Cover guide

Summary

Optimum for Wood Group
Policy Number - 991BGS

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

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)
- Musculoskeletal service - physiotherapy through the physiotherapy network (TPN) for musculoskeletal conditions. If you choose not to use the TPN, you can claim for eligible musculoskeletal conditions under the GP referred treatment benefit (see below). But you won't be able to switch between the TPN service and the GP referred treatment for the same condition
- 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
- Physiotherapy, osteopathy, chiropractic and acupuncture if directly referred by your GP, limited to £500 in combined total per person per policy year. Practitioner fees are paid up to the limits in our fee schedule

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 11 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
- Cash benefit of £150 per night where eligible NHS in-patient treatment takes place as an NHS patient without charge. Benefit is limited to 50 nights. NHS cash benefit is not payable where you have been admitted to an NHS hospital as a fee-paying patient of any kind, 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
- In-patient or day-patient psychiatric treatment up to 28 days
  Specialists' fees for in-patient treatment up to the limits in our fee schedule
  Out-patient treatment by a psychiatric specialist or psychiatric therapist, if referred by your GP. Practitioner fees are paid up to the limits in our fee schedule.
- NHS cash benefit of £150 per day where eligible treatment takes places as an NHS day-patient without charge. NHS cash benefit isn't available where you have been admitted to the hospital as a fee-paying patient of any kind, for cancer treatment or if you claim for the cost of an NHS amenity bed for the same treatment.
- If you have family cover, your children can be covered up to 25 years of age.

Excess

An excess of £150 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 a hospital or specialist). The excess does not apply to physiotherapy for pain in the back, neck, muscles or joints (musculoskeletal conditions) managed through the TPN networks.

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 will not contribute to the monetary limit.

So, for example your excess is £150 and the treatment you are claiming for has a benefit limit of £500, you would have to pay the first £150 and we would pay up to a further £500 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
- 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
- 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 Healthcare Concierge helpline number 01606 352010, or you can write to Healthcare Concierge, Willis Towers Watson, Suite L1C, 1 Booths Park, Chelford Road, Knutsford, Cheshire, WA16 8GS

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.