



UK Scheme

Healthcare Scheme – scheme number 980033
Member Guide

Bronze, Silver and Gold options.

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Introduction

The Royal Bank of Scotland Healthcare Scheme

This booklet tells you about the benefits available to you under the Royal Bank of Scotland Healthcare Scheme, administered by Aviva Health UK Limited, and gives you all the information you will need to make use of the benefits.

You should keep this in a safe place.

We advise you to refer to this document before incurring any private medical treatment expenses.

This booklet explains the steps you need to follow in obtaining private treatment and how simple it is to make a claim.

Please remember to phone the helpline on **0800 158 3338** before commencing any treatment.

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

Scheme overview

The aim of the Scheme is to ensure that employees are able to obtain the treatment they need for acute illnesses and injuries within a reasonable time period.

The National Health Service offers first class treatment but there may be occasions where going private is beneficial. This is where the Scheme is there to help you.

The Scheme aims to offer you fast access to medical treatment by specialists for acute illness and injury where you have first obtained GP referral – saving you inconvenience and sometimes a lengthy wait.

It is important to bear in mind that private treatment may not provide the best solution in every case.

The NHS provides excellent care, particularly for some of the more complex procedures – care which cannot be improved no matter how much you pay.

There are 3 levels of benefit – Gold, Silver and Bronze – and the benefits available under each are shown in the scheme outline (section 5 of this guide) which gives information about the benefit provided, subject to the terms of The Royal Bank of Scotland Healthcare Scheme.



Claim overview

All members of the scheme have access to a special helpline: **0800 158 3338**. This number is shown on your membership card. The Royal Bank of Scotland customer service team is available between 8am & 6pm Monday to Friday. Other experienced customer service staff will be available to handle all members' queries between 8am & 1pm Saturdays.

Having seen your GP it is essential that you phone the helpline for pre-authorisation before you go for any further treatment.

The Royal Bank of Scotland team will be able to advise you about your claim. In most cases they should be able to take the necessary information over the telephone to confirm benefit.

Please note, for some cases you may be required to complete a claim form.

You should contact the helpline at each stage of your treatment e.g. you should call before you go for an initial consultation with your specialist, then, if he or she recommends further tests or hospital treatment, for example, it is important that you telephone again.

When you telephone the helpline they can let you know what is eligible under the scheme – and ensure that you make the most appropriate use of the scheme.

Fast Track Physio Service

For the management and treatment of musculoskeletal conditions the Fast Track Physio service, provided by Nuffield Health, gives you quick access to expert advice. If you experience pain in your back, neck, muscles or joints – a musculoskeletal condition – **there is no need to see your GP first**, just call the RBS Claims helpline on **0800 158 3338** to see if it is appropriate for you to be transferred through to the Fast Track Physio service. **Please note that treatment for musculoskeletal conditions will only be paid for by the scheme if the Fast Track Physio service process is followed – please see page 2 for full details.**

Hospitals

The scheme offers access to hospitals throughout the UK, Channel Islands and Isle of Man. If you have any queries as to whether or not a particular hospital is available under the scheme, please check with the helpline.

This member guide describes the benefits available from 1 October 2014.

Fast Track Physio

Claiming for pain in your back, neck, muscles or joints – musculoskeletal conditions

Our bodies are affected on a day to day basis by the way we move, sit or exercise and most of us don't think about this until we experience discomfort, aches or pains. With our Fast Track Physio service you'll have quick access to expert help, advice and support if you need it.

Fast Track Physio

If you experience pain in your back, neck, muscles or joints (musculoskeletal pain) then you should call our Fast Track Physio service – **there is no need to see your GP first**.

In association with leading provider Nuffield Health, the Fast Track Physio service is dedicated to offering a complete evidence based rehabilitation service, endorsed by expert clinicians. The service focuses on ensuring that people with musculoskeletal problems get the most clinically appropriate treatment at the right time.

The service is specifically designed to provide you with fast access to the appropriate care and support to help you recover as quickly as possible, by putting in place a suitable treatment and rehabilitation plan bespoke to your needs.

Nuffield Health is the leading UK Healthcare charity and the second largest employer for physiotherapists outside of the NHS and prides itself on its robust clinical governance and underpinning of its physiotherapists and systems. All Nuffield Health physiotherapists are required to belong to two governing bodies, The Chartered Society of Physiotherapy (CSP) and Health and Care Professions Council (HCPC).

It's important to remember

Treatment of a musculoskeletal condition will **only be paid for by the scheme** if the Fast Track Physio claims process is followed.

Should your claim be managed through telephone support or a course of face-to-face physiotherapy, you will **not need to pay the excess** on your claim. The excess only applies to treatment other than physiotherapy, or if you are referred to a specialist.

Your Guide to the Fast Track Physio claims process

Step 1

If you're experiencing pain in your back, neck, muscles or joints (musculoskeletal pain) – call the RBS claims helpline on **0800 158 3338** to see if it's appropriate for you to be transferred through to the Fast Track Physio service. **Remember there is no need to see your GP first**. Treatment for musculoskeletal conditions will only be paid for if the Fast Track Physio service is used.



Step 2

If you're referred to the Fast Track Physio service provided by Nuffield Health, they will arrange for a physiotherapist to call you for an assessment of your symptoms over the phone (this will usually happen on the same day provided you call the helpline before 4pm). Using evidence based medical guidelines, your dedicated telephone physiotherapist will talk through your symptoms and recommend the most effective course of treatment. A key element of this initial assessment will be to determine if you need urgent attention which requires immediate referral.

The assessment will always include education about your problem and how you can alleviate the symptoms yourself. If your symptoms can be managed through self management you'll be supplied with a bespoke exercise and advice programme, which may include web based video clips and 3D-images of your prescribed exercises.



Step 3

If appropriate, your telephone physiotherapist will refer you to a local physiotherapist and book you in for a course of face-to-face treatment, usually within 2 working days or at a time convenient to you.



Step 4

Your telephone physiotherapist will continue to contact you to monitor your progress and assess if you need further treatment, such as face-to-face treatment, or are ready to be discharged.

How to make a claim and arrange treatment for any other condition

How to arrange treatment

1. In the first instance, consult your GP. Take along this booklet with details of the select hospitals.
2. If your GP feels that you need to see a specialist, tell them that you are a member of The Royal Bank of Scotland Healthcare Scheme.

Bronze option only – benefit is limited for out-patient Treatment, refer to the scheme outline.

Additionally, for the gold option only – If your GP refers you directly for diagnostic tests, radiology, pathology or physiological tests, tell them that you are a member of the Royal Bank of Scotland Healthcare Scheme.

3. In order to ensure that the claim for your treatment goes smoothly, please call the helpline: **0800 158 3338**. They will deal with any queries you may have. **Having seen your GP it is essential that you phone the helpline for pre-authorisation before you go for any treatment or diagnostic tests.** (Calls to and from Aviva may be monitored and/or recorded).

When you ring the helpline please advise Aviva of the following:

- Your **scheme number (980033)** and **company name**, to help them to confirm your identity and make sure that the right information is provided to the right person – without this information they will be unable to progress your claim any further
- Who the claim is for: for example, is it you or your spouse, civil partner, partner or your child?
- The name of the GP making the referral
- Date GP was first consulted
- Diagnosis (if known)
- The full name of the specialist (see definitions in the scheme outline, under specialist)

- Details of your treatment and a procedure code (if there is one)
- Proposed length of stay
- Hospital name and admission date (if known)
- Details of any other fund or insurance under which the claim may be eligible.

NB It is a requirement of the scheme that you notify Aviva of any potential claims. If you do not, the claim may not be eligible for payment.

4. You will be offered the opportunity to have your claim assessed by telephone. However, if this is not appropriate, Aviva will send a claim form for you and the specialist to complete.
5. Visit your specialist – make sure you have your claim form with you or your confirmation of benefit letter.
6. Return the claim form marked for the attention of The Royal Bank of Scotland Team at:

**Aviva Health UK Limited
PO Box 206
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire S053 3ZN.**

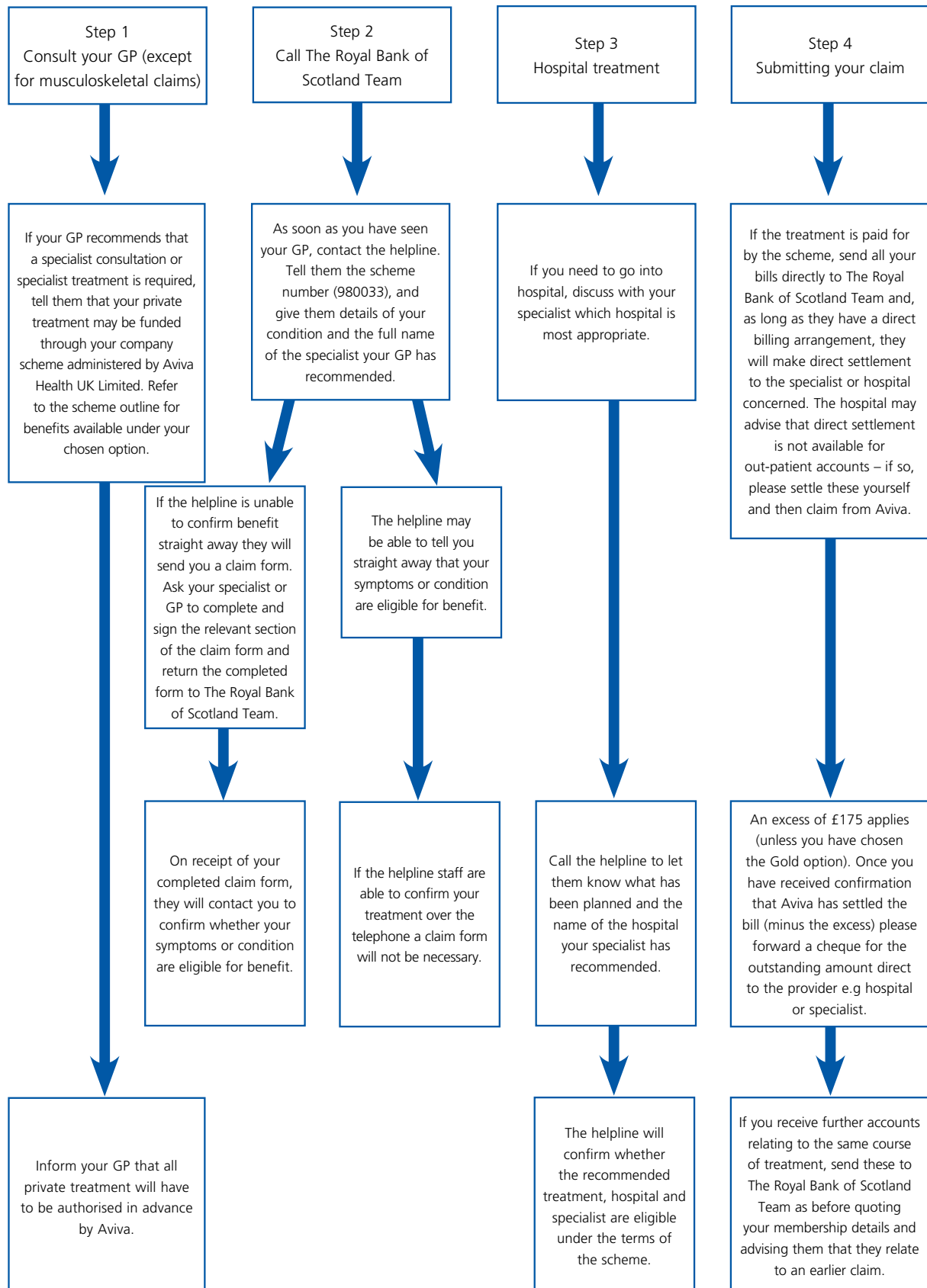
7. Please make sure that you telephone the helpline at each stage of your treatment in order that they can confirm benefits and clarify any queries you may have. Please ask the helpline any questions you have concerning your treatment – they will do their best to answer them. For example, the helpline will be able to let you know whether or not your treatment can be carried out on a day-patient basis. Day-patient treatment refers to hospital treatment which can be performed without the need for an overnight stay. An increasing number of operations can now be carried out on a day-patient basis.

Day-patient surgery may be more convenient for you and reduce the length of time you need to be away from home.

8. If you are admitted to hospital and your length of stay is for any reason longer than expected please ask a relative or friend to let the helpline know.
9. When you leave hospital, please check the bill before signing it – e.g. have you been charged for the right number of nights. You will be required to pay for your own newspapers, telephone calls and other incidental expenses. These are not paid for by the scheme.
10. Hospitals and specialists may send bills directly to Aviva for payment. If a bill is sent to you, please forward it to The Royal Bank of Scotland Team at the address given in paragraph 6 and attach a note of your name, scheme and assessment number.
11. An excess of £175 applies per person per scheme year, unless you have chosen the Gold option. Please do not send a cheque for the excess to Aviva, but settle this direct with the provider (e.g. hospital or specialist).
12. If you need to have psychiatric treatment, (only available on the Silver and Gold options), tell your specialist or counsellor that your private health scheme is administered by Aviva. They **must** contact the helpline with details of the proposed course of treatment. The helpline will manage each psychiatric case carefully from start to finish to ensure that you receive the highest quality care, tailored to your individual needs, within the scheme limits.

Making a claim

Follow these procedures and contact the helpline at each stage of treatment. The helpline number is 0800 158 3338.



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

Scheme outline

Benefits

Throughout this booklet certain words are shown in **bold** type. These are defined terms and have specific meanings, set out in the 'Definitions' section at the back of this booklet.

The **scheme** pays for eligible **treatment**.

Eligible **treatment** is **treatment** of an **acute condition**:

- paid for by the **scheme**, including facilities, services and equipment,
- shown by current best available clinical evidence to improve **your** health outcome, at the time **your treatment** takes place,
- appropriate for **your** 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 **your treatment** and to care for **your** condition,
- carried out in facilities where appropriate clinical governance processes are in place at the time **your treatment** takes place, and
- undertaken because **you** need it for medical reasons.

Some important notes apply:

- All **treatment** and **diagnostic tests** must be by and under the care of **specialists** following referral by a **GP**.
- **We** will only pay for **treatment** which **you** receive whilst **you** are a **member** of the **scheme**.
- An excess of £175 per **member** per **scheme year** (1 October – 30 September) applies to all **members** on the Bronze and Silver options who claim for **treatment**. See [excess](#) benefit term.

Benefits	Bronze option	Silver option	Gold option	Notes
Treatment as an in-patient or day-patient at a hospital on the Key and Extended hospital list or in an NHS pay bed – see hospital charges benefit term (only Key hospital list is available on the Bronze and Silver options).				
Hospital charges	In full in Key hospitals . Bronze option – see six week rule benefit term		In full in Key and Extended hospitals	Including accommodation and meals, nursing care, drugs and surgical dressings, theatre fees
Specialists' fees	Bronze and Silver options are subject to Aviva's fee guidelines for specialists . See specialists' fees benefit term Bronze option – see six week benefit term		In full	
Diagnostic tests	In full. Bronze option – see six week benefit term			Including blood tests, X-rays, scans, ECGs
Radiotherapy / chemotherapy	In full			
Treatment for pain in your back, neck, muscles or joints	In full Bronze option – see six week benefit term			See Fast Track Physio benefit term
Treatment as an out-patient				
Consultations with a specialist	Benefit is limited; see out-patient and specialists' fees benefit terms	See specialists' fees benefit term	In full	
Diagnostic tests	Benefit is limited; see out-patient benefit term	In full		Including blood tests, X-rays, scans and ECGs. We will only pay for CT, MRI or PET scans as an out-patient if they are at a diagnostic centre recognised by us
Radiotherapy / chemotherapy	In full			
Treatment by an acupuncturist (for conditions other than pain in your back, neck, muscles or joints)	Benefit is limited; on specialist referral only, see out-patient benefit term	In full on specialist referral, up to 10 sessions on referral by a GP in combined total per condition, per member per scheme year		Silver and Gold options only – see GP referred acupuncture benefit term
Treatment for pain in your back, neck, muscles or joints	In full			See Fast Track Physio benefit term

Benefits	Bronze option	Silver option	Gold option	Notes
Additional benefits				
GP referred services and monitoring of chronic conditions benefit: specialists' fees for consultations and diagnostic tests Radiology and pathology on referral by a GP (for conditions other than pain in your back, neck, muscles or joints - musculoskeletal pain)	No benefit		Up to £1,000 in combined total per member per scheme year	Gold option only; see monitoring of chronic conditions benefit term
Targeted drug therapies for cancer	In full up to 12 months per condition			The time limit starts from when you first start receiving the targeted therapy
Bisphosphonates (bone strengthening drugs)	N		Y	Up to 6 months. The time limit starts from when the member first starts taking bisphosphonates
Home nursing	In full			Immediately following eligible treatment as an in-patient or day-patient ; see home nursing benefit term
Private ambulance	In full			See private ambulance benefit term
Parent accommodation when staying with a child	In full			Child of 11 and under receiving treatment paid for by the scheme ; one parent only
NHS cash benefit	£150 per night			Up to 35 nights per member per scheme year ; see NHS cash benefit term Bronze option – see six week benefit term
Minor surgery by a GP	Up to £70 per procedure			For procedures appearing on our GP minor surgery list. Details are available on request
Hospice donation	£70 per day			See hospice benefit term
Psychiatric treatment as an in-patient or day-patient Specialists' fees for psychiatric treatment and consultations as an in-patient	There is no psychiatric benefit under the bronze option	Full refund of hospital charges up to a maximum of 28 days in combined total To a maximum of £210 per week		
Psychiatric treatment and consultations as an out-patient Counselling on referral by a GP		To a combined maximum of £1,000 per member per scheme year		
Limited emergency overseas treatment	In full			Emergency treatment as an in-patient or day-patient when temporarily abroad for a period of up to 90 days in total per scheme year ; see overseas benefit term
Surgical procedures on the teeth performed in a hospital	In full			Bronze and Silver options are subject to Aviva's fee guidelines for specialists . See specialists' fees benefit term Bronze option - see six week benefit term
Excess	£175		Nil	See excess benefit term
GP helpline	Unlimited number of calls			Stress counselling helpline is available to members aged 16 and over. See helplines benefit term
Stress counselling helpline				

The information on these benefit pages must be read in conjunction with the definitions, benefit terms, conditions and exclusions. Additional benefits are available to **members** who live in the Channel Isles. **We** can send these to **you** if **you** need them.

Benefit Terms

Excess

For **members** who have the Bronze or Silver options – as **you** have an excess, **we** will pay for **treatment** minus the amount of the excess.

The excess is applied to each **member**, each **scheme year**. This means that if a claim or course of **treatment** continues from one **scheme year** to the next, the excess will apply again.

The excess does not apply to NHS cash benefit or donations **we** make to a hospice.

If **you** are receiving **treatment** through the Fast Track Physio service, the excess only applies to treatment other than physiotherapy, or if you are referred to a specialist.

If an excess applies, **we** will write to the **member** to advise who the excess should be paid to. The **member** is liable for the excess and this should be paid directly to the provider of **treatment** or services, for example the **hospital** or **specialist**.

Fast Track Physio

Treatment for pain in **your** back, neck, muscles or joints – musculoskeletal conditions.

If **you** are experiencing:

- pain
- stiffness
- weakness
- spasm
- a pull or a strain, or
- other discomfort

in **your** back, neck, muscles or joints, **we** will pay for **treatment**, but only:

- if **you** call **us** before **treatment** begins, and
- it is managed by Nuffield Health.

Nuffield Health will determine the most appropriate **treatment** for the condition. **Treatment** may include, for example:

- telephone and/or web based support
- Nuffield Health approved physiotherapy
- referral to an approved **specialist**.

Please note:

- **You** do not need to see **your GP** before making a claim for pain in the back, neck, muscles or joints.
- **Treatment** related to pain or discomfort in the back, neck, muscles or joints, will not be an eligible claim under any other benefit on this **scheme**.

GP referred acupuncture (for conditions other than pain in **your** back, neck, muscles or joints – musculoskeletal pain)

We pay for up to ten sessions in total per **scheme year** on referral from a **GP** for each separate condition. If **you** need more than ten sessions in total for the same medical condition in the same **scheme year**, they must be:

- recommended by, and
- under the control of

a **specialist**.

Helplines

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. **You** may call on behalf of another **member** subject to any patient confidentiality requirements of the **GP** or service provider. In using the helplines, **you** (where applicable, on behalf of another **member**) automatically authorise 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 scheme and service administration. **We** shall not be responsible for any failure in the provision of the helplines 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 **you** over the telephone when **your** symptoms are described. It is intended to deal with one call per **member** 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. The stress counselling helpline is available to members aged 16 and over.

Home nursing

We pay for home nursing if this:

- is recommended and supervised by the **member's specialist**,
- takes place in the **member's** home,
- immediately follows **treatment** as an **in-patient** or **day-patient** that is paid for by the **scheme**,
- 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 **member's** mobility, personal care or preparation of meals.

Hospice

We will pay a donation directly to the **hospice** when:

- **you** receive care as a patient of a **hospice**, and
- **we** have previously paid for **treatment** for the condition.

Hospital charges

Charges for in-patient and day-patient treatment

If **you** receive **treatment** as an **in-patient** or **day-patient** in a **hospital** that is not either:

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

we will calculate the average cost of equivalent **treatment** across all **hospitals**, and that average cost is the maximum **we** will pay. This could leave **you** with a shortfall that the **scheme** does not pay for. If the actual cost of the **treatment** is less than the average cost, **we** will pay the **hospital** costs in full.

We will pay for **specialists'** fees up to the limits in **our** fee schedule.

NHS cash benefit

We will pay NHS cash benefit if:

- **you** receive **treatment** as an NHS **in-patient**, and
- the **scheme** would have paid for that **treatment** if **you** had chosen to receive 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 is not available:

- for the first three nights following an **accident or emergency admission**
- for claims for psychiatric **treatment**.

Out-patient

For **members** with the Bronze option – consultations if directly leading to, or following within six months of, related eligible **treatment** as an **in-patient** or **day-patient**.

We will pay for **diagnostic tests** as an **out-patient** if directly leading to, or following within six months of, related eligible radiotherapy/chemotherapy as an **out-patient**.

Overseas

(Members who live in the Channel Islands or Isle of Man have some variations to these benefits. For full details, please contact the helpline.)

Benefit is restricted to the **treatment** of emergency conditions that are serious enough to need an immediate admission to **hospital** as an **in-patient** or **day-patient**.

You should consider taking out travel insurance for full overseas cover.

Our overseas emergency assistance partner is available 24 hours a day. When **you** call, please give them **your** name, **scheme** number and brief description of the problem.

The telephone number is: +44 (0)2381 247290. Calls may be monitored and/or recorded.

In an emergency – go immediately to the nearest physician or hospital without delay, then contact the emergency assistance provider.

We pay for **treatment** as an **in-patient** or **day-patient** for an **acute condition** outside the **UK** if:

- **you** are outside the **UK** temporarily for up to 90 days during any **scheme year**,
- a medical emergency occurs that requires **you** to be admitted to an overseas medical facility for **treatment** immediately,
- the **treatment** is carried out by a medical practitioner,
- the **treatment** is required for the immediate needs of the medical emergency, and
- the **treatment** is **medically necessary**.

We do not pay for **treatment** outside the **UK** if:

- it is planned ahead, including any elective surgical procedure, such as a caesarean section, or for therapy, such as physiotherapy,
- it is carried out as an **out-patient**,
- it could have been carried out by a **GP** if **you** had been in the **UK**, **you** could have treated the condition yourself or **you** could have waited for **treatment** until **you** returned to the **UK**,
- it consists of **out-patient** drugs and dressings (including medication that **you** are currently taking and medication which **you** can obtain 'over the counter'), or
- **we** would not pay for **your** medical condition or the **treatment** if **you** were in the **UK**.

Evacuation

Evacuation is the transport of a patient from a medical facility to the nearest available medical facility for **treatment** of an overseas medical emergency. The nearest available medical facility for **your treatment** might not be in the **UK**.

We only pay for **evacuation** to the nearest available medical facility if:

- **your evacuation** is **medically necessary**,
- **you** contact **us** and **we** agree to **your evacuation** before this takes place, and
- **your evacuation** is undertaken by the emergency assistance company specified by **us** and all arrangements are made by them.

We will not pay for **your** repatriation to the **UK** unless the nearest available **hospital** is in the **UK** and **we** have agreed to **your** repatriation before this takes place.

We will not pay for travel or accommodation costs for relatives or friends who accompany **you** during **your** **evacuation** or repatriation to the **UK**, whether or not they are a **member** of this **scheme** (or another of **our** policies).

We will pay all costs in sterling at the rate ruling in London at the beginning of the month in which **your** **treatment** takes place.

Wherever possible the emergency assistance company designated by **us** should be contacted prior to any **treatment** as an **in-patient** or **day-patient** costs being incurred to advise **you** of the benefits available whilst **you** are overseas.

Monitoring of chronic conditions

For **members** with the Gold option, **we** pay for:

- consultations and **diagnostic tests** with a **specialist** for **chronic conditions**, and
- follow-up consultations with a **specialist** to monitor **you** when **you** have finished **treatment** for an **acute condition**.

This benefit is only available if the disease, illness or injury is not otherwise excluded by the **scheme**.

Private ambulance

We pay for travel by a private ambulance to the nearest available facility if:

- **you** need it in connection with **treatment** as an **in-patient** or **day-patient** that the **scheme** pays for,
- **you** travel between **hospitals** as part of their **treatment** as an **in-patient**, and
- it is **medically necessary** for **you** to travel by ambulance.

Six week

For **members** with the Bronze option, **you** cannot claim for:

- private **treatment** as an **in-patient** or **day-patient**, or
- NHS cash benefit

if **your** **treatment** is available on the NHS within six weeks from the date **your** **specialist** recommends it.

If **you** are not entitled to NHS **treatment** (for example because **you** are not a **UK** resident), there is no benefit for **treatment** as an **in-patient** or **day-patient**.

The six week rule does not apply to **in-patient** or **day-patient** **treatment** for:

- chemotherapy, or
- radiotherapy.

Specialists' fees

We pay for **specialists'** fees up to the limits in **our** fee schedule. If the fee is higher than the limit in **our** fee schedule, it is **your** responsibility to pay the **specialist** the difference. You can see the fee schedule online at www.aviva.co.uk/health/online-fee-schedule

Exclusions

Benefits are not available for:

Addictions and substance abuse

We do not pay for **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.

BUT: For **members** with the Silver or Gold options, **we** will pay for **treatment** of addictions and substance abuse under the psychiatric **treatment** benefit.

AIDS and HIV

We do not pay for **treatment** of AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or any condition arising from or **related** to AIDS or HIV.

BUT: This exclusion does not apply to anyone who has been:

- a **member**, or
- covered by the Founder's previous insured medical benefit arrangements

for a continuous period of at least 5 years.

Appliances and prostheses

We do not pay for:

- 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 pay for

- 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 pay for **treatment** directly or indirectly related to birth control.

Chronic conditions

We do not pay for **treatment** of a **chronic condition**.

In particular:

- regular planned check ups for a **chronic condition** where **you** are likely to need **treatment**.
- expected deterioration of a **chronic condition** which needs regular consultations, **diagnostic tests** or **treatment** from a **specialist**.

BUT: We will pay for unexpected acute flare-ups of a **chronic condition** until **your** condition is re-stabilised.

For **members** with the Gold option **we** will pay for:

- consultations and **diagnostic tests** with a **specialist** for **chronic conditions**, and
- follow-up consultations with a **specialist** to monitor **you** when **you** have finished **treatment** for an **acute condition**

up to a combined total of £1,000 each **scheme year**.

Cosmetic treatment

We do not pay for **treatment**, or any consequence of **treatment**, that is intended to change **your** 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 pay for **treatment**, or any consequence of **treatment**, to remove undiseased tissue.

BUT: We will pay for a surgical procedure to restore **your** appearance if:

- the surgical procedure immediately follows an accident, or **treatment** for **cancer**, and
- the accident or **cancer treatment** took place when **you** were a **member** under the **scheme** and

you have had no break in membership since then. **We** advise that **you** contact **us** before **treatment** begins so that **we** can confirm if **we** will pay for the **treatment**.

Dental treatment

We do not pay for:

- **treatment** carried out by a dentist or dental surgeon,
- **treatment** of gum disease or **treatment** carried out to help **you** wear dentures or bridges,
- dental implants, or **treatment** carried out to insert or help **you** wear dental implants, or
- orthodontic **treatment**.

Dialysis

We do not pay for kidney dialysis as part of long term **treatment** of a **chronic condition**.

BUT: We do pay for short-term kidney dialysis:

- if **you** are admitted to **hospital** for eligible **treatment** as an **in-patient** for another condition and **you** need **your** 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 pay for drugs or dressings for **you** to take home from **hospital**.

BUT: We do pay for drugs and dressings that are needed during, and immediately related to, chemotherapy or radiotherapy.

Experimental treatment

We do not pay for experimental **treatment**

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 **member's treatment** meets all these requirements, **we** will not exclude **treatment** on the basis that it is experimental. Before **we** can decide if any proposed **treatment** is eligible, **we** must receive all the clinical details **we** need from the **member's specialist**. **We** must confirm **treatment** in writing before it begins.

Eyesight

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

GP charges and treatment

For **members with the Bronze option**:

We do not pay for:

- **treatment** provided by a **GP**, other than minor surgery from **our** published list,
- **treatment** requested by a **GP**,
- **diagnostic tests** requested by a **GP** for example X-rays, blood tests and scans, or
- **GP** charges or fees, including those for completing a claim form.

For **members with the Silver or Gold option**:

We do not pay for:

- **treatment** provided by a **GP**, other than minor surgery from our published list,
- **treatment** requested by a **GP**, other than **treatment** by an acupuncturist for conditions other than pain in **your** back, neck, muscles or joints,

- **diagnostic tests** requested by a **GP**, for example X-rays, blood tests and scans, (other than radiology and pathology on GP referral – Gold Option only) or

- **GP** charges or fees, including those for completing a claim form.

Hearing loss

We do not pay for hearing aids or devices, cochlear implants, or any **treatment** related to their implantation or continued care.

BUT: We will pay for **diagnostic tests** to investigate the cause of **your** deafness.

Infertility treatment

We do not pay for investigations into the causes of infertility, or infertility **treatment**.

Non-medical admissions

We do not pay for **hospital** charges if the reason **you** have been admitted to **hospital** is that **you** need help with mobility, personal care or preparation of meals. **We** only pay if **you** have been admitted to **hospital** for medical reasons.

Pregnancy and childbirth

We do not pay for **treatment** required as a result of pregnancy and childbirth or **treatment** required as a result of pregnancy or childbirth. **We** do not pay for termination of pregnancy.

Psychiatric treatment

For **members** with the Silver or Gold option:

We do not pay for **treatment** of psycho-geriatric conditions of any kind.

For **members** with the Bronze option:

We do not pay for **treatment** of

- psychiatric,
- psycho-geriatric, or
- mental illnesses or conditions of any kind, such as stress.

Rehabilitation, convalescence and nursing home care

We do not pay for rehabilitation of convalescence or nursing home care.

Routine medical examinations, screening and preventative treatment

We do not pay for:

- routine medical examinations (such as sight tests), medical screening, health check-ups or vaccinations, or
- **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 pay for **treatment** directly or indirectly arising as a result of self-inflicted injury.

Sleep disorders and sleep problems

We do not pay for **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 pay for **treatment** of an injury sustained whilst **you** are:

- training for, or
- taking part in

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

Stem cell and bone marrow transplants

We do not pay for stem cell or bone marrow transplants for **cancer** (this exclusion applies only to **members** with the Bronze and Silver options).

Undiseased tissue

We do not pay for **treatment**, or any consequence of **treatment**, to remove undiseased tissue.

Varicose veins

We do not pay for varicose veins of the leg.

BUT: **we** will pay for **treatment** when:

The varicose veins are greater than 3mm in diameter and any of the following also applies:

- They are causing ankle oedema of venous origin
- There is established lipodermatosclerosis or progressive skin changes
- There have been recurrent episodes of superficial thrombophlebitis
- A trial of continuous compression therapy prescribed by **your GP** for at least 6 months has failed
- There is active or healed venous ulceration

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

War and hazardous substances

We do not pay for **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/verrucae

We do not pay for **treatment** of warts or verrucae.

Weight loss surgery

We do not pay for **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.

Scheme conditions

Claims

Members can claim benefit for eligible **treatment** that takes place after they join the **scheme** until:

- they choose to leave the **scheme**
- the trustees cancel the **member's** membership of the **scheme** or
- the trustees start the winding up of the **scheme**

whichever is sooner. Any **treatment** that takes place after a **member** has left the **scheme** will not be eligible for benefit from the **scheme** and will be at the **member's** own cost.

You must notify **us** of the name and address of the **specialist** and **hospital** concerned for pre-authorisation before undertaking any **treatment** which may be the subject of benefit, except in the case of a medical emergency.

We reserve the right on behalf of the Trustees to reject any claim which is not submitted within six months of the date **you** have the **treatment**.

When making a claim, **you** should send **us** all documents and materials (including but not limited to accounts, certificates and x-rays) which **we** require to support a claim without expense to **us** (including medical reports from **your GP** or **specialist**, if requested).

Third party claims

You must tell **us** if **you** needed **treatment** because someone else was at fault – for example, if **you** were injured as a result of a road traffic accident. **We** may be able to reclaim the cost of that **treatment**. **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 **your treatment**, **you** must not settle **your** personal injury claim unless **we** have given **our** agreement to **you** or **your** lawyers.

If **you** recover any money for **treatment** costs that **we** have paid for (including any interest on any payments **we** have made), **you** must forward these sums to **us** immediately.

If **we** want to, **we** can take proceedings in **your** name for **our** own benefit to recover any costs **we** have incurred.

The Trustees have full discretion in the conduct of any such proceedings and in the settlement of any such claim.

We will not pay for any costs or prosecute any third party for any costs that are not paid for by the **scheme**.

We cannot offer **you** legal advice.

Insurance

If a **member** has any insurance covering any of the benefits paid for by the **scheme** such as private medical insurance or travel insurance, they must let **us** know and **we** may recover these costs from that other insurer.

We may also use the **member's** personal data or disclose it to third parties to process these claims.

Cancellation of membership

On behalf of the Trustees, **we** may at any time cancel a **member's** membership of the **scheme** or subject his or her membership to different terms if that **member** has, at any time:

- misled **us**, for example 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
- not acted openly and honestly in their dealings with **us**.

Fraudulent/unfounded claims

If a claim under the **scheme** is in any way fraudulent or unfounded, all benefits for that claim which have been paid or are payable will be forfeited, and if appropriate recoverable by the Trustees.

Waiver

If **we** (or the Trustees) decide to waive any term or condition of this **scheme**, **we** may still rely on that term or condition at a later time.

Definitions

Throughout this scheme outline certain words are shown in **bold** type. These are defined terms and have specific meanings when used in this document.

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**.

Acupuncturist

A doctor registered with the General Medical Council (GMC) who is also either:

- a Medical Member or
- an 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 **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

Cancer

A malignant tumour, tissue or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

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 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.

Counselling

Therapy sessions with a counsellor:

- at a psychiatric **hospital** or
- who is:
 - an Accredited Member or Senior Accredited Member of the British Association of Counselling and Psychotherapy (BACP); or
 - a Chartered Psychologist registered with the British Psychological Society (BPS); or
 - a practitioner who has conditional registration with the BPS; or
 - an Accredited Member of the British Association for Behavioural and Cognitive Psychotherapies (BABCP); or
 - an Accredited member of Scotland's Professional body for Counselling and Psychotherapy (COSCA), or
 - a psychologist registered with the Health and Care Professions Council (HCPC) or
 - a practitioner who is registered with the United Kingdom Council for Psychotherapy (UKCP) under one of the following Modality Sections:
 - Behavioural & Cognitive Psychotherapies section
 - Humanistic & Integrative section
 - Psychotherapeutic Counselling section
 - Psychoanalytic & Psychodynamic section

and who is recognised by **us**.

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 **your** symptoms.

Evacuation

The transport of a **member** from the country of incident to the next nearest available facility for **treatment** as an **in-patient** or **day-patient**.

Family member

A **group member's** dependant spouse, civil partner, partner or child who is eligible for benefit under the **scheme** according to the **scheme rules**. A child can remain a family member until the end of the **scheme year** in which he or she reaches 21, or if they are in full time education 25 (**we** may ask for proof of a child's continuing education each **scheme year**).

GP/General Practitioner

A general medical practitioner holding a Certificate of General Practice Training and registered with the General Medical Council in the **UK**.

Group member

An employee of the Royal Bank of Scotland plc (or any other employer which is participating in the **scheme**) who has joined the **scheme** and whose membership of the scheme has not ended.

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 treatment** or domiciliary basis.

Hospital

- A hospital included on your hospital list (for Bronze and Silver options this is the Key list; for the Gold option this is the Extended list), or
- An NHS pay-bed, or

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** before that **treatment** takes place.

In-patient

A patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

Member/you/your

A **group member** or a **family member**.

Medically necessary

Treatment or a medical service which is needed for **your** diagnosis and is appropriate in the opinion of a qualified medical practitioner or **specialist**. By generally accepted medical standards, if it is withheld **your** condition or the quality of medical care **you** receive would be adversely affected.

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 an **in-patient**.

Physiotherapist

A practitioner who is:

- included in the register of the Health and Care Professions Council as a physiotherapist, and
- recognised by **us**.

Scheme

The Royal Bank of Scotland Healthcare Scheme.

Scheme rules

The rules set out in the Trust Deed, including:

- the General Rules,
- the Benefit Rules, and
- the Benefit Schedule

in force at the time **you** have **treatment**.

Scheme year

1 October – 30 September each year the **scheme** is in force and administered by **us**.

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** **you** require for **your** condition.

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, the Channel Islands and the Isle of Man (for the purposes of this **scheme**)

We/our/us

Aviva Health UK Limited, the administrator of the **scheme** on behalf of the Trustees.

You/your/member

A **group member** or a **family member**.

Talk to the experts

Just a simple call away

We know that sometimes you just can't get to see your doctor, or you're not sure whether or not to bother them with your symptoms. When this is the case, don't spend your time worrying – just call our **24 hour GP helpline** on **0800 158 3112**, and you'll be put through to a qualified GP. Or if you just want some general healthcare information – like what sort of jabs you'll need before going on holiday – then you can always talk to one of our trained nurses.

If you're a little stressed and just want someone to talk to, whatever the reason, just call our **stress counselling helpline** on **0800 158 3349**. Experienced counsellors are there for you 24 hours a day, 7 days a week. Available to members aged 16 and over.

Calls to the GP helpline may be recorded for quality and training purposes.

Home of Health

Home of Health is our health and wellbeing website offering a wealth of health information, including health management tools and regular news and updates.

Home of Health doesn't need a log-in or password and gives you access to:

- Health advice on giving up smoking or combating stress and lots more
- Doctor and hospital information
- Nutrition centre offering help and advice on healthy eating
- Tools and calculators including BMI, smoking and pregnancy calculators and a calorie counter
- Latest health news including our latest research such as Health of the Nation
- Fitness centre giving you help and advice on getting and staying fit.

Visit Home of Health now at [aviva.co.uk/health-insurance/home-of-health](https://www.aviva.co.uk/health-insurance/home-of-health)

GP helpline

To talk to a qualified GP at any time, phone **0800 158 3112**

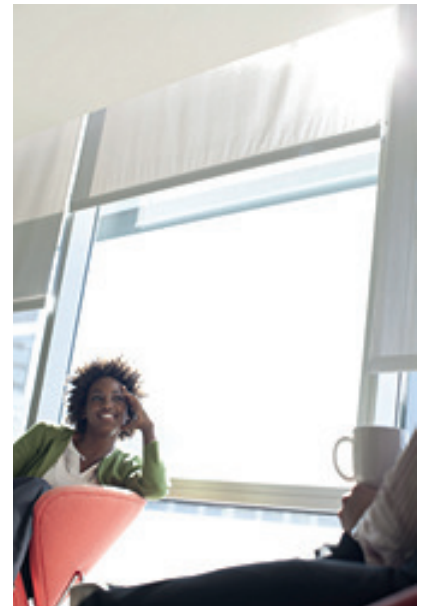
Calls to the GP helpline may be recorded for quality and training purposes.

Stress counselling helpline

To talk to an experienced counsellor, phone

0800 158 3349

Available to members aged 16 and over.



Guide to Limited Emergency Overseas Benefits

Your Royal Bank of Scotland Healthcare Scheme includes an overseas benefit which is available for time spent overseas, on a temporary basis, of up to 90 days in any one scheme year. The 90 days are accrued on a cumulative basis.

Benefit is restricted to the treatment of emergency conditions serious enough to require immediate admission to hospital as an in-patient or day-patient. The medical emergency must arise incidental to the intended purpose of the visit.

In the event that the country of incident does not have adequate facilities to treat the condition, Aviva will evacuate the patient only, to the nearest available facility, which may not be the UK. After release from hospital following evacuation, Aviva, on behalf of the Trustees, will meet the cost of the journey either to the country evacuated from, or the UK, if this is of comparable cost.

Benefit does not extend to costs incurred on behalf of any person who accompanies the patient.

This is a summary of the overseas benefit available under your scheme. Full details are given in the scheme outline.

You should consider taking out travel insurance for full cover overseas.

Assistance Company Services

We have an emergency assistance partner who deals with all aspects of overseas claims.

Before you travel you should give your scheme number and the emergency assistance provider's telephone number to a family member or a travelling companion who can contact them on your behalf should you become involved in an emergency and be unable to contact them directly.

In an emergency – go immediately to the nearest physician or hospital without delay, then contact the emergency assistance provider

The telephone number is: [+44 \(0\)2381 247290](tel:+44(0)2381247290)

Calls may be monitored and/or recorded

Our overseas emergency assistance partner is available 24 hours a day. When you call, please give them your name, scheme number and brief description of the problem.

Select hospitals

Details of our hospital lists are available online within the Private Medical benefit pages located at www.rbspeople.com/rbselect. From here you can view the latest list on a pdf, which can be downloaded or printed.

Our hospital lists change regularly to reflect when hospitals are closed or new ones opened. For this reason please check the list before arranging any treatment.

Your scheme uses the Key hospital list for Bronze and Silver options and the Extended list for the Gold option.

If you do not have internet access and need to know whether or not a hospital is on your list, please call **0800 158 3338**.

In addition to the hospitals shown on this list, your scheme also gives you access to any NHS pay-bed in the country. Altogether this will give you access to around 800 hospitals countrywide.

If you receive treatment as an in-patient or day-patient in a hospital that is not either

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

we will calculate the average cost of equivalent treatment across all hospitals, and that average cost is the maximum we will pay. This could leave you with a shortfall that the scheme does not pay for. If the actual cost of the treatment is less than the average cost, we will pay the hospital costs in full.

We will pay for specialists' fees up to the limits in our fee schedule.

Please be aware that out-patient CT, MRI and PET scans will only be paid for at a diagnostic centre.

Claims procedure

Before you start any treatment, you must contact Aviva and give them the name of the hospital, the name and address of the specialist, and the details of the proposed treatment. The friendly and highly trained staff on The Royal Bank of Scotland helpline will be happy to guide you through this simple notification procedure. We advise that, where possible, claims should be authorised in advance of treatment, but this will obviously not apply to emergency admissions.

In order to confirm availability of benefit before claiming, Aviva must receive all necessary medical information at least five working days prior to any proposed treatment. This may include a completed claim form, but at their discretion they may also be able to take the necessary information over the telephone; if this is the case they will tell you at the time.

In-patient and day-patient accommodation

Many of the hospitals on these lists will normally provide private en suite facilities to The Royal Bank of Scotland scheme members. It is likely that variations will exist with respect to the size and quality of these rooms from hospital to hospital.

Many hospitals, both private and NHS sometimes prefer to accommodate day-patients on a small ward rather than a single room. Please check with your specialist or the hospital the type of accommodation you can expect, prior to admission.

Direct settlement of accounts

Most hospitals on these hospital lists will settle charges for treatment direct with us.

You should check the bill on leaving the hospital, sign it and then the hospital will forward it to us for payment. Sometimes you might be sent the bills first. All you need to do in these cases is forward them to us with a fully completed claim form (if one has been requested) or with details of your full name, address and scheme number. We will then pay the provider direct for eligible treatment costs. Please check with the hospital prior to undertaking any treatment.

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
PO Box number 206
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire
SO53 3ZN

Out-patient accounts

Although Aviva will, on behalf of the Trustees, settle eligible out-patient treatment charges direct, some hospitals may expect you to pay the bills when you leave. In such cases you should ensure that you get receipts when you pay, which you should then send to **Aviva Health UK Limited, PO Box 206, Chilworth House, Hampshire Corporate Park, Templar's Way, Eastleigh, Hampshire, SO53 3ZN** with a fully completed claim form (if one has been requested) or with details of your full name, address and scheme number. We will then reimburse you for all eligible treatment costs.

Sound advice

Our hospital lists are regularly updated. Before seeking any hospital treatment please contact the Royal Bank of Scotland customer service team who can advise you of any changes.

Sound advice

Not all of the private hospitals are able to admit children under the age of three for private treatment, although some NHS hospitals are able to do so. Please contact the Royal Bank of Scotland customer service team if you have any queries about the benefits available for your children on your company scheme.

Sound advice

You should always telephone us prior to making a claim, quoting the scheme number and providing details of your condition, the name and address of your specialist, the place and dates of any proposed consultations and treatment, and whether you are to be admitted as an in-patient, day-patient or out-patient.

Questions you may like to ask your specialist:

Before your appointment it is worth writing down some questions to ask your specialist. You may be nervous and forget what you want to find out. It will help if you have the list in front of you.

If you don't understand what your condition is, or what the treatment is, ask him/her to explain it. Make sure you are happy with the explanation.

These are examples of some questions you may like to ask, dependent on the nature of your visit:

- What are the tests for and what are you looking for?
- Is surgery necessary or are there any other treatments available?
- Can the operation be done as a day-patient?
- What will be done during the operation?
- How long will it take?
- How long will I have to be in hospital for?
- How will I feel after the operation?
- When can I go back to work?
- Will I have to stop doing/eating certain things?
- Will there be any long term effects?
- Will I have to take medication after the operation? What will it do and how long will I have to keep taking it?

The helpline will be able to confirm whether or not a specific hospital is available under the scheme.



If you have any cause for complaint

Aviva's aim is to provide a first class standard of service and to do everything they can to ensure that you are satisfied. However, should you ever feel that Aviva have fallen short of this standard and that you have cause to make a complaint, please contact The Royal Bank of Scotland Team in the first instance.

If you remain dissatisfied, please write with full details to:

The Customer Relations Team
Aviva Health UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh,
Hampshire
SO53 3RY.

In the unlikely event that the matter is not resolved, then your complaint can be referred to the Customer Experience Manager at the same address. It is very rare that matters cannot be resolved amicably.

We have every reason to believe that you will be totally satisfied with your Aviva service. Nevertheless, we have provided the above information to assist you should you ever feel that you have cause to make a complaint.



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www.aviva.co.uk/health

