

Cancer **Essentials**

Providing financial and emotional support should you be diagnosed with cancer



We're here for you should the worst happen

With Cancer Research UK, saying that 1 in 2 people born after 1960 in the UK will be diagnosed with some form of cancer during their lifetime, we understand the reality of how widely cancer is affecting people and their families - each and every day.

Our Cancer Essentials cover has been designed to provide crucial financial and emotional support, should you be diagnosed with cancer.

This simple guide provides you with an overview of Cancer Essentials and aims to answer any questions you may have.

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Cancer **Essentials** at a glance

✓ £5,000 cash benefit

If you are diagnosed with cancer, we understand it will be a very worrying time. That's why we'll give you a cash sum of £5,000, to help ease any worries you may have about how you will cope financially whilst having treatment. The £5,000 is yours to spend however you want – for example, you may want to use it to help pay domestic bills, or perhaps organise a trip somewhere for you and your family. Whatever you choose to do, we hope the cash benefit will help make things just that little bit better for you.

√ Up to £100,000 for cancer drugs

Cancer is hard enough to deal with, both physically and emotionally, without having to worry about how you'll pay for drugs that could help get you through it. If your NHS specialist recommends drugs you need for your cancer treatment, but the NHS won't pay for them on financial grounds, we will – up to £100,000.

✓ Unlimited use of a 24/7 GP helpline

Our team of UK based GPs are on hand over the phone, 365 days a year, to discuss any health concerns or questions you or your family may have.

✓ Cancer helpline - phone based practical advice and support for you and your family

As soon as you have a diagnosis of cancer, you and your family will be given access to a Personal Nurse Advisor (provided by RedArc). They'll be on hand to provide practical advice and emotional support concerning your diagnosis and treatment, and answer any questions you may have.

Cancer Essentials can only be purchased online, which means we don't pay for expensive call centres. Plus, by just focusing on the cover we think will help support you and your family if you are diagnosed with cancer, it all helps to keep your premiums down. Cancer Essentials is available to adults aged between 18 and 70, however some exclusions apply (see page 5).



What's covered?

In the table below, you can see a summary of the benefits available for this policy. The amounts shown are the full totals available at the start of the policy. Please see your policy certificate for member specific benefit levels. The terms and conditions provide the full details of Cancer Essentials and these can be found on the Cancer Essentials portal. The policy can only be administered online and the policy documents will be provided in electronic format only.

Benefit	Amount	Notes
Cash benefit on diagnosis of cancer	£5,000 each member	This is payable once to each member, not every policy year regardless of whether the policy is renewed. The benefit is not available for non melanoma skin cancer unless it has spread to lymph nodes or organs, or prostate cancer (unless active treatment is recommended by an NHS specialist)
Cancer drugs not funded by the NHS	Up to £100,000 each member	We'll pay for the cost of drugs recommended by your NHS specialist to treat your cancer if the NHS won't pay for those drugs on financial grounds. The benefit limit applies once to each member, not every policy year, regardless of whether the policy is renewed
Cancer helpline	Unlimited	Available on diagnosis of cancer. Staffed by qualified nurses, services may include practical advice, emotional support or therapy. Unlimited calls, 9am – 5pm Monday to Friday
GP helpline	Unlimited	Unlimited calls, 24 hours a day, 7 days a week

What's **not covered?**

- pre-existing cancer
- non melanoma skin cancer unless it has spread to lymph nodes or organs
- prostate cancer (unless active treatment is recommended by an NHS specialist)

Who can be covered?

Cancer Essentials can provide cover for anyone aged 18 or over and under 70 years of age, provided that they:

- haven't already had cancer
- aren't aware of symptoms for example an abnormal lump or mole, or awaiting tests or investigations to be carried out
- haven't been placed on or advised to join a screening or review programme because they're considered to be at a higher risk of developing cancer.

Providing the **help and** support you may need

GP helpline

As much as you try to prevent yourself from becoming ill, there are times when you become run-down and sometimes sick. Often your first port of call is your GP, but you may feel reluctant to visit them if you feel your symptoms aren't important enough, or you might find it difficult to get a suitable appointment. The GP helpline offers you access to help and guidance over the phone from gualified GPs.

The GP helpline service is open 24 hours a day, 7 days a week.

Cancer helpline

If you're diagnosed with cancer, the cancer helpline service will give you access to a dedicated Personal Nurse Adviser. The services offered may include practical advice, emotional support or therapy, a home visit or a series of phone calls from a specialist nurse. The cancer helpline service will also give you access to a second medical opinion from a medical professional, within the NHS or the UK private sector, to help you with questions around your cancer diagnosis. Your Personal Nurse Adviser can help you understand what the second opinion may mean for you.

The cancer helpline is open from 9 am to 5 pm, Monday to Friday.

How to make a claim

You can make a claim online through the Cancer **Essentials** portal.

To make a claim for cash benefit, you'll need to provide us with your GP's referral letter for specialist investigation and the diagnosis from your specialist.

We'll review your claim and, if accepted, we'll pay the benefit directly into the bank account you pay your premiums from.

We'll also give you the phone number of our cancer helpline at that time.

To make a claim for cancer drugs you'll need to provide us with details of your specialist recommended drug treatment, confirmation from your local NHS Health Board that your drug treatment has been rejected on financial grounds and an estimate from your local NHS trust for the cost of the recommended drug treatment on a self-pay basis.

We'll work closely with your NHS provider to arrange payment for your cancer drugs so that you can focus on treatment and recovery.

Your questions answered

Can the policy be cancelled?

Yes. You can cancel the policy within 14 days of the policy start date (this is called the 'cooling off period'). If you decide to cancel the policy, any money you have already paid during the 14 day cooling off period will be refunded, provided no claims have been made during this period.

If you cancel the policy after the cooling off period we won't refund any monthly premiums that have been paid for cover, but if you've paid an annual premium we'll refund the proportion of the premium that represents what has been paid for the time from the cancellation date to the end of the policy year.

If you decide to cancel the policy you must notify us via the Cancer Essentials portal. If you cancel the policy you'll have to answer the qualifying questions again if you apply for this or similar cover in the future.

Who can take out this policy and is there an age limit for those covered on the policy?

Cancer Essentials is available to adults aged between 18 and 70. The product is not available to those who have been diagnosed with and/or treated for cancer, are waiting to have any tests or are aware of any symptoms for example an unexplained lump or abnormal mole, or to those who have been placed or advised to join a health screening or review programme because they're considered to be at a higher risk of developing cancer.

Can I add someone to the policy?

You can add your spouse, partner or civil partner to the policy, provided they fulfil the eligibility criteria of the policy. Adding a member will increase your premiums. We'll let you know what the increase will be before starting their cover.

What is the duration of my policy?

The policy lasts for one year. If you pay monthly, each monthly premium payment is for one month's cover. If you pay annually, each annual premium payment is for one year's cover.

How does the premium apply?

We will charge a premium for each member covered on the policy. If you add a member to the policy at any time other than renewal we will charge a pro-rata premium for that member for their first year of cover.

How does the policy renew?

If we still offer Cancer Essentials at the end of your policy year we'll automatically renew the policy unless you tell us that you don't want us to. We'll give you reasonable advance notice of when the policy is due to renew to give you time to review your cover and decide if it still meets your needs.

You can find answers to more Frequently Asked Questions about Cancer Essentials at aviva.co.uk/essentials-cancer

Further **Information**

Language

This document and all future documents and letters will be written in English.

If you have any cause for **complaint**

Our aim is to provide a first class standard of service to our customers, and to do everything we can to ensure you are satisfied. However, if you ever feel we have fallen short of this standard and you have cause to make a complaint, please let us know. Our contact details are:

Aviva Health UK Ltd Complaints Department PO Box 540 Eastleigh SO50 0ET

Telephone: 0800 051 7501 Email: hcqs@aviva.com

We have every reason to believe that you will be totally satisfied with your Aviva policy, and with our service. It is very rare that matters cannot be resolved amicably. However, if you are still unhappy with the outcome after we have investigated it for you and you feel that there is additional information that should be considered, you should

let us have that information as soon as possible so that we can review it. If you disagree with our response or if we have not replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate. Their contact details are:

The Financial Ombudsman Service Exchange Tower London E14 9SR

Telephone: 0300 123 9123 or 0800 023 4567

Email:

org.uk Website: financial-ombudsman.org.uk

complaint.info@financialombudsman.

Please note that the Financial Ombudsman Service will only consider your complaint if you have given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect your legal rights.

The Financial Services **Compensation Scheme**(FSCS)

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. When you are entitled to claim, insurance advising and arranging is covered for 90% of the claim with no upper limit. Further information about compensation scheme arrangements is available from:

Financial Services
Compensation Scheme
10th Floor
Beaufort House
15 St Botolph Street
London
EC3A 7QU
Website: fscs.org.uk
Telephone: 020 7741 4100

or 0800 678 1100

Our regulators

We're regulated by the Financial Conduct Authority:

The Financial Conduct Authority 25 The North Colonnade Canary Wharf London E14 5HS The Financial Conduct Authority is an independent watchdog that regulates financial services. It requires us to give you this document. Use this information to decide if our services are right for you. Aviva Health UK Limited, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, S053 3RY. Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139.

Our permitted business is advising on, arranging and administering general insurance and pure protection contracts. You can check this on the Financial Services Register by visiting the Financial Conduct Authority's website fca.org.uk/register or by contacting the Financial Conduct Authority on 0800 111 67 68

Aviva Health UK Limited is a wholly owned subsidiary of Aviva plc, which includes within its group a number of insurers.

We only sell our own products. Your premium is the only payment you need to make to cover our services to you. You may have your own insurance intermediary who will provide you with information about their permitted business and the range of products they offer. You may have to pay them for their services

This leaflet is also available in braille, large print and audio format.

If required, please contact us on **0800 051 7501** to request a version of this leaflet in a format more suitable for you.

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