

The complaint

Mr and Mrs H complain Aviva insurance Limited mis-sold them a private medical insurance policy.

What happened

Mr and Mrs H took out a private medical insurance policy online in July 2024. The cover is underwritten by Aviva.

In November 2024, Mrs H was reviewed by a medical professional for her symptoms, and was given a referral letter to have further investigations. She contacted Aviva to request an appointment with a specialist at her preferred hospital, which I will refer to as Hospital P.

Aviva offered Mrs H two options for hospitals she could use. Neither of these were Hospital P, and Mrs H asked Aviva if she could have her treatment there. Aviva said it was unable to offer Hospital P, as it was not on the list for her level of cover. And it said it could only make an exception if there was a reason the hospitals it had offered her couldn't provide the treatment – such as if they didn't have appropriate facilities.

Mr and Mrs H later contacted Aviva again and said they had checked a list available on the insurer's website, and this showed Hospital P. However Aviva has said this list didn't apply to Mr and Mrs H's policy.

Mr and Mrs H's policy certificate shows they selected the 'expert select' level of cover. And the policy booklet shows the following information about 'expert select'.

"Expert Select and Optimum Referral

If you have one of our Quality Guiding hospital options (Expert Select or Optimum Referral), it couldn't be easier. Just ask your GP for an open referral (one that specifies the type of specialist or specialism you need, but not a named specialist), and then call the customer service helpline. Our claims experts will provide you with a choice of local hospitals/facilities and specialists that you can use, and can book your first appointment for you there and then."

Mr and Mrs H complained to Aviva. They said they'd not been given enough information about the hospitals for their policy when they applied for the cover and were unhappy that the insurer would not make an exception and allow Mrs H to use Hospital P.

Aviva responded and said it had given correct information based on the hospitals which applied to Mr and Mrs H's policy, and Hospital P was not available.

Unhappy with the response, Mr and Mrs H brought their complaint to this service.

An investigator here looked into what had happened and said they didn't think Aviva had done anything wrong.

Aviva made no comment on the investigator's view. However Mr and Mrs H disagreed and asked for a decision from an ombudsman. And so, the case has been passed to me to decide.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, I've reached a similar conclusion to the investigator. And I'll go on to explain why.

Mr and Mrs H took out their policy online. This was not an advised sale – this means Aviva wasn't responsible for ensuring the policy was suitable for Mr and Mrs H's needs. However, the relevant rules and industry guidelines say that Aviva needed to present information in a clear, fair and non-misleading way.

I've noted Mr and Mrs H have highlighted a comment Aviva made during one of their calls, about not having had the opportunity to explain the policy verbally, as it was taken out online. However I don't think this makes a difference. What's important for me to think about is what information was provided to Mr and Mrs H as part of the sales process. So that's what I've gone on to consider.

I've reviewed the available evidence showing the information which was presented to Mr and Mrs H online, when they chose their level of cover. And I'm satisfied they were presented with different options regarding hospital choices, including links to further information about each option.

Mr and Mrs H chose the 'expert select' option. I've reviewed the explanatory material provided during the sales process for this option. I'm satisfied it stated policyholders would be offered a choice of hospitals when making a claim. And I'm satisfied the hospital lists which were available to view as part of the sales process, related to different cover levels from than the one Mr and Mrs H chose. I think this information was presented sufficiently clearly, so it follows that I don't think the policy was mis-sold.

When Mr and Mrs H called Aviva to make a claim, they said they'd seen a hospital list which included Hospital P. However as I've explained above, I'm satisfied this list is related to a different level of cover Aviva offers, and is not relevant to their policy. Aviva has said the list of hospitals for 'expert select' is not published and I accept this, as the information about this level of cover does not point to any list being available to policyholders; rather it says that Aviva will provide a choice of hospitals at the point of claim. And this is what happened when Mrs H needed treatment.

Mr and Mrs H are unhappy that Aviva would not make an exception and allow Mrs H to use Hospital P. I don't think Aviva acted unreasonably in refusing to make an exception. I say this because I've not seen evidence that either of the hospitals offered to Mrs H were unable to provide the treatment she needed.

My final decision

For the reasons I've given, it's my final decision that I do not uphold this complaint. And I make no award against Aviva Insurance Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr H and Mrs H to accept or reject my decision before 22 October 2025.

Gemma Warner
Ombudsman