




Solutions

Flexible private medical insurance
for companies covering 2-249 employees





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Private medical insurance to suit your business

Solutions is our private medical insurance that's flexible enough to suit your business and helps you care for your employees.

This policy is insured by Aviva Insurance UK Limited and administered by Aviva Health UK Limited

Welcome to Solutions

Solutions is one of the most versatile company healthcare products on the market, offering you and your employees real choice.

Solutions pricing structure enables us to offer competitive premiums, plus you get the benefit of flexibility which is usually only associated with large group schemes. Solutions not only offers a range of extensive core benefits, but also the option to pick-and-choose the benefits you need from the product. What's great is that it enables you to choose additional cover or cost containment options, allowing you to adapt the product to help suit your needs and budget.

Altogether better for you and your employees

Your company may already provide private medical insurance for its employees – but could it work harder and cost you less? With Solutions not only can you obtain the cover you want at a price you can afford – but you can also help keep your workforce healthy with additional added value benefits like Personal Health Manager. For more information on this please turn to page 3.

Modular means more choice

Rather than restrict you to a product that provides benefits you don't want and feel you may never need, Solutions offers you a wide range of options you can pick and choose from, to create affordable healthcare that's as individual as your employees and your business. It's a different approach with some obvious advantages:

- **Simple**
One product satisfies a wide range of healthcare needs
- **Extensive**
A wide range of core cover
- **Flexible**
Select from a wide choice of healthcare options
- **Cost-effective**
You choose the cover required for you and your employees.

Cover for different staff

With Solutions you can mix-and-match cover to suit up to three different categories of staff. All we ask is that all staff within a defined category have the same benefits and there must be at least three group members within each category. For example, managers could have core cover with options 1 and 2 and all other staff could have core cover.

For companies with 2-5 group members only 1 category can be chosen.



Added value benefits

Personal Health Manager

Private medical insurance shouldn't just be about treating members when they become ill. We believe that being proactive by trying to prevent illness is an important part of the whole package. This is why we offer Personal Health Manager as a standard benefit on all our Solutions policies.

What is Personal Health Manager?

Personal Health Manager is all about trying to help your employees take a hands-on role in managing their own health. It is an online and telephone based tool that provides your employees and their families with advice, support and information.

A great feature is the Health Planner, where your employees can assess their lifestyle and be given a personalised plan for making changes that will help lead to a healthier life.

It also offers your employees medical advice, without them having to wait to see their GP. Although if they feel that a doctor's guidance is needed they can call the 24hr GP helpline, which is open 365 days a year. Here they will speak with a qualified GP, or, if they are just looking for some general healthcare information or advice, they can talk to one of our trained nurses.

Plus, Personal Health Manager can help give you a happier workforce. If your employees are starting to feel the effects of stress, and just need someone to talk to, they can call our stress counselling helpline. We have experienced counsellors on hand 24 hours a day, 365 days a year to offer advice and information about how to help with any problems they may have.

Personal Health Manager can help reduce employee absence by attacking the root of a problem, rather than waiting for illness or stress to strike.



Get Active – Health and fitness club discounts

We've teamed up with some of the UK's leading health and fitness centres to bring your employees' the best discounts.

- Save up to 40% on membership for a range of top UK health clubs
- Choose from a nationwide network of health and fitness clubs
- Top-notch membership comes with great facilities - many of the clubs have a swimming pool.

Our network of national chain and independent clubs are continually expanding, so visit aviva.co.uk/getactive for further information on current offers.





Policy Summary

Solutions private medical insurance from Aviva,
for companies covering 2-249 employees

Solutions

keyfacts®

Private medical insurance for your business

This policy summary has been designed to provide you with the key information about the product, and it is important that you read this section. The policy summary does not, however, contain the full standard terms and conditions that apply to the product. If you'd like a copy of these, just ask and we'll send them to you. Non-standard terms may apply. Visit aviva.co.uk/business for more information.

Extensive core cover designed to benefit everybody

Solutions offers you an extensive range of cover as standard.

Should a GP recommend a visit to a Specialist, Solutions provides access to a consultation, diagnostics, and eligible treatment as an out-patient. Furthermore, should a Specialist advise it, Solutions will also provide cover for prompt access as a day-patient or in-patient for eligible treatment at one of the appropriate hospitals on your chosen hospital list.

There is also cover for eligible treatment as an in-patient or day-patient at NHS pay-beds, although we cannot guarantee immediate access to NHS hospitals.

Some insurance companies offer set limits on private hospital accommodation costs. With Solutions, there are no such limits on accommodation costs at any hospitals from your chosen hospital list and no overall restriction on how often a person can claim for eligible treatment. We pay all Specialists' fees in accordance with our own guidelines. If you'd like a copy of our guidelines, just ask and we'll send them to you.



What is covered – summary of core cover

It is important to note that this benefit table is intended to provide you with only a summary of the core cover benefits offered by Solutions.

Benefits	Solutions	Notes
In-patient or day-patient treatment of acute conditions of brief duration at a hospital on the Key Hospital List that we recognise for your treatment or condition or in an NHS pay-bed		
Hospital charges	✓	Including accommodation, meals, nursing care, drugs and dressings
Specialists' fees	✓	Subject to Aviva's fee guidelines for Specialists
Diagnostic tests	✓	Including blood tests, X-rays, scans and ECGs
Radiotherapy/chemotherapy	✓	
Out-patient treatment of Acute Conditions of brief duration		
Consultations with a Specialist	✓	Any procedures included are subject to Aviva's fee guidelines for Specialists
Diagnostic tests	✓	Including blood tests, X-rays, scans and ECGs. Out-patient CT, MRI and PET scans will only be covered at a diagnostic centre that we recognise
Radiotherapy/chemotherapy	✓	
Physiotherapy, chiropractic, osteopathy	✓	On Specialist referral
Psychiatric treatment	Up to £1,000	Per person per policy year; on GP referral to a psychiatric therapist or to a Specialist

✓ = Benefit available

This is a summary of the core cover benefits. If you'd like a copy of the full terms and conditions, just ask and we'll send them to you. If you'd like to take out a policy, you'll need to complete an application. If we accept your application, the details you give us and the options you select will determine the final terms of your policy.

Benefits	Solutions	Notes
Additional benefits		
Targeted therapies for cancer	✓	Up to 12 months per condition
Nursing at home	✓	Immediately following eligible in-patient or day-patient treatment on Specialist recommendation
Private ambulance	✓	
Parent accommodation when staying with a child covered by the policy	✓	Child under 12 undergoing eligible treatment - one parent only
Hospice donation	£70 per day	Donation to the hospice; up to 10 days care maximum
NHS cash benefit	£100 per night	For eligible NHS in-patient treatment up to 25 nights per person per policy year. Not available for the first three nights following an accident and emergency admission, or, if you choose option 1, psychiatric treatment
Baby bonus*	£100 per baby	For each baby born or adopted (within a year of birth)
Limited emergency overseas cover	✓	Limited emergency treatment and evacuation when temporarily abroad for a period of up to 90 days per policy year.
Treatment for complications of pregnancy and childbirth*	✓	
Investigation into the causes of infertility*	✓	
Oral surgical procedures	✓	Subject to Aviva's fee guidelines for Specialists
GP Helpline	✓	Unlimited number of calls
Stress Counselling Helpline	✓	Unlimited number of calls
Personal Health Manager	✓	Unlimited use

✓ = Benefit available

*For groups between 2-49 employees the following restrictions apply:

- Baby bonus is subject to a ten month qualifying period.
- Treatment for complications of pregnancy and childbirth is subject to a ten month qualifying period.
- Investigations into the causes of infertility are subject to a two year qualifying period.

This is a summary of the core cover benefits. If you'd like a copy of the full terms and conditions, just ask and we'll send them to you. If you'd like to take out a policy, you'll need to complete an application. If we accept your application, the details you give us and the options you select will determine the final terms of your policy.

What is covered – summary

In addition to the core cover, you can choose from the following options to either enhance the healthcare benefits you provide for your employees or help to contain cost. If you chose any of the enhancing options this will increase your premium.

Choose additional cover options

We have a range of additional cover options which can be added to your product to enhance the cover for your employees. Choose from psychiatric cover (in-patient and day-patient), GP referred services and dental & optical benefits.

Choose cost containment options

These options can help you manage the cost of your policy, while still offering your employees extensive cover. Choose from six week option, member excess, selected benefit reductions and reduced out patient cover.



Choose your hospital list

Solutions' flexibility extends to its choice of hospitals. Solutions' Key hospital list is part of your core cover and provides access to a wide range of UK private hospitals which offer high quality medical facilities and accommodation, many of which bill us direct – all your employees have to do is sign the bill.

We will also pay in full for eligible treatment received at NHS pay-beds, although these hospitals may not settle bills direct with us.

With Solutions, you can also choose to extend your hospital list to include additional hospitals, restrict your hospitals to those in Scotland and Northern Ireland, opt for a hospital list that incorporates some of the largest private hospital providers or opt for a hospital list that utilises the private patient units of NHS Trust and Partnership Hospitals. The Trust Care hospital list is not available on policies with 50 or more employees.

This is a summary of benefits. The full list of standard definitions, benefit terms, conditions and exclusions are set out in the policy wording, a copy of which is available on request. Non-standard terms may apply. Applications are required.

Ways to enhance your cover

You can add any of these options to your core cover and enhance the benefits available from your Solutions policy. Remember, if you choose any of these options your premium will increase.

Option 1: Psychiatric cover

If you feel you want to complement the out-patient psychiatric benefit available under core cover, you can choose to add in-patient and day-patient treatment to your scheme. Your plan can provide a maximum of either 28 or 45 days' combined in-patient and day-patient treatment per person per policy year.

Option 2: GP referred services

Overall benefit limit of £1,000 per insured person per one year period of cover.

As with most insurance policies, our core cover excludes long-term treatment. However, with Solutions you can choose to cover routine Specialist consultations and tests for non-acute conditions. In addition, we recognise that more and more people want to use complementary and alternative treatments and want to be able to access diagnostic services with one visit to their GP.

This option includes the following benefits:

- GP referred physiotherapy, chiropractic, osteopathy and acupuncture - up to 10 sessions in combined total per condition per person per policy year
- GP referred chiropody, podiatry and homeopathy
- GP referred radiology/pathology
- GP minor surgery - up to £70 per procedure (payable to GP)
- Specialists' fees for consultations and tests for non-acute conditions.

Also if you take out Option 2 this gives you access to our award winning Back-up service. For a full explanation of this, please turn to page 12.

Option 3: Hospital lists

As part of your core cover you have access to our **Key** hospital list, and the additional options to upgrade your cover or contain costs are:

- The **Extended** hospital list – an upgrade which gives access to more hospitals
- The **Signature** hospital list – an option to contain costs for companies whose employees are solely based in Scotland or Northern Ireland
- The **Trust Care** hospital list – a cost saving option that uses the excellent private patient units of NHS Trust and partnership hospitals. Please note that the Trust Care hospital list is not available to policies with 50 or more employees
- The **Fair+Square** hospital list – uses a network of hospitals from some of the largest private hospital providers in the country. It offers cost saving options compared to our **Key** hospital list for those living outside London and surrounding areas, and to our **Extended** hospital list for those living within London and surrounding areas. Please contact your usual Healthcare Consultant for our district ratings.

Option 4: Dental & optical

Our core cover provides benefit for oral surgical and ophthalmic procedures, however as with most health insurance policies, cover for routine dental treatment and optical expenses is excluded.

With Solutions this needn't be the case – our dental & optical option can provide the following benefits:

- £500 routine dental benefit
- £600 accidental dental benefit
- £300 optical benefit

A £50 excess applies separately to both the routine dental benefit and optical benefit.

Ways to reduce your premium

If you want to reduce your premium to be able to help meet your budget, you can do this by choosing from the following cost reducing options.

Option 5: Six week option

Perhaps you feel that while your company would benefit from the advantages of Solutions you may prefer a lower cost option.

If you choose the six week option, your employees will still have the benefit of prompt cover should a GP refer a group member to a Specialist for a consultation. And, if subsequent eligible treatment as an out-patient is required, that is covered too. The difference is that if the NHS delay for any in-patient or day-patient treatment is less than six weeks they will need to use NHS facilities as a non-paying patient or self-fund any private treatment.

However, your employees will still be able to avoid long NHS waiting lists because if there is an NHS delay of six weeks or more for the treatment required, there is cover for prompt access to a hospital on the relevant hospital list.

Option 6: Member excess

Another way you can reduce your premium is by choosing a £50, £100, £150 or £200 member excess. We apply our excess once per person each policy year, irrespective of the number of claims made during that policy year.

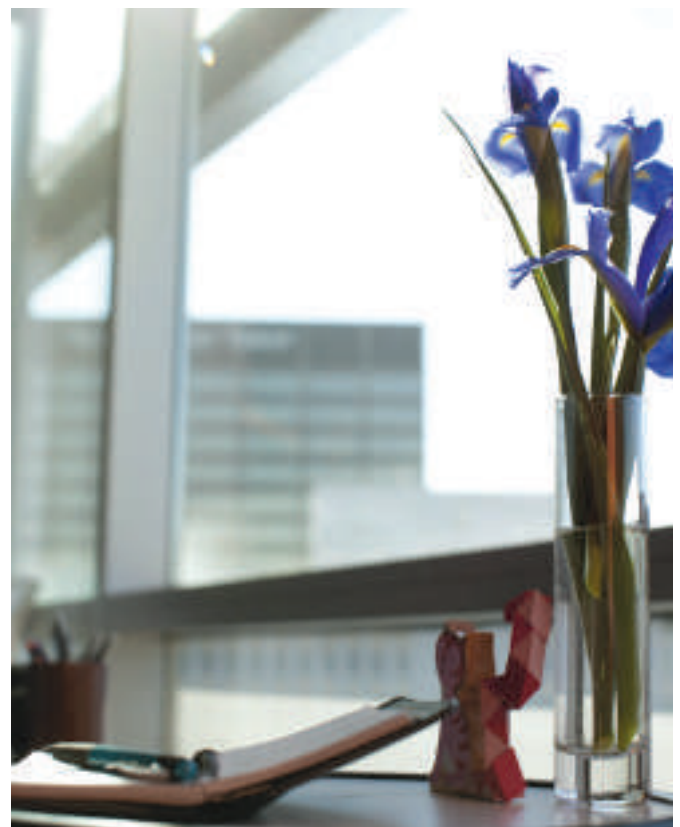
Option 7: Selected benefit reduction

You may feel that you require cover for only in-patient, day-patient and out-patient costs and not the less essential extras. That's why Solutions includes the selected benefit reduction option, which excludes costs associated with infertility, complications of pregnancy, oral surgical procedures and emergency overseas cover.

Option 8: Reduced out-patient cover

Another cost saving option is to reduce your out-patient cover. This option provides cover in full for CT, MRI and PET scans at a diagnostic centre that we recognise, and also out-patient radiotherapy and chemotherapy treatment. All other out-patient treatment is limited to £1,000 per person per policy year.

This is a summary of benefits. If you'd like a copy of the full terms and conditions, just ask and we'll send them to you. If you'd like to take out a policy, you'll need to complete an application. If we accept your application, the details you give us and the options you select will determine the final terms of your policy.



Every business needs a back-Up plan!

We are always looking at ways to make treatment more efficient and easier for our customers. That's why we have launched Back-Up, our expert led, award winning service that's now available across all our policies, if GP referred services (option 2) has been chosen. This means that we can now help cut your employee absence due to back or neck pain by giving your employees faster access to help, advice and treatment without the need to see their GP.

Here's a few statistics regarding back pain:

- It is estimated that four out of every five adults (80%) will experience back pain at some point in their life¹
- Back pain costs about 4.5 million working days a year²
- Back problems are within the top 4 causes of short and long term absence across all businesses³.

Why Back-Up will be good for your business:

- Back-Up could help save you money by reducing absence costs. As employees have fast access to the expert help they need, they may be less likely to be off sick
- If they need to take time off this service will get them back to work as quickly as possible - 50% of Back-Up users said the service prevented them going absent long-term or restricting their duties⁴

- The service will help us and you manage spend on treatment costs for back and neck pain, helping to reduce your future premiums at renewal
- Back-Up has received extremely high levels of satisfaction from employees who have used the service and has won awards for its innovative service.

Using our Back-Up service couldn't be simpler for your employees. They just need to call our claims helpline and if appropriate they will book a telephone assessment appointment with a dedicated case manager. They will aim to call them back within 2 hours of the initial call to us. The case manager will see them through the whole process from start to finish. As there is no need for your employees to see their GP, Back-Up can start to help treat your employees from the moment they feel any pain.

1. www.backcare.org.uk: Palmer KT, Walsh K et al. Back pain in Britain: comparison of two prevalence surveys at an interval of 10 years BMJ 2000;320:1577-1578.
2. HSE Website - What is back pain and musculoskeletal disorders? 2010
3. CIPD Absence Management Survey 2009
4. Figure based on a survey of 355 Back-Up cases during 2007-08



What is not covered – summary

Solutions does not cover you for:

- Long term or chronic conditions (except as provided for under Option 2 – ‘Specialists’ fees for other consultations and tests’)
- Treatment for pregnancy or childbirth (although certain complications may be covered)
- Infertility treatment (except as provided for under the benefit for investigations into the causes of infertility)
- HIV/AIDS and related conditions
- Alcoholism, alcohol abuse, solvent abuse, drug abuse and other addictive conditions
- Health spas or similar establishments
- Treatment undertaken without GP referral to a Specialist
- Psychiatric or mental illnesses (except as provided for under benefit ‘out-patient psychiatric treatment’ and in Option 1 – Psychiatric Cover)
- Treatment by a GP (except as provided for in Option 2 – GP referred services)
- Kidney dialysis
- Cosmetic treatment (except following an accident or surgery for cancer)
- Take home drugs and dressings
- Surgical or medical appliances such as neurostimulators (for example, cochlear implants) and crutches
- Professional sports injuries
- Experimental treatment (limited benefit may be available – please contact us)
- Self-inflicted injury
- Treatment required as a result of a war, terrorism or criminal activity or contamination by radioactivity or chemicals
- Routine medical examinations (except as provided for in Option 4 – dental & optical)
- Sleep disorders and sleep problems such as snoring and sleep apnoea

- Treatment for warts and verrucas
- Weight loss surgery.

There are also certain occupations which we are not able to cover under Solutions.

This is a summary. If you’d like a copy of the full terms and conditions, just ask and we’ll send them to you. If you’d like to take out a policy, you’ll need to complete an application. If we accept your application, the details you give us and the options you select will determine the final terms of your policy.

To view the full terms and conditions you can also visit [aviva.co.uk/business](https://www.aviva.co.uk/business)

Chronic Conditions Explained

A chronic condition is a disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

A summary of cancer cover with Solutions

We know that cancer can be a concern, so this table explains the cancer treatment that Solutions covers.

Where will members be covered to have treatment?	<ul style="list-style-type: none"> • At a hospital on your list that we recognise for your treatment and condition. • Out-patient CT, MRI and PET scans will only be covered at a Diagnostic Centre. • At home if your specialist agrees that this is possible – this will depend on the treatment that you need.
Are diagnostic tests covered?	<p>Yes. However, if you choose the reduced out-patient option, most out-patient tests are subject to a £1,000 combined limit.</p> <p>The policy will not pay for genetic tests to see whether you are likely to get cancer or not.</p>
Will members be covered for surgery?	Yes.
Will members be covered for preventative treatment?	No. The policy will only cover diagnostic tests and treatment when you have symptoms. For example, we would not pay for a mastectomy in order to stop you getting breast cancer.
What drug treatment is covered?	<p>Your claim will be assessed in line with the terms and conditions of the policy and your benefit limits. At which point we will advise you whether it is an eligible claim and:</p> <ul style="list-style-type: none"> • which drug treatments are covered • how long they are covered for. <p>Chemotherapy that is covered by the policy is paid for in full. This includes drugs you need during the chemotherapy, for example antibiotics and anti-sickness drugs.</p> <p>Targeted drug therapies (for example Herceptin or Avastin) are covered for up to 12 months per condition</p> <p>Hormone treatment is not covered by the policy. This is because it can be prescribed by a GP and does not need to be provided under the care of a specialist. This treatment is sometimes known as primary care.</p>
Is radiotherapy covered?	Yes.
Will members be covered for terminal care?	Terminal care can include a wide range of treatments. Our oncology team look at what is being proposed in each case against the terms and conditions of the policy, to assess whether it is covered by the policy.
Will members be covered for palliative care?	As with terminal care, palliative care can include a wide range of treatments. We look at what is being proposed in each case, against the terms and conditions of the policy, to assess whether it is covered by the policy.
Will members be covered for routine monitoring when treatment has finished?	Yes, for up to 5 years after your treatment has finished. However, out-patient tests and consultations will be limited if you choose the reduced out-patient cover.
Is there cover for bone marrow and stem cell transplants?	Yes, but we do not pay for costs incurred by or treatment for a donor.
Will we be covered for clinical trials?	No. There is no cover for treatment that is part of a clinical trial.
Is there cover for experimental treatment?	If you have experimental treatment, we will pay the equivalent cost of the established treatment that would usually be given for your condition. If there is no equivalent treatment, we will not cover any of the costs of the experimental treatment.

As we recognise all of our customers as individuals, our expert Oncology team will assess each case in line with the policy terms and conditions and will provide the member with advice and information regarding their treatment.

Solutions underwriting options

Private medical insurance is designed to cover new and unexpected medical conditions. Solutions offers a wide choice of underwriting options. The standard underwriting offered is dependent on the number of employees covered under your group policy. Full details are set out below.

Full Medical Underwriting means that we ask your members questions about their past health and their pre-existing medical conditions and related conditions will be excluded unless we agree to accept them.

Full Medical Underwriting is offered as standard to all previously uninsured businesses with between 2-49 employees.

Companies with between 50-249 employees wishing to contain costs can also opt to be fully medically underwritten.

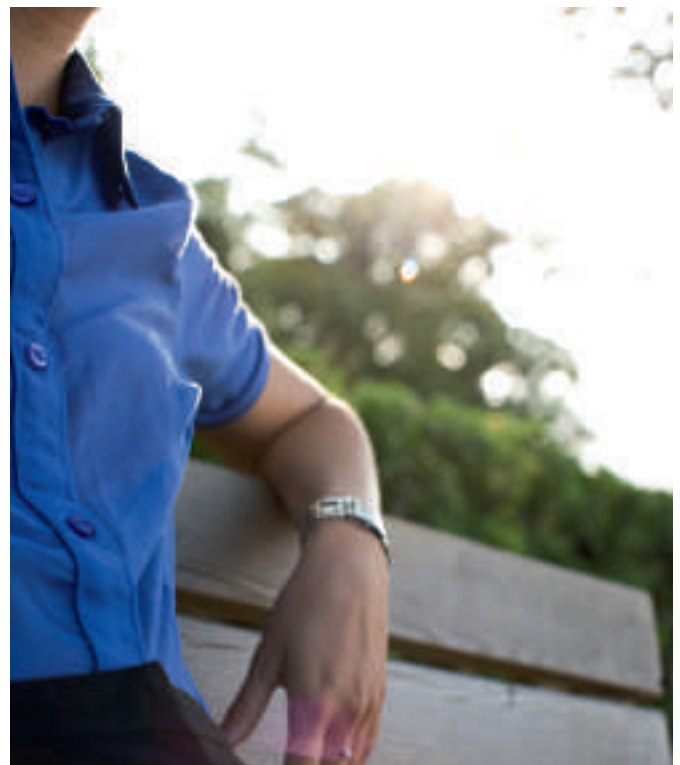
Moratorium replaces filling out a health questionnaire; an automatic exclusion applies to any disease, illness or injury (whether or not diagnosed) or any related condition if:

- your member had symptoms or medication or treatment for, or advice about such a disease, illness or injury within five years before joining Solutions and
- there has not been a clear two-year period after joining during which your members have been free of medication for, treatment for, and advice about such a disease, illness or related condition.

Continued Medical Exclusions can be chosen if your company is transferring from an existing fully medically underwritten medical insurance plan. With this option we will accept the existing health of your members, applying the same personal medical exclusions to Solutions that were applied to the previous plan.

No new personal medical exclusions will be added. Continued Medical Exclusions underwriting is available to all group sizes (2-249).

Please note, if loadings have been applied by your previous insurer instead of exclusions, these members will have to complete an application form and may need to be fully underwritten.



Continued Moratorium your company can apply to transfer from an existing medical insurance plan which is underwritten on a moratorium basis. We apply our moratorium wording with effect from each member's original moratorium start date.

Continued Moratorium underwriting is available to all group sizes (2-249 employees).

For both continued underwriting options proof of previous terms will be required.

Medical History Disregarded means that any pre-existing medical conditions your members have had will be covered providing they fall within the terms and conditions of the policy.

Medical History Disregarded is offered as standard for all companies with 50-249 employees. However, these companies may opt for Full Medical Underwriting if preferred.

Companies with 20-49 employees may also opt for Medical History Disregarded, however a premium loading will apply.

Declaration for companies with 2-49 group members

We are committed to customer growth and retention through offering competitive, value for money premiums. In order to help us achieve our aim, we have reviewed our new business selection criteria and brought them in line with many other major players in the market.

This means that we require any company with between 2-49 employees taking out a Solutions policy to notify us of any past, present and future claims for

certain medical conditions that they are aware of at the out-set of the policy. Failure to notify us may result in a change in the policy terms, the level of premium charged or we may cancel the policy.

The declaration (on the Company Application Form) will apply to all switch business irrespective of the underwriting.

Your questions answered

Making a claim

Once a GP has recommended that a member sees a Specialist, all they need to do is call our Customer Service Helpline on 0800 158 3333.

Calls to and from Aviva may be recorded and/or monitored.

Further details can be found in the 'Making a claim' section of this brochure.

Are there any cancellation rights?

The policy can be cancelled by the policyholder. There is no cooling off period.

What is the duration of the policy?

This private medical insurance policy is a one year contract. Your level of cover should be reviewed at renewal to make sure that it is still appropriate to help meet your needs and requirements.

Who can I speak to if I want to make a complaint?

We want to give you a first class service. We'll do everything we can to make sure you're satisfied with the service you receive as an Aviva customer. If something's not quite right though, we would like to hear about it - and put it right if we can.

If you think we haven't solved a problem, you can write to us with full details. You should address the letter to:

The Customer Relations Team
Aviva Health UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh,
Hampshire
SO53 3RY

You can call us on 0800 015 1024. Calls are free within the UK and we are available between 8am - 5pm Monday to Friday (tariffs may vary if you call from a mobile). You can email us at hccomp@aviva.co.uk or fax us on 0845 300 6321.

In the unlikely event that the Customer Relations Team can't solve your problem, you can contact our Customer Experience Manager at the same address. We're pleased to say that it's not often we can't put something right quickly and amicably.

If you are still unhappy with the outcome though, you can contact the Financial Ombudsman Service. Their contact details are:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Telephone: 0845 080 1800

Email: complaint.info@financialombudsman.org.uk

Website: www.financial-ombudsman.org.uk

It's important to note that the Financial Ombudsman Service won't be able to consider your complaint until you have given us the appropriate opportunity to resolve the matter with you directly. We're sure you'll be totally satisfied with our service, but, if you would like further information about solving problems, we have a leaflet that we can send you which gives full details of our complaints procedure. Making a complaint to the Ombudsman will not affect your legal rights.

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. You may be entitled to compensation from the FSCS if we become insolvent and cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Where 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
7th Floor, Lloyds Chambers
Portsoken Street
London
E1 8BN

Website: www.fscs.org.uk

Telephone: 020 7892 7300





Making a claim

Claiming is easy

Claiming should be easy, which is why the Aviva Customer Service Helpline is an essential part of your company's Solutions policy. The helpline is run by a dedicated team of friendly customer service staff, ready to answer your employees' questions and assist in any way they can.

If one of your employees needs to visit a Specialist, they must ensure that their GP refers them to a Specialist who works out of a hospital on your company's chosen hospital list. To help facilitate this, we recommend that they take their hospital list with them when they visit their GP.

Your employees should call the customer service helpline as soon as their GP refers them to a Specialist. We will:

- explain what needs to happen at every stage
- assess their claim and where possible, authorise it there and then over the phone. If not, we'll send them a claim form and if necessary will help them to complete it
- settle claims directly with the hospitals once the course of treatment is finished.

Is there a maximum amount that can be claimed in any one year?

No. With Solutions there is no limit to the number of times your employees can make eligible claims in any policy year, and there is no maximum annual amount or ceiling to your claims for eligible private treatment at a hospital on your chosen hospital list. However, some benefits do have specific limits. Full details of standard cover are set out in the Terms & Conditions. If you'd like a copy of the full terms and conditions, just ask and we'll send them to you.



Specialist claims management teams

Our customer service helpline team is run by friendly, experienced staff that are always happy to answer any questions your employees may have.

We don't believe that a one size fits all method of assessing claims is the best way to go. So we created a market leading way to do this. Instead of having claims assessors undertaking all types of claims we have expert advisers split into condition management teams. These teams are:

- Women's Health Unit
- Psychiatric
- Oncology
- Orthopaedic
- Head & Neck
- Gastro-intestinal
- Urology
- Dermatology
- Cardio-thoracic

This means that your employees will get the best help and advice from experienced claims assessors who will guide them through the whole process with ease. This is very important as we all know that becoming ill or being injured can be a stressful time, so we have made it as easy as possible with the vast majority of claims being confirmed in the first instance over the telephone.

We have also found that by having more knowledgeable claims assessors who are experts in their fields, we can help manage your company's future premiums. This is because we will case manage any complex or long-stay cases by liaising with your employee, their consultant and the hospital.

Further information

About Aviva

The Financial Services Authority (FSA) is the independent watchdog that regulates financial services. It requires us to give you this information. 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, SO53 3RY is authorised and regulated by the Financial Services Authority. Our FSA registration number is 308139. Our permitted business is advising on, arranging and administering general insurance and pure protection contracts. You may check this on the FSA's website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

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

Aviva offers a range of products. 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 only need pay the premium; you do not otherwise have to pay us for our services to you.

What happens if an employee leaves the scheme?

For employees who leave your employment, and hence your Solutions policy, we offer the facility to take out an individual UK policy. We will supply details of this facility to the Group Administrator upon issue of the policy.

Could the terms and conditions of the policy change?

From time to time changes will occur to the terms and conditions of your policy. Private medical insurance is an annual contract so these changes will usually be communicated to you prior to the renewal date of your policy.

Will my premiums change?

For all schemes there will be a general premium review each year to reflect the overall cost of claims and of medical inflation. This can be influenced by factors such as the availability of new treatments and medical technologies.

In addition, Solutions policies with 2-49 employees are priced using ages bands to reflect the fact that people are more likely to claim as they get older. The age bands are 0-16, 17-19 and then every five years until 80+. This means that when an employee moves into a higher age band you will experience an age-related increase in premium for that employee in addition to the general review.

There are other factors which also affect pricing of policies with 2-49 employees, such as location or district, the size of your scheme and whether or not your scheme includes family rating. The price is also dependent on the underwriting you have chosen.

Larger group schemes with 50-249 employees are priced differently. When we price these schemes we use their individual claims experience. This is done whether the scheme is renewing with us or transferring from another provider. An age rated basis is combined with claims experience when we are pricing smaller schemes in this category that have been running for less than 3 years. When pricing any scheme we will always take into account any changes to the Options that have been chosen.

Law

This policy is governed by and shall be construed in accordance with the Laws of England and shall be subject to the exclusive jurisdiction of the courts of England and Wales.

Data Protection

Details you supply may be processed in order to tell you from time to time (by post, telephone, email, fax or other means) about products or services which may be of interest from Aviva Group and connected providers. Any person not wishing to receive such contact may write to: Aviva FREEPOST, Mailing Exclusion Team, PO Box 6412, Derby, DE1 1SB. The data controllers are Aviva Health UK Limited, Aviva Insurance UK Limited and Aviva Life & Pensions UK Limited.



Additional cover available
with Solutions

Travel cover with Solutions

Available to companies covering 50 - 249 employees on a Solutions policy

If your employees are living and working abroad a lot or on a long term basis they may require international private medical insurance. For a small extra cost we can provide this as an added extra to your Solutions policy.

Instead of having to shop around each time for the most competitive travel insurance why not take out our annual travel option. It includes everything you would expect from a travel policy and more. It covers your employees not only for business travel but for leisure travel as well. Plus, you can extend the cover to match your employees' lifestyle by adding the winter sports option.

For further information about our travel option, please contact your usual Aviva Sales Consultant.

The travel insurance will be underwritten by Aviva Insurance Limited.



Employee Assistance Programme

Support for your employees when they need it most

There are many things in life that can affect our health and wellbeing and ultimately our ability to work. Whether its relationship problems or financial concerns sometimes we all need a little helping hand.

Our Employee Assistance Programme (EAP) offers online, telephone and face-to-face access to professional counseling as well as advice and information on a wide range of issues, including: money, personal life, legal issues, work and many more.

In addition to this, EAP also offers a management support service which is designed to provide your managers with access to a personal adviser to discuss staff issues and team management.

You can also purchase additional services that complement EAP; critical incident support services, management training, performance coaching, employee workshops, mediation service, ethics line and smoking cessation.

For more information about EAP please contact your usual Aviva sales consultant.

Choose Solutions today

Here's what to do next:

- Carefully read through all the information you have been given to make sure that you are confident that this is the right policy for your company
- Contact your Insurance Adviser who will:
 - Prepare a personalised illustration for your company
 - Talk you through the underwriting options available for your company (this will explain how we can account for employees pre-existing medical conditions)
 - Take you through the simple application process.

If you are deaf or hard of hearing and have a textphone, you may call us free of charge via BT Typetalk on **18001 0800 959 598**.

Your Insurance Adviser is:

Alternatively, contact your usual Healthcare Sales Consultant at:

Aviva Health UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire SO53 3RY.

visit: [aviva.co.uk/business](https://www.aviva.co.uk/business)

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