

Solutions for Nottingham Trent University Policy Number - 951C8Q

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 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's covered

Benefit limits shown below apply to each person every 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, a facility on one of our networks 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 (subject to Aviva's fee guidelines for specialists)
- Charges for diagnostic tests including blood tests, X-rays, scans and ECGs
- Radiotherapy and chemotherapy
- Treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) through the BacktoBetter service
- Extensive cover for cancer as summarised in the member guide

Out-patient treatment of acute conditions at a facility on one of our networks or at a hospital recognised by us

- CT, MRI and PET scans (these will only be covered at a diagnostic centre recognised by us)
- Surgical procedures by a specialist in a clinical, sterile setting. Subject to Aviva's fee guidelines
- Radiotherapy and chemotherapy
- Physiotherapy for pain in the back, neck, muscles or joints - musculoskeletal conditions through our BacktoBetter service
- Mental health treatment through the Mental Health Pathway
- Pre-admission tests required within 14 days of an admission to check you are fit to undergo surgery and anaesthesia

The following benefits are subject to an overall combined maximum of £1,000:

- Consultations with a specialist, subject to Aviva's fee guidelines
- Non-surgical treatment by a specialist as an out-patient (subject to Aviva's fee guidelines)
- Charges for diagnostic tests
- Treatment (other than physiotherapy) for pain in the back, neck, muscles or joints - musculoskeletal conditions through our BacktoBetter service
- Physiotherapy, osteopathy and chiropractic treatment on specialist referral for non-musculoskeletal conditions. Subject to Aviva's fee guidelines

The monetary limit does not apply to out-patient cancer treatment received after you have been diagnosed with cancer.

Summary

Additional benefits

- Nursing at home following eligible in-patient or day-patient treatment
- Private ambulance
- Parent accommodation costs when staying with a child of 15 or under receiving eligible treatment; one parent only
- Hospice donation of £70 per day up to 10 days' care maximum; donation to the hospice
- £100 for each baby born or adopted (within a year of birth) during a policy year
- Cash benefit of £100 per night where eligible in-patient treatment takes place as an NHS patient without charge; maximum of 25 nights.
 - Cash benefit is not available for the first three nights following an accident or emergency admission, cancer treatment, mental health treatment, or the cost of an NHS amenity bed if the member claims for the same treatment
- Investigations into infertility
- Treatment for the complications of pregnancy and childbirth as detailed in the policy wording
- Surgical procedures on the teeth performed in a hospital
- Stress counselling helpline (available to members aged 16 and over)
- Routine and GP referred services with a £1,000 overall benefit limit:
 - Consultations with a specialist and diagnostic tests, for a chronic condition. Subject to Aviva's fee guidelines
 - Follow-up consultations with a specialist to monitor a member when they have finished treatment for an acute condition. Subject to Aviva's fee guidelines
 - GP referred radiology/pathology for any condition other than pain in the back, neck, muscles or joints - musculoskeletal conditions
 - GP referred treatment by a physiotherapist, chiropractor, osteopath or acupuncturist for any condition other than pain in the back, neck, muscles or joints - musculoskeletal conditions - up to 10 sessions in combined total for each member, each condition, every policy year. Subject to Aviva's fee guidelines
 - GP referred treatment by a chiropodist/podiatrist or homeopath for any condition other than pain in the back, neck, muscles or joints - musculoskeletal conditions. Subject to Aviva's fee guidelines
 - GP minor surgery up to £100 per procedure, payable to the GP

Summary

Excess

An excess of £150 applies for each member, every policy year. Benefit will only be paid once the excess has been exceeded and the excess should be settled directly with the relevant hospital/specialist.

What isn't covered?

There are some things which are not covered by UK medical insurance schemes, so it's important you speak to the customer service helpline before receiving any treatment. Some examples of what's NOT covered by the policy are:

- Long term or chronic conditions (except as provided for under the Routine and GP referred services benefit). This exclusion does not apply to treatment for cancer
- Treatment undertaken by a specialist without GP referral (unless through BacktoBetter or the Mental Health Pathway if applicable)
- Seeing a GP privately
- 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
- HIV/AIDS and related conditions
- Cosmetic treatment (except following an accident, or surgery for cancer)
- Routine medical examinations including eye tests, health screens etc. The exclusion for routine medical examinations does not apply to cancer where we have paid for your treatment for cancer
- Experimental treatment (limited benefit may be available - please contact us)
- Surgical or medical appliances such as neurostimulators (for example cochlear implants) and crutches
- Varicose veins of the leg, unless they meet the criteria specified in the policy wording
- Kidney dialysis
- 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
- In-patient and day-patient treatment for psychiatric or mental illness
- Alcoholism, alcohol misuse, solvent misuse, drug misuse and other addictive conditions
- Treatment outside the UK
- Treatment required as result of war, terrorism, contamination by radioactivity, biological or chemical agents
- Sleep disorders and sleep problems such as snoring and sleep apnoea
- Treatment for warts, verrucas and skin tags
- Weight-loss surgery
- Any treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) that has not been pre-authorised by us
- Sports related treatment (if you are paid or personally funded/sponsored)
- Treatment for lipoedema
- Any mental health treatment that has not been pre-authorised by us
- Psycho-geriatric conditions of any kind

Your questions answered

How to claim

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 on 0800 158 3344.

Further details can be found in your member guide.