Your cancer cover –
Level 3

Please keep this document in a safe place and read it in conjunction with your cover guide as it replaces some of the information in there. The cover guide does not contain the full terms and conditions that apply to the product. These are contained in the policy wording, a copy of which is available from your group administrator. If you have questions about your cover, please contact us using the number in your cover guide.

Where am I covered for treatment?

We pay for treatment carried out at a hospital/facility that's covered under your policy. Please refer to your policy documents for details.

We also cover treatment at home if your specialist agrees this is possible and it can be supported by a homecare provider recognised by us.

Out-patient limit

Some policies have a limit that applies to out-patient treatment. Please refer to your policy documents to see if your policy has an out-patient limit and how this applies to out-patient cancer treatment.

Six week rule

Your policy documents will tell you if you have the six week option on your policy. If you have the six-week option, we don't pay for treatment as an in-patient or day-patient (including accident or emergency admissions) if it's available on the NHS within six weeks from the date your specialist recommends it. If you're diagnosed with cancer, this may mean that your treatment will be available on the NHS and therefore, we won't pay for most of the treatment that you need.

If you have the six-week option and you have treatment as an out-patient, we don't apply the six-week rule to that treatment.

However, if you need to be admitted for emergency treatment, for example a blood transfusion, we won't pay for that treatment.

The six-week option applies to the NHS cancer cash benefit.

What's covered

- Hospital charges for surgery and medical admissions at a network facility, a hospital covered by your policy or an NHS hospital recognised by us
- Specialists' fees (*subject to Aviva's fee guidelines for specialists, if applicable*)
- NHS cancer cash benefit for cancer treatment - we'll pay:
  - £100 per day for in-patient or day-patient treatment and for out-patient radiotherapy, chemotherapy, blood transfusions or surgical procedures
  - £100 for each day you receive intravenous (IV) chemotherapy at home
  - £100 for each week whilst you are taking oral chemotherapy drugs at home.

  We'll pay the NHS cancer cash benefit if treatment would have been covered as a private patient. There's no limit to the amount of days you can claim for, but you won't be able to claim more than £100 in any one day.

  NHS cancer cash benefit isn't available if you claim for the cost of an NHS amenity bed for the same treatment.

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

  We may also ask for a discharge summary from the hospital
- Post surgery services – includes specialist services immediately following surgery such as consultations with a dietician or stoma nurse, and insertion and replacement of a tube for artificial feeding
- Radiotherapy and chemotherapy. *If your policy has limited out-patient benefit, we'll still cover consultations and diagnostics tests in full whilst you are having radiotherapy or chemotherapy*
- Hormone therapy if you need it to shrink a tumour or where it's only available under specialist use and only within the licensing indications in the UK. We won't pay for hormones to prevent recurrence of disease, unless they're only available under specialist use and only within the licensing indications in the UK
- Targeted therapies being used to achieve a cure
- Targeted therapies, treatments and drugs used to maintain and control disease

What's covered continued

- Bone strengthening drugs (such as bisphosphonates)
- Treatment prescribed by your specialist for side effects while you're receiving chemotherapy or radiotherapy
- Genetic testing if it is requested by a specialist to aid diagnosis or to help determine the type of eligible treatment required
- Molecular profiling when being used to determine the most appropriate treatment
- Talking Through Cancer service. If you're diagnosed with cancer and are receiving treatment that's eligible under the policy our third party provider will arrange the most appropriate out-patient therapy for your needs. Included is a benefit for a support circle; you can choose up to four people to support you during your cancer journey. These people don't need to be insured on the policy but must be resident in the UK. Please refer to the policy wording for full details
- Up to £100 towards a wig if you suffer hair loss caused by cancer treatment. We'll pay £100 in total whilst you're a member of the policy, not every policy year. We only pay for items purchased in the UK, in pound sterling
- Up to £100 towards a mastectomy bra if you need one because of cancer treatment. We'll pay £100 in total whilst you're a member of the policy, not every policy year. We only pay for items purchased in the UK, in pound sterling
- Up to £5,000 towards the cost of the first external prosthesis following surgery for cancer. We only pay for items purchased in the UK, in pound sterling
- Stem cell and bone marrow transplants. This includes collection, storage and implantation
- Monitoring after your treatment for cancer has finished. We don't pay for monitoring after treatment for non-melanoma skin cancer. *If your policy includes an out-patient limit, please refer to your policy documents to see how this applies to out-patient cancer treatment*
- Ongoing needs, such as regular replacement of tubes or drains, for up to five years after your treatment for cancer has finished. *If your policy includes an out-patient limit, please refer to your policy documents to see how this applies to out-patient cancer treatment*
- Preventative surgery, only if you've already had treatment for cancer that we've paid for. For example, we'll pay for a mastectomy to a healthy breast if you've been diagnosed with cancer in the other breast. (We won't pay for surgery where you have no symptoms of cancer, for example where you have a strong family history of cancer)
- End of life care:
  - we'll pay for end of life care in a hospital if this is medically necessary
  - hospice donation of £100 per night, up to £10,000 if you're admitted to a hospice
  - donation of £50 per day to a registered charity if you're visited at home by one of their nurses, up to the £10,000 limit.

Amendment to Cover Guide

What's not covered

The bullet point for 'Long term and chronic conditions' is **amended** to:

- Long term and chronic conditions. This exclusion doesn't apply to treatment for cancer

The bullet point for 'Routine medical examinations, including eye tests, health screens etc' is **amended** to:

- Routine medical examinations including eye tests and health screens etc.
  (If we've paid for you to have treatment for cancer, this exclusion won't apply with regard to cancer)

The bullet point for "Advanced Therapy Medicinal Products (ATMPS)" is **amended** to:

- Advanced Therapy Medicinal Products (ATMPs). We only cover a small number of ATMPs under your policy. Please check the list of approved ATMPs here, your policy includes list 1 (aviva.co.uk/atmp-list1). We don't cover any ATMPs that aren't on the list, including any associated hospital or specialist costs.

Need this in a different format?

Please get in touch if you would prefer this brochure (**GEN7600**), in large print, braille or as audio.

How to contact us?


Telephone number: 0800 092 4590


E-mail address: contactus@aviva.com


Website address: aviva.co.uk

Calls may be recorded and/or monitored.

aviva.co.uk/health

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