

Cover guide

Summary

Optimum for Iron Mountain (UK)
Services Limited
Policy Number - 961BFF

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 Extended hospital list, any facility recognised by us as part of a network, or an NHS hospital recognised by us for your treatment or condition

- 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
- 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
- Physiotherapy for pain in your back, neck, muscles or joints (musculoskeletal conditions) - see member guide
- Consultations with a specialist
- Pre-admission tests required to check that you are fit to undergo surgery and anaesthesia
- Treatment by a specialist as an out-patient
- 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 in combined total, per condition, per person, per policy year
- Physiotherapy, osteopathy, acupuncture and chiropractic treatment (if directly referred by your GP) up to 20 sessions in combined total, per condition, per person, per policy year (for any condition other than pain in your back, neck, muscles or joints – musculoskeletal conditions)

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 £150 for each baby born or adopted (within a year of birth) during a policy year
- NHS cash benefit of £100 per night where eligible treatment takes place as an NHS patient without charge, up to 35 nights. NHS cash benefit isn't available:
 - where you have been admitted to the NHS hospital as a fee-paying patient of any kind
 - for the first three nights following an accident or emergency admission,
 - if you claim for the cost of an NHS amenity bed for the same treatment
 - for cancer treatment
- In-patient or day-patient psychiatric treatment up to 28 days. Out-patient treatment by a psychiatric specialist or psychiatric therapist, on referral by your GP. Psychiatric treatment is not available under any other benefit on this policy, except for the Talking Through Cancer benefit.

- If you have family cover, your children can be covered up to 24 years of age.

Excess

An excess of £100 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 doesn't apply to:

- physiotherapy for pain in the back, neck, muscles or joints (musculoskeletal conditions) managed through BacktoBetter, 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
- 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 treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) 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 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](https://www.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 3317. Further details can be found in your member guide. Calls may be monitored and/or recorded

BacktoBetter claims

For back, neck, muscle or joint pain (musculoskeletal (MSK) conditions), 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. Members aged 11 and under should obtain a GP referral and contact the customer service helpline.

Further details can be found in your member guide.

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.