Cover guide

Summary

Optimum for
Statom Holdings Limited
Policy Number - 951D8P

This summary has been designed to provide you with the key information about the product and it is important that you read this section. The summary does not, however, contain the full standard terms and conditions that apply to the product. These are contained in the policy wording, a copy is available from your group administrator. Non-standard terms may apply.

What is covered

Benefit limits shown below apply per person per policy year and all treatment must be referred by, and under the care of, a specialist (see definitions in the policy wording under specialist) unless otherwise stated.

In-patient or day-patient treatment of acute conditions at any hospital on the Key hospital list, at a facility recognised by us as part of a network, if we don't have a network for your symptom or condition, at a 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 (subject to Aviva's fee guidelines for specialists)
- Diagnostic tests, for example X-rays, CT, MRI and PET scans, blood tests and ECGs
- Radiotherapy and chemotherapy
- Treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) through the BacktoBetter service

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

- Radiotherapy/chemotherapy
- CT, MRI and PET scans at a diagnostic centre recognised by us
- Treatment for cancer (subject to Aviva's fee guidelines)
- Physiotherapy for pain in your back, neck, muscles or joints (musculoskeletal conditions) - see member guide
- Pre-admission tests required to check that you are fit to undergo surgery and anaesthesia
- Consultations with a specialist, subject to Aviva's fee guidelines
- Treatment by a specialist as an out-patient, subject to Aviva's fee guidelines
- Charges for diagnostic tests, for example x-rays, blood tests and ECGs
- Treatment (other than physiotherapy) for pain in your back, neck, muscles or joints (see member guide for details). Osteopathy and chiropractics (if agreed) is limited to 10 sessions per condition per person per policy year and subject to Aviva's fee guidelines

Additional benefits

- Level 3 cancer benefit (please see attached leaflet for full details of your benefits)
- Nursing at home following eligible in-patient or day-patient treatment
- Private ambulance where medically necessary for transportation to the nearest available hospital in connection with eligible in-patient or day-patient 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)
- Hospice donation of £70 per day up to 10 days' care maximum; donation to the hospice
- Treatment for complications of pregnancy and childbirth as detailed in the policy wording
- Baby bonus of £100 for each baby born or adopted (within a year of birth) during a policy year
- NHS cash benefit of £100 per night where eligible NHS in-patient treatment takes place as an NHS patient without charge. Benefit is limited to 25 nights. Cash benefit is not payable where you have been admitted to an NHS hospital as a fee-paying patient of any kind, for the first three nights following an accident or emergency admission, for cancer treatment or if you claim for the cost of an NHS amenity bed for the same treatment
- Stress counselling helpline - available to members aged 16 and over
- Mental health benefits, through the mental health pathway, consisting of
  - In-patient and day-patient treatment up to 45 days per person per policy year
  - Out-patient treatment by a psychiatric specialist or psychiatric therapist
  - Mental health treatment is not available under any other benefit on this policy apart from the Talking Through Cancer benefit. If private in-patient treatment is not available where the member lives, (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 their local area
- The following out-patient GP referred services are covered up to £1000 in combined total:
  - GP referred physiotherapy, chiropractics, osteopathy and acupuncture treatment up to 10 sessions in combined total per person per condition per policy year, (for any condition other than pain in your back, neck, muscles or joints – musculoskeletal conditions) Practitioner fees are paid up to the limits in our fee schedule
  - GP referred chiropody/podiatry and homeopathy treatment (for any condition other than pain in your back, neck, muscles or joints – musculoskeletal conditions); practitioner fees are paid up to the limits in our fee schedule
  - Minor surgery by a GP, up to £100 per procedure, payable to the GP
  - GP referred radiology/pathology for any condition other than pain in your back, neck, muscles or joints – musculoskeletal conditions
  - Consultations with specialist and diagnostic tests, for conditions that are not acute, for example diabetes and follow-up consultations with a specialist for previous acute conditions. Specialists' fees are paid up to the limits in our fee schedule
- If you have family cover, your children can be covered up to 24 years of age.

Excess

An excess of £200 per person per policy year applies to all members. Benefits will only be paid once the excess amount has been exceeded and this should be settled directly with the relevant provider (for example the hospital or specialist). The excess doesn't apply to physiotherapy for pain in the back, neck, muscles or joints (musculoskeletal conditions) managed by one of our third party providers to treatment received through the mental health pathway, or out-patient therapy received under the Talking Through Cancer benefit.

The excess is applied on the date treatment takes place and not on the date we pay the bill. If you claim for a benefit that has a monetary limit, the excess amount won't contribute to the monetary limit.

So, if for example your excess was £200 and the treatment you're claiming for has a benefit limit of £1,000, you'd have to pay the first £200 and we'd pay up to a further £1,000 for that benefit in that policy year.

Medical History Disregarded

This means that any pre-existing conditions you have will be covered providing they fall within the terms and conditions of the policy.

What isn't covered?

There are some things which aren't covered by your policy, so it's important that you speak to the customer service helpline before receiving any treatment. Some examples of what is not covered by the policy are:

- Long term or chronic conditions, except as provided by the GP referred services benefit
- Treatment undertaken by a specialist without GP referral
- Seeing a GP privately
- Prescription charges
- Charges by a GP, medical practitioner or specialist for completion of a claim form if the claim is not covered by the policy
- Take home drugs and dressings
- Cosmetic treatment (except following an accident, or surgery for cancer)
- Routine medical examinations including eye tests, health screens etc
- Sports related treatment (if you are paid or personally funded/sponsored)
- Convalescence
- Experimental treatment (limited benefit may be available - please contact us)
- Incidental hospital expenses such as newspapers and telephone calls
- Varicose veins of the leg, unless they meet the criteria specified in the policy wording
- Surgical and medical appliances such as neurostimulators (for example cochlear implants) and crutches
- Kidney dialysis
- Self-inflicted injury
- Sleep disorders and sleep problems such as snoring and sleep apnoea
- Treatment for warts, verrucas and skin tags
- Weight loss surgery and non-surgical treatment such as injections, medications or drugs
- Any musculoskeletal, mental health treatment or treatment through the Talking Through Cancer benefit that has not been pre-authorised by us
- Routine dental treatment
- Treatment for pregnancy and childbirth, but we do cover related conditions that can also be experienced outside of pregnancy and childbirth, and the specific complications detailed in the policy wording
- Alcoholism, alcohol misuse, solvent misuse, drug misuse and other addictive conditions
- Psycho-geriatric conditions
- Overseas treatment
- Treatment required as a result of war, terrorism, or contamination by radioactivity, biological or chemical agents
- Treatment outside of a network (for any condition or suspected condition for which we have a network).
- Treatment for lipoedema
- Treatment by providers (such as specialists, practitioners, hospitals and/or facilities) that are not recognised by us
- Advanced Therapy Medicinal Products (ATMPs). We only cover a small number of ATMPs under your policy. Please check the list of approved ATMPs available online, your policy includes list 1
  aviva.co.uk/atmp-list1
  We do not cover any ATMPs that are not on the list, including any associated hospital or specialist costs.

Your questions answered

How to claim

Making a claim

Once your GP has recommended you see a specialist, all you need to do is call the customer service helpline on 0800 158 3344. Further details can be found in your member guide. Calls may be monitored and/or recorded

BacktoBetter and mental health claims

For back, neck, muscle or joint pain and for mental health claims, the claims journey is even easier than the standard process. You don’t need to see your GP, just contact the customer service helpline and describe your symptoms.
Further details can be found in your member guide.
Members aged 11 and under should obtain a GP referral and contact the customer service helpline.

For all other claims

For all other conditions you need to consult your GP. Once they've recommended you see a specialist, just call the customer service helpline. Further details can be found in your member guide.

Can the policy be cancelled?

The policy can only be terminated by the policyholder. There's no cooling off period.