £300 or the actual cost of the return trip between your place of residence and mainland Great Britain, or the nearest available facility, each member every scheme year. This benefit is only available when necessary for you to undergo eligible treatment which cannot be provided in the island of residence. Treatment must be medically necessary and be for, or directly related to eligible in-patient or day-patient treatment and be specifically on the recommendation of a specialist
 - GP referred X-rays and ultrasounds
 - GP fees up to £400 each member every scheme year, (including any symptoms / conditions otherwise excluded)
 - Travel costs up to £300 per return trip and accommodation for a parent accompanying and staying with a child eligible under the scheme aged 15 or under receiving eligible treatment
- Benefits for people residing in the Isle of Man only, consisting of:
 - Travel costs for up to 6 return trips Benefit will be available per return trip for the reimbursement of the lower of £300 or the actual cost of the return trip between the Isle of Man and mainland Great Britain, or the nearest appropriate facility, each member every scheme year. This benefit is only available when necessary for you to undergo eligible treatment which cannot be provided in the Isle of Man. Treatment must be medically necessary and be for, or directly related to eligible in-patient or day-patient treatment and be specifically on the recommendation of a specialist
 - Travel costs up to £300 per return trip and accommodation for a parent accompanying and staying with a child eligible under the scheme aged 15 or under receiving eligible treatment.

Eligible dependants

An employee's or retiree's spouse, partner or civil partner. Children and step children under 25 years of age who are included on the scheme.

Hospitals

You can access any hospital on Aviva's Extended hospital list. You can see which hospitals are in your area by downloading the hospital list from: [aviva.co.uk/hospital-list](https://www.aviva.co.uk/hospital-list) or by accessing MyAviva.

Networks

To help manage costs and drive consistent quality of care, we're developing a number of networks of facilities, specialists and other practitioners for specific conditions. If we have a network for your condition or suspected condition, we'll tell you. You can choose whether to use the network or a hospital on your list.

A list of the conditions or suspected conditions that we have networks in place can be found at [aviva.co.uk/health-network](https://www.aviva.co.uk/health-network)



Private Healthcare Information Network

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

Cancer benefit – Level 3

What's eligible for benefit

- Hospital charges for surgery and medical admissions at a hospital recognised by Aviva
- Specialists' fees
- NHS cancer cash benefit. This is payable where eligible treatment as an NHS patient takes place for cancer without charge.

We'll pay £150 for each day you receive treatment as:

- an in-patient
- a day-patient.

We'll pay £150 for each day you:

- receive out-patient radiotherapy, chemotherapy or blood transfusions
- undergo out-patient surgical procedures

We'll pay £150 for:

- each day you receive intravenous (IV) chemotherapy at home
- each week whilst you're taking oral chemotherapy drugs at home.

You won't be able to claim more than £150 in any one day, but there's no overall limit on the amount of days you can claim.

NHS cancer cash benefit isn't available if you claim for the cost of an NHS amenity bed for the same treatment.

We may need to contact your GP or specialist for details of your treatment before we can pay your claim.

We may also ask for a discharge summary from the hospital

- Post surgery services – includes specialist services immediately following surgery such as consultations with a dietician or stoma nurse, and insertion and replacement of a tube for artificial feeding
- Radiotherapy and chemotherapy
- Hormone therapy if you need it to shrink a tumour or where it is only available under specialist use and only within the licensing indications in the UK
- Targeted therapies when being used to achieve a cure
- Targeted therapies, treatments and drugs when being used to maintain and control disease
- Bone strengthening drugs (such as bisphosphonates)
- Treatment prescribed by your specialist for side effects while you are receiving chemotherapy or radiotherapy

- Genetic testing if it is requested by a specialist to aid diagnosis or to help determine the type of treatment required
- Molecular profiling when being used to determine the most appropriate treatment
- Talking Through Cancer service. If you're diagnosed with cancer and are receiving treatment that is eligible under the scheme our independent provider will arrange the most appropriate out-patient therapy for your needs. Included is a benefit for a support circle; you can choose up to 4 people to support you during your cancer journey. These people do not need to be included on the scheme but must be resident in the UK. Please refer to the scheme rules for full details.
- Up to £100 towards a wig if you suffer hair loss caused by cancer treatment. We'll pay £100 in total whilst you're a member of the scheme, not every scheme year
- Up to £100 towards a mastectomy bra if you need one because of cancer treatment. We'll pay £100 in total whilst you're a member of the scheme, not every scheme year
- Up to £5,000 towards the cost of the first external prosthesis following surgery for cancer
- Stem cell and bone marrow transplants. This includes collection, storage and implantation
- Monitoring after your treatment for cancer has finished. We don't pay for monitoring after treatment for non-melanoma skin cancer
- Ongoing needs, such as regular replacement of tubes or drains, for up to five years after your treatment for cancer has finished
- Preventative surgery, only if you've already had treatment for cancer that we've paid for. For example, we'll pay for a mastectomy to a healthy breast if you've been diagnosed with cancer in the other breast. (We won't pay for surgery where you have no symptoms of cancer, for example where you have a strong family history of cancer)
- End of life care:
- We'll pay for end of life care in a hospital if this is medically necessary
 - hospice donation of £100 per night, up to £10,000 if you're admitted to a hospice
 - donation of £50 per day to a registered charity if you're visited at home by one of their nurses, up to £10,000.

Guide to gender identity benefit

Your scheme includes gender identity benefit which provides benefit for the treatment of gender dysphoria. Gender dysphoria is a condition where a person experiences discomfort or distress because there's a mismatch between their biological gender and their gender identity

To make a claim for gender identity call 0800 056 4458. Calls may be monitored and/or recorded

In the UK, support for individuals with gender dysphoria is through specialist Gender Identity Clinics. The waiting times for these clinics varies, but can be a number of years.

The purpose of this benefit is to provide access to specialist support, advice and treatment whilst waiting for NHS Gender Identity Clinic assessment.

What's eligible for benefit:

- counselling for acute mental health conditions related to gender identity through the mental health provider, for members aged 12 and over
- assessment with a gender identity specialist, for members aged 18 and over
- initiation of hormone treatment and consultations to monitor you for up to two years, for members aged 18 and over
- consultations with a hormone specialist, if required, to re-stabilise medication.

You don't need to see a GP before making a claim for gender dysphoria, just contact us before starting treatment. If you're claiming for counselling, we'll pass you through to our independent mental health provider who'll arrange the most appropriate treatment for your condition. If you're claiming for assessment with a specialist, we'll check that the specialist you want to see is registered with the Health and Care Professions Council or the General Medical Council.

What's not eligible for benefit:

- we don't provide benefit for any other treatment related to gender dysphoria, including surgery or cosmetic procedures
- we don't provide benefit for the reversal of any previous gender affirmation surgery

Treatment related to gender dysphoria is not available under any other benefit on this scheme.

Things to consider when claiming gender identity benefit:

- you don't need to see a GP before making a claim. However, if starting feminising or masculinising hormone therapy your NHS GP will need to sign up to a shared care agreement to ensure appropriate clinical monitoring is in place should your benefit end
- during hormone treatment, regular blood tests will be required. With a shared care agreement, your GP will usually be able to support you in receiving blood tests closer to home. If you cannot obtain blood tests through your GP, we'll provide benefit for the cost during the two year monitoring period. We don't provide benefit for the cost of the hormones themselves, these will be issued by prescription via your NHS GP
- due to the considerably long NHS waiting times, you'll need to ensure your NHS GP refers you to an NHS Gender Identity Clinic as soon as possible if hormones or longer term treatment is going to be required once your benefit comes to an end
- there are very few private providers of specialist services for gender dysphoria so you may have to travel for treatment. Please speak to our claims team for further information
- you may have to pay bills for specialist services up front and seek reimbursement from Aviva
- if you're already under the care of an NHS Gender Identity Clinic, switching to private care may not be clinically appropriate and we strongly suggest you speak to your treating clinicians and our claims team before making a decision
- 11 year olds and under should seek advice from their GP; there is no benefit for this age group.

Guide to neurodevelopmental pathway

The Neurodevelopmental Pathway is an expert-led service, which helps speed initial assessment and diagnosis of attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD) and Tourette's syndrome.

To make a neurodevelopmental pathway claim, there's no need to see your GP, just call the customer service helpline on **0800 015 7124** and one of our advisers will transfer you to our independent clinical provider. If you've seen your GP, you must still follow the neurodevelopmental pathway claims process to access assessment and treatment paid for by your scheme.

What's eligible for benefit

- Self-referral into pre-assessment screening for ASD, ADHD and Tourette's syndrome in members aged seven and above
- Psychiatrist led assessment for ASD, ADHD and Tourette's syndrome in members aged seven and above
- Adapted one-to-one, tailored CBT for members diagnosed with ASD, ADHD and Tourette's syndrome
- Consultations with a psychiatrist for up to two years to support stabilisation and monitoring of ADHD medication
- Diagnostic tests to support the prescription of ADHD medication, as required.

What's not eligible for benefit

- Assessment or treatment of other neurodevelopmental conditions e.g. dyslexia, dyscalculia, and dyspraxia
- A second opinion where you have previously been diagnosed
- Cognitive Behavioural Therapy (CBT) in the absence of a neurodevelopmental diagnosis
- Long-term CBT linked to neurodevelopmental conditions.
- The cost of medication (this can be obtained from your GP)
- Treatments such as speech therapy or occupational therapy

What's not eligible – summary

There are some things which aren't eligible for benefit so it's important you speak to the customer service helpline before receiving any treatment. Some examples of what isn't eligible include:

- Long term or chronic conditions, except as provided for under the:
 - chronic and GP referred services benefit
 - mental health benefit and
 - psychiatric treatment under the gender identity benefit. This exclusion doesn't apply to treatment for cancer
- Treatment undertaken by a specialist without GP referral (except through the Fast Track Physio Service, the mental health pathway, the gender identity benefit or the neurodevelopmental pathway)
- Any musculoskeletal treatment, mental health treatment, gender identity treatment, neurodevelopmental treatment or treatment through Talking Through Cancer that has not been pre-authorised by us
- Seeing a GP privately
- Prescription charges (except as provided for under the private prescription fees benefit)
- Charges by a GP, medical practitioner or specialist for completion of a claim form unless the claim is confirmed by us
- Take home drugs and dressings
- Treatment received in a health hydro or similar establishment
- Cosmetic treatment (except following an accident or surgery for cancer)
- Routine medical examinations including eye tests and health screens etc. (If we've paid for you to have treatment for cancer, this exclusion won't apply with regard to cancer)
- Sports injuries where you're paid or personally sponsored
- Convalescence
- Experimental treatment (limited benefit may be available - please contact us)
- Incidental hospital expenses such as newspapers and telephone calls
- Kidney dialysis
- Routine dental treatment
- Investigations into the causes of infertility, or infertility treatment
- Pregnancy and childbirth, or related conditions that can only be caused by pregnancy or childbirth. But we do pay for related conditions that can also be experienced outside of pregnancy and childbirth
- Overseas treatment
- Surgical or medical appliances such as neurostimulators (e.g cochlear implants) and crutches
- Alcoholism, alcohol misuse, solvent misuse, drug misuse and other addictive conditions; except as provided for under the mental health benefit
- Psychiatric conditions requiring a long-term, coordinated, multidisciplinary approach to treatment, for example anorexia nervosa and personality disorders

Chronic conditions explained

A chronic condition is a disease, illness or injury which has one or more of the following characteristics:

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

- Treatment required as a result of war, terrorism, contamination by radioactivity, biological or chemical agents
- Varicose veins of the leg, unless they meet the criteria detailed in the scheme rules. See the 'Common terms' section for further information
- Sleep disorders and sleep problems, such as snoring and sleep apnoea
- Treatment for warts, verrucas and skin tags
- Treatment by a practitioner, specialist or other healthcare professional who isn't recognised by us
- Treatment at a hospital, facility or any other treatment centre that isn't recognised by us
- Weight loss surgery
- Treatment for lipoedema.

Mental health benefit explained

We provide benefit for treatment that aims to lead to your full recovery.

We don't provide benefit for treatment, including diagnostic tests to treat or assess learning difficulties. Treatment for autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and Tourette's syndrome is a benefit under the neurodevelopmental pathway, we don't provide benefit for treatment or diagnostic tests for any other developmental or behavioural problems.

Points to remember

Leaving the company or scheme

If you leave your company, have your membership removed by your company or if you decide to leave the scheme, your membership of the scheme may cease immediately or cease on an agreed date between you and your company, even if treatment was pre-authorized by Aviva. However you may be entitled to benefit from continued medical benefit on an individual policy. Benefits, exclusions, terms and conditions on an individual policy may be different to those on this scheme. If you'd like to discuss this further, please contact our sales advice line on: **0800 142 142** (calls to and from Aviva may be monitored and/or recorded).

You'll otherwise only be entitled to leave the scheme during the annual benefits window or following an eligible lifestyle event. For more information please contact your company HR team.

To qualify for continued benefit without affecting your underwriting you need to apply within 60 days from the date your membership under the scheme ceases.

If you cease to be a resident of the UK, or spend more than three months out of the UK in a scheme year, then you are not eligible for benefit and will be removed from the scheme.

You will need to tell your group administrator, or us, as soon as possible if you no longer meet the eligibility criteria so that you have enough time to organise continuation of benefit with an international health insurer should you need it.

Retired members:

If you're a retired member and wish to leave the scheme, for example following an eligible lifestyle event, please contact your company HR team for more information.

Claims for children

- Children aged 12 and older can use our Fast Track Physio Service and our mental health pathway without a GP referral.
- Children aged five and older can use our Talking Through Cancer service without a GP referral.
- Children aged 7 and older can use our neurodevelopment pathway without a GP referral.

For any other symptoms or conditions, consult their GP and contact the customer service helpline to let us know what they have recommended.

Income tax liability

Under current UK tax rules, the contribution that's paid to us for your inclusion on the scheme arises from your employment (or, if you are a retired member, from your past employment) and is therefore a taxable benefit. Please contact your company HR team if you require further information.

Where applicable, if stop loss insurance has been selected, Insurance Premium Tax is included in the contribution at the appropriate rate.

Except where specified, this document reflects our understanding of the relevant law (and regulatory guidance) as at November 2022, which is subject to change.

Overseas law and regulation

Notwithstanding anything contained in the scheme rules or this member guide, we won't be obliged to exercise any of our rights and/or comply with any of our obligations if to do so would cause (or might be reasonably likely to cause) us to breach any law or regulation in any jurisdiction.

Change of personal details

Please advise your company immediately should any of your, or any of your dependants' personal details change, e.g. address, name, etc. If you wish to add new dependants, for example, a newborn baby, please notify your HR team as soon as possible.

You must have the legal right to reside, and be physically living, in the UK for the duration of the scheme year, other than trips abroad totalling no more than three months during the scheme year. You must tell your company as soon as possible if this ceases to be the case, or if it might reasonably be expected that you may cease to satisfy this criteria following renewal of the scheme.

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're satisfied. However, if you ever feel we've fallen short of this standard and you've cause to make a complaint, please let us know.

Our contact details are:

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

Telephone: **0800 051 7501**

Calls may be monitored and/or recorded.

Email: **hcqs@aviva.com**

We've every reason to believe that you'll be totally satisfied with your Aviva scheme, and with our service. It's very rare that matters cannot be resolved amicably. However, if you're still unhappy with the outcome after we've investigated it for you and you feel that there's additional information that should be considered, you should let us have that information as soon as possible so that we can review it.

Please note, as the scheme is a healthcare trust and not an insurance contract, the Financial Ombudsman Service will not consider referrals from members of this scheme. If you disagree with our complaints decision and wish to pursue the matter further, as a final recourse you can write to the trustees of the scheme via the Aviva complaints department, their contact details can be found above.

Clinical complaints

Clinical complaints are not subject to our complaints process. Any clinical complaints about the conduct or competency of your specialist or facility should be directed to the specialist or hospital/clinic directly. Please see the scheme rules for details.

Benefit outside the UK

Your healthcare scheme provides benefit for treatment in the United Kingdom only. If you need to travel outside of the United Kingdom, you should consider taking out a travel insurance policy.

Use of personal information

Aviva Health UK Limited and Aviva Insurance Limited are the main companies responsible for your Personal Information (known as the data controller).

Personal information we collect and how we use it

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

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

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

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

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

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

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

How we share your personal information with others

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies).

We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

Your rights

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



Common terms used in your scheme

Your scheme rules will provide a full list of definitions and terms that apply to the scheme, we have however provided a selection below. Should you have any questions about the information included in this booklet, please contact the customer service helpline.

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.

Chronic condition

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

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

Varicose veins

Treatment of varicose veins is excluded other than where the varicose veins are greater than 3mm in diameter and any of the following also applies:

- there's established lipodermatosclerosis or progressive skin changes
- there have been recurrent episodes of superficial thrombophlebitis
- there's active or healed venous ulceration.

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





Need this in a different format?

Please get in touch with Aviva if you would prefer this brochure (**GEN7532**), in large print, braille or as audio. Contact the customer service helpline on **0800 158 3338**.

Lines are open Monday to Friday from 8.00am - 6.30pm. Calls to and from Aviva may be monitored and/or recorded.

Useful contacts

Customer service helpline

0800 158 3338

8:00am - 6:30pm Monday to Friday

9:00am - 1:00pm Saturday

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

Scheme number: 980033

Stress Counselling helpline

To talk to a trained counsellor, phone

0800 092 3189

The service is available to members aged 16 or over.

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

Aviva Health UK Limited. Registered in England, Number 2464270. Registered Office: 8 Surrey Street, Norwich, NR1 3NG
[aviva.co.uk/health](https://www.aviva.co.uk/health)

GEN7532 09/2023 REG002 © Aviva plc

