

Pearson Core (Medical Insurance) and Upgrade (Medical Insurance Plus) Benefit Comparison



This benefit comparison has been designed to provide you with the key information about each level of cover. It doesn't, however, contain the full standard terms, conditions and exclusions that apply to the levels of cover provided. These are contained in the policy wording, a copy of which is available upon request.

All benefit limits shown below apply to each member, every policy year and all treatment must be on referral by, and under the care of, a specialist unless otherwise stated. Where applicable, for upgrade members only, all specialist and practitioner fees are subject to Aviva's fee guidelines.

Benefits	Core	Upgrade	Notes
In-patient or day-patient treatment of acute conditions Core - at the hospital confirmed by us Upgrade - at a hospital on the Extended list or at a network facility.			
Hospital charges	✓	✓	Including accommodation and meals, nursing care, drugs, surgical dressings and theatre fees
Specialists' fees	✓	Up to the limits in our fee schedule	
Diagnostic tests	✓	✓	For example; endoscopy, removal of tissue for biopsy, blood tests, X-rays, scans and ECG's
Radiotherapy/chemotherapy	✓	✓	
Treatment for pain in the back, neck, muscles or joints - musculoskeletal (MSK) conditions through the BacktoBetter pathway	✓	✓	
NHS cash benefit	£100 per night	£100 per night	Up to 35 nights, cash payment for eligible in-patient NHS stays
Out-patient treatment of acute conditions Core - at the hospital confirmed by us Upgrade - at a hospital on the Extended list or at a network facility.			
CT, MRI and PET scans	✓	✓	CT, MRI and PET scans at a diagnostic centre recognised by Aviva
Treatment for cancer	✓	✓	
Radiotherapy/chemotherapy	✓	✓	
Physiotherapy for MSK conditions through the BacktoBetter service	✓	✓	Please note - the excess won't apply to physiotherapy treatment through the BacktoBetter service. Core members - the out-patient limit won't apply to physiotherapy through the BacktoBetter service
Pre-admission tests	✓ Within 14 days of an admission	✓	
Treatment (other than physiotherapy) for MSK conditions	Up to combined £2,000 out-patient limit	Up to the limits in our fee schedule	Osteopathy and chiropractic treatment (if agreed) is limited to 10 sessions in combined total, per condition
Consultations with a specialist	Up to combined £2,000 out-patient limit	Up to the limits in our fee schedule	
Treatment by a specialist as an out-patient	Up to combined £2,000 out-patient limit	Up to the limits in our fee schedule	

Benefits	Core	Upgrade	Notes
Diagnostic tests	Up to combined £2,000 out-patient limit	Specialists fees - up to the limit in our fee schedule	For example - blood tests, X-rays and ECGs
GP referred physiotherapy, osteopathy, acupuncture and chiropractic treatment; for non-MSK conditions	Up to combined £2,000 out-patient limit	Practitioner fees are paid up to the limits in our fee schedule	Up to 10 sessions in combined total, per condition
Additional benefits			
Fertility and family planning benefit	✓	✓	Up to £20,000 for the lifetime of the policy for fertility treatment. Full benefits can be found in the policy wording
Mental health treatment through mental health pathway	✓	✓	In-patient and day-patient treatment up to 28 days. Out-patient treatment such as counselling by a psychiatric therapist or psychiatric specialist Please note - the excess don't apply to treatment received through the mental health pathway. Core members - The out-patient limit doesn't apply to treatment received through the mental health pathway.
Gender identity benefit	✓	✓	Including assessment with a gender identity specialist, consultations with a hormone specialist for the initiation and monitoring of hormone treatment, counselling by a psychiatric therapist and a range of surgeries. Full benefits can be found in the policy wording. Please note - the excess doesn't apply to treatment for gender dysphoria received through the mental health provider. Core members - The out-patient limit doesn't apply to treatment for gender dysphoria
Cancer treatment	✓ Level 3	✓ Level 3	- Targeted drug therapies: in full - Bone strengthening drugs: in full - Monitoring: in full - Talking Through Cancer service - Additional benefits such as prosthesis, mastectomy bra and wig cover; up to the limits stated. Full benefits can be found in the policy wording. Core members - the out-patient limit doesn't apply to treatment for cancer once diagnosed.
NHS cancer cash benefit	£100 per day	£100 per day	Cash payment for eligible NHS cancer treatment
Home nursing	✓	✓	Immediately following treatment as an in-patient or day-patient that is paid for by the policy
Private ambulance	✓	✓	Where medically necessary in connection with eligible in-patient or day-patient treatment
Parent accommodation when staying with a child under 11	✓	✓	One parent only; child must be a member of the policy and receiving eligible treatment
Treatment for complications of pregnancy and childbirth	✓	✓	For the conditions detailed in the policy wording
Minor surgery by a GP	Up to £100	Up to £100	Per procedure for procedures appearing on our minor surgery list; payable to the GP
Hospice donation	£70 per day, up to 10 days	£70 per day, up to 10 days	Donation to the hospice
Policy excess	£100	£50	See policy wording for full details of the benefits the excess doesn't apply to

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