

# Solutions

Member booklet



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# Welcome to Solutions from Aviva

**Solutions is your private medical insurance from Aviva, giving you fast access to diagnostics and medical treatment should you need it. In this booklet, you will find details about your cover and any information you require should you need to make a claim.**

It's also worth checking with your group administrator what options are included on your policy and what these cover, if you are unsure, as your employer may have decided to include additional benefits for you.

## Your group administrator

Your group administrator is located within your company and is the main point of contact for your company's health insurance policy. The group administrator knows about this policy and is responsible for its administration.

### Here to help

If you are unsure about the cover or any of the options provided by your policy, speak with your group administrator or **call the customer service helpline on 0800 158 3333**. Calls to and from Aviva may be monitored and/or recorded.

# Quality treatment and extensive benefits with your core cover

Solutions gives you access to quality treatment with an extensive range of benefits. We use our clinical expertise to make sure we only work with hospitals and clinicians who follow specific clinical guidelines and can provide evidence of their clinical quality.

As part of your core cover, you have access to either Expert Select or one of our hospital lists. Your insurance certificate will show which hospital option you're on.

## Expert Select

If your company has chosen the Expert Select option and you need to make a claim, we'll offer you a choice of on average between four or five quality assured medical facilities, including leading hospitals. All will be local to you, offering access to a number of specialists.

We base our recommendations on your diagnostic or treatment needs to make sure you get appropriate quality treatment options every time.

## Hospital lists

If your company has chosen a hospital list, this will give you access to all the hospitals on that list.

These are the five hospital lists:

- Key - This gives you access to around 200 private hospitals across the UK
- Extended - This gives access to more hospitals, predominantly in the Greater London area
- Signature - Your employer may have selected this option if you are based in Scotland and Northern Ireland as this list excludes all hospitals in England and Wales from your cover
- Trust - An option that uses the private patient units of NHS Trust and partnership hospitals
- Fair + Square - A list of private hospitals across the UK.

Your insurance certificate will show which hospital list you're on and you can see what hospitals are included on your list and covered in your area at

[aviva.co.uk/hospital-list](https://www.aviva.co.uk/hospital-list)

## Additional support Networks

We've set up networks of treatment units, specialising in managing certain conditions.

We only work with clinicians and medical facilities that meet our quality care standards. These facilities measure their outcomes using patient reported outcome measures (known as PROMs), condition specific clinical outcome scores and service user satisfaction scores.

If your company has chosen Expert Select, you will always benefit from our networks as we will guide you to a network facility if we have one for your condition, following the open referral from your GP.

If your company has chosen a hospital list and you need treatment for a condition for which we have a network, you can benefit from our networks by obtaining an open referral and allowing us to confirm a treatment facility for you, or you can choose to use a hospital on your hospital list. A list of the conditions or suspected conditions that we've networks for can be found at [aviva.co.uk/health-network](https://www.aviva.co.uk/health-network)

## Types of referral

If a GP recommends that you need to see a specialist for further assessment or treatment, they'll give you a referral.

- An open referral is where the GP just states which type of specialist you need to see or the type of treatment you need, without giving a specific named specialist and hospital. With an open referral, our claims team will help you to find a specialist and hospital. In most cases, we'll connect you directly with the hospital to book your appointment over the phone.
- A named referral is where the GP recommends a particular specialist.

If you have Expert Select then you will need to get an open referral.

If your company has selected a hospital list, then you can use either an open referral or a named referral. If your GP provides a named referral, we can still offer to find other suitable specialists/hospitals when you call us, as this may provide more choice and convenience for your particular circumstances.

# What's covered?

## A - Hospital treatment as an in-patient or day-patient at a facility covered under your hospital option

**As part of your core cover, you have full cover for in-patient and day-patient treatment at any hospital included under your hospital option. This includes all agreed treatment, the cost of drugs and nursing care. You'll also be covered for diagnostic tests on referral from a specialist.**

### Summary of Solutions core cover

It's important to note that the benefit details over the next few pages are intended to provide you with only a summary of the core cover benefits offered by Solutions. If your company has decided to include any additional options on your policy then these core cover benefits may change. The full terms and conditions are provided in the policy wording which is available on request from your group administrator. Non-standard terms may apply.

Benefit	Amount payable	Notes
Hospital charges	Including accommodation and meals, nursing care, drugs and surgical dressings and theatre fees	
	If you have Expert Select: we will pay charges in full for treatment carried out at the hospital confirmed by us	
	If you have a hospital list: we will pay charges in full for treatment carried out at a hospital on your list or a network facility	
Specialists' fees	If you have Expert Select: we will pay fees in full for treatment carried out by the specialist confirmed by us	
	If you have a hospital list: we will pay up to the limits in our fee schedule	
Diagnostic tests	In full	Including blood tests, X-rays, scans and ECGs
Radiotherapy / Chemotherapy	In full	
NHS cash benefit	£100 each night, up to 25 nights	Not covered for the first 3 nights of an accident or emergency admission
Treatment for pain in the back, neck, muscles or joints - musculoskeletal conditions	In full	Managed through the BacktoBetter service

If you have the six week option, you can't claim for these benefits if your treatment is available on the NHS (including accident or emergency admissions) within six weeks from the date your specialist recommends it.

## **B - Treatment as an out-patient - at a facility covered under your hospital option**

<b>Benefit</b>	<b>Amount payable</b>	<b>Notes</b>
Consultations with a specialist	If you have Expert Select: we will pay charges in full for consultations with the specialist confirmed by us	
	If you have a hospital list: we will pay up to the limits in our fee schedule	
Treatment by a specialist as an out-patient	In full	Including hospital fees, equipment charges, anaesthesia
		If you have Expert Select: we will pay specialist fees in full for treatment carried out by the specialist confirmed by us
		If you have a hospital list: we will pay specialist fees up to the limits in our fee schedule
Diagnostic tests	In full	CT, MRI and PET scans as an out-patient are only covered at a diagnostic centre
		If you have Expert Select: we will pay specialists' fees for surgical procedures in full with the specialist confirmed by us
		If you have a hospital list: we will pay specialists' fees for surgical procedures up to the limits in our fee schedule
Pre-admission tests (tests carried out at hospital before admission to check that you're fit to undergo surgery and anaesthesia. These can include ECGs, blood tests)	In full	
Radiotherapy/chemotherapy	In full	
Specialist referred treatment by: <ul style="list-style-type: none"> <li>• a physiotherapist</li> <li>• a chiropractor</li> <li>• an osteopath</li> </ul> for any condition other than pain in the back, neck, muscles or joints - musculoskeletal conditions	Up to the limits in our fee schedule	
Mental health treatment	In full	Managed through the Mental Health Pathway service
Treatment for pain in the back, neck, muscles or joints - musculoskeletal conditions	In full	Managed through the BacktoBetter service

## C - Additional benefits

Benefit	Amount payable	Notes
Home nursing	In full	Immediately following in-patient or day-patient treatment that is covered by the policy
Private ambulance	In full	Where medically necessary for transportation to the nearest available hospital for eligible treatment
Parent accommodation when staying with a child covered by the policy	In full	Child of 15 or under receiving treatment covered by the policy; one parent only
Hospice donation	£70 each day, up to 10 days	
Baby bonus	£100 for each baby	Payable to the group member Subject to a 10 month qualifying period for FMU or Mori underwriting
Treatment for complications of pregnancy and childbirth	In full	For the conditions specified in the policy wording. Subject to a 10 month qualifying period for FMU or Mori underwriting
Investigations into the causes of infertility	In full	Subject to a 2 year qualifying period for FMU or Mori underwriting
Surgical procedures on the teeth performed in a hospital	In full	Specialists' fees are covered up to the limits in our fee schedule
Stress counselling helpline	Unlimited number of calls	Available to members aged 16 and over

### BacktoBetter

**If you experience back, neck, muscle or joint pain, our BacktoBetter service should be your first point of contact.**

Solutions includes **BacktoBetter**, a musculoskeletal case management service, as standard for everyone covered on the policy, helping you get better and back to work quicker. **BacktoBetter** offers access to a clinical case manager who can help you deal with the pain and disruption of a musculoskeletal injury.

There's no need to see your GP before accessing **BacktoBetter**. Clinical case managers will make sure you get the very best advice and organise any necessary treatment quickly.

### Mental Health Pathway

Mental health is one of the most common conditions prompting people to take time off work.

That's why we've added the Mental Health Pathway to core cover in Solutions. It gives you fast access to clinically-led support and treatment for mental health issues. You don't even need to speak to a GP before making a claim.

Your cover doesn't include the Mental Health Pathway if you have reduced out-patient cover with a £0 limit.

**If you are unsure about the cover and which options apply to your policy, speak with your group administrator or call the customer service helpline on 0800 158 3333.**

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

# Summary of cancer cover with Solutions

## Our cancer pledge

We understand the importance of providing extensive cover and support at every stage of cancer treatment.

Our cancer pledge means we'll cover the cancer treatment and palliative care our customers need, as recommended by their specialist. We also want to make things as comfortable as possible for you following cancer treatment, so we'll provide extensive cover for aftercare, including consultations with a dietician, as well as money towards prostheses and a wig.



The table on the following page provides a summary of the cancer cover available on Solutions. It doesn't contain the full standard terms and conditions. These are provided in the policy wording, which is available on request from your group administrator. Non-standard terms may apply.

If you have reduced out-patient cover, the monetary limit for out-patient treatment won't apply to cancer treatment received after you've been diagnosed with cancer.

We cover treatment that is carried out at a hospital covered under your hospital option. We also cover

treatment at home if your specialist agrees this is possible and it can be supported by the homecare provider.

## Six week option

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



## Summary of cancer cover with Solutions

This table provides a summary of the cancer cover available on Solutions. Full terms and conditions are available on request.

Cancer cover	
Hospital charges for surgery and medical admissions	✓
Specialists' fees	✓
NHS cancer cash benefit	<b>£100 each day</b>
Post surgery services	✓
Radiotherapy and chemotherapy	✓
Bone strengthening drugs (such as bisphosphonates)	✓
Treatment by a specialist for side effects of chemotherapy or radiotherapy	✓
Wig	<b>£100 once per member</b>
External prostheses	<b>Up to £5,000</b>
Genetic testing to support treatment	✓
Molecular profiling	✓
Stem cell and bone marrow transplants (including collection, storage and implantation)	✓
Monitoring	✓
Ongoing medical needs (such as replacement of tubes or drains)	<b>Up to 5 years</b>
Preventative treatment for cancer – after treatment we have paid for	✓
End of life care: <ul style="list-style-type: none"> <li>• In a hospital if it's medically necessary</li> <li>• Donation to a hospice</li> <li>• Donation to a registered charity</li> </ul>	✓  <b>£100 per night</b>  <b>£50 per day</b>  <b>Combined limit of up to £10,000</b>

# Policy options explained

**Your company may have chosen to add any of the following options to your core cover on your Solutions policy.**

**To see if your company has added any of these options please refer to the options listed on your insurance certificate.**

## Mental Health upgrade

To complement the Mental Health Pathway benefit available under core cover, your company can choose to add in-patient and day-patient mental health treatment to your scheme. If they've added this option then you will also receive either 28 or 45 days combined in-patient and day-patient mental health treatment every policy year. This also includes benefit for specialists' fees for in-patient treatment up to our published fee guidelines.

We cover treatment that aims to lead to your full recovery. We don't cover chronic psychiatric conditions.

## Routine & GP referred services

This option has an overall benefit limit of £1,000 for each member every policy year.

As with most health insurance policies, our core cover excludes long-term treatment for chronic conditions. However, with Solutions your company may have chosen to include cover for out-patient monitoring of chronic conditions. This means that you can undertake routine monitoring of these conditions, as long as they aren't excluded under the policy, as shown within the what isn't covered – summary section of this booklet.

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 following a visit to their GP.



This option includes the following benefits up to a combined total of £1,000 for each member every policy year:

- consultations with a specialist and diagnostic tests for chronic conditions and follow up consultations with a specialist to monitor you after you've finished treatment for an acute condition.
- GP referred radiology/pathology for non-musculoskeletal conditions.
- GP referred physiotherapy, osteopathy, acupuncture and chiropractic treatment for non-musculoskeletal conditions - up to 10 sessions in combined total for each condition. We pay up to the limits in our fee schedule for each session.
- GP referred chiropody, podiatry and homeopathy for non-musculoskeletal conditions. We pay up to the limits in our fee schedule for each session.
- GP minor surgery - up to £100 each procedure (payable to the GP).

## Dental & optical

Our core cover provides benefit for surgical procedures on the teeth performed in a hospital and ophthalmic procedures, however as with most health insurance policies, cover for routine dental treatment and optical expenses is excluded.

If your company has chosen the dental & optical option then you will receive the following benefits:

- £450 routine dental benefit.
- £600 accidental dental benefit.
- £250 optical benefit.

A £50 excess applies separately to both the routine dental benefit and optical benefits. This means that there will be a £50 excess applied to any dental claims and another £50 excess applied to any optical claims.



### Six week option

If your company has chosen the six week option, we won't pay for in-patient or day-patient treatment, including accident or emergency admissions, or NHS cash benefit, NHS cancer cash benefit or for the cost of an NHS amenity bed if the treatment is available to you on the NHS within six weeks.

Should you just need out-patient treatment e.g. consultations, tests or an out-patient procedure, this is unaffected by the six week rule, so we'll pay for you to go privately regardless of the NHS wait.

If your out-patient treatment leads to an in-patient or day-patient procedure, including emergency procedures, then the six week rule will apply to that procedure.

If there is an NHS wait of six weeks or more, there is cover for prompt treatment at private facilities. If it's found that you require emergency treatment, you'll be admitted on the NHS within six weeks therefore treatment won't be covered by your policy.

### Member excess

Another option that your company may have chosen is a £50, £100, £150, £200, £250 or £500 member excess. We apply the excess once to each member every policy year, irrespective of the number of claims that you make during that policy year.

The excess doesn't apply to NHS cash benefit, the baby bonus, donations we make to a hospice, any benefit claimed under the dental and optical option, NHS cancer cash benefit or to the wig benefit for cancer treatment.

### Selected benefit reduction

Your company may decide that they only require cover for in-patient, day-patient and out-patient costs and not the less essential extras.

If your policy includes the selected benefit reduction option, it means that you don't have cover for investigations into the causes of infertility, complications of pregnancy and childbirth and surgical procedures on the teeth in a hospital.

### Reduced out-patient cover

Another option your company may have included on your policy is to reduce the out-patient cover it provides. This option limits some out-patient diagnostics and treatment to £0, £1,000 or £1,500 every policy year - your insurance certificate will show which (if any) of these limits apply to your policy.

If your company selected either the £1,000 or £1,500 reduced out-patient cover, the following benefits will be subject to this limit:

- out-patient consultations with a specialist
- non-surgical treatment by a specialist as an out-patient
- diagnostic tests
- treatment other than physiotherapy for pain in the back, neck, muscles or joints (musculoskeletal conditions) claimed through BacktoBetter
- specialist referred treatment by a physiotherapist, osteopath or chiropractor for non-musculoskeletal conditions.

If your company selected the £0 reduced out-patient option, there is no cover for these benefits.

## Options

As some out-patient diagnostics and treatment can be more expensive, all three options provide cover in full for;

- Surgical procedures by a specialist in a clinical setting, for example, guided injections, surgical treatment and complex diagnostics such as gastroscopy
- CT, MRI and PET scans at a diagnostic centre that we recognise
- Cancer treatment, radiotherapy and chemotherapy
- Physiotherapy for pain in the back, neck, muscles or joints (musculoskeletal conditions) claimed through BacktoBetter
- Pre-admission tests required within 14 days of admission to check that you are fit to undergo surgery and anaesthesia.

If you have either the £1,000 or £1,500 reduced out-patient cover, you also get full cover for out-patient mental health treatment through the Mental Health Pathway.

If you have the £0 option, your core cover doesn't include the Mental Health Pathway.

This is a summary of the policy options. Full details of cover and exclusions are given in the policy wording, a copy of which is available on request from your group administrator. Non-standard terms may apply.



# Summary of what is not covered

## Solutions doesn't cover you for:

- alcoholism, alcohol misuse, solvent misuse, drug misuse and other addictive conditions
- any musculoskeletal treatment that hasn't been pre-authorised by us
- cosmetic treatment (except following an accident or surgery for cancer)
- experimental treatment (limited benefit may be available - please contact us)
- HIV/AIDS and related conditions
- infertility treatment (except as provided for under the benefit for investigations into the causes of infertility)
- kidney dialysis as part of long-term treatment of a chronic condition
- long term or chronic conditions (except as provided for under Option 2 - 'Routine and GP referred services'). This exclusion doesn't apply to treatment for cancer but it does apply to treatment for conditions related to cancer
- sports related treatment - if a member is paid or personally funded/sponsored
- routine medical examinations (except as provided for in Option 4 - 'Dental and optical'). We don't apply this exclusion to routine monitoring for cancer where we've paid for the member's treatment for cancer
- self-inflicted injury
- sexual dysfunction
- sleep disorders and sleep problems such as snoring and sleep apnoea
- surgical or medical appliances such as neurostimulators (for example, cochlear implants) and crutches
- take home drugs and dressings
- treatment by a GP (except as provided for in Option 2 - 'Routine & GP referred services')
- treatment for lipoedema
- treatment for pregnancy and childbirth, but we do cover related conditions that can also be experienced outside of pregnancy and childbirth,

and the specific complications detailed in the policy wording.

- treatment for warts, verrucas and skin tags
- treatment outside the UK
- treatment required as a result of war, terrorism, contamination by radioactivity, biological or chemical agents
- treatment undertaken without GP referral to a specialist (unless through BacktoBetter or the Mental Health Pathway)
- treatment with providers (such as specialists, practitioners or at hospitals and facilities) that aren't recognised by us
- varicose veins of the leg, unless they meet the criteria detailed in the policy wording
- weight loss surgery.

If you have the Expert Select hospital option, the following exclusions also apply:

- We do not cover hospital charges if you receive treatment in a hospital that has not been confirmed by us
- We do not cover specialist fees if you receive treatment by a specialist that has not been confirmed by us.

## Eligibility

You must have the legal right to reside, and be physically living, in the UK for the duration of the policy year other than trips abroad totalling no more than three months during the policy year. You must tell us as soon as possible if this ceases to be the case, or if it might reasonably be expected that you may cease to satisfy this criteria following renewal of the policy.

This is a summary of the policy exclusions. Full details of standard cover and exclusions are given in the policy wording, a copy of which is available from your group administrator. Non-standard terms may apply.

## Chronic conditions explained

A chronic condition is a disease, illness or injury which 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.

## Chronic mental health conditions explained

If your policy includes cover for mental health treatment, we cover treatment that aims to lead to your full recovery.

We don't cover:

- treatment that is given solely to alleviate symptoms, or
- chronic conditions, or
- treatment, including diagnostic tests to treat or assess learning difficulties or developmental or behavioural problems such as attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorders.



# How to claim

## three simple steps

**When you feel unwell, the last thing you want to face is a difficult claims journey. So we've made ours as easy and as hassle free as possible.**

### BacktoBetter claims

Members aged 11 and under are unable to use the BacktoBetter service, a GP referral should be obtained, as normal, before contacting the customer service helpline.

The following outlines how a claim for a musculoskeletal condition works in three simple steps:

1

#### If you're unwell with any back, neck, muscle or joint pain

**There's no need to wait to see a GP.** You just need to contact the customer service helpline and describe your symptoms.

2

#### Call the customer service helpline

**Call us on 0800 158 3333.** Calls to and from Aviva may be monitored and/or recorded. Before you make this call, please check that you have to hand:

- Your policy number and company name to help us to confirm your identity
- Details of your symptoms and when they started. One of our advisers will assess your claim and in most cases they'll be able to confirm cover and if eligible, arrange for a clinical case manager from one of the independent clinical case management providers to contact you at a convenient time to assess your symptoms.

In some instances we may require more information before confirming cover but we'll talk this through with you when you call.

3

#### Telephone clinical assessment

Using evidence-based medical guidelines, a clinical case manager will conduct a thorough assessment of your problem and recommend the most effective course of treatment.

If clinically appropriate, this will include being referred to an approved physiotherapist from one of the clinical case management providers' networks for treatment within two working days and/or onward referral to a specialist.

The clinical case manager will provide advice to help you manage symptoms and pain, how best to remain active with a tailored home exercise programme and will continue to monitor your progress throughout your claim.

## Mental Health Pathway claims

Members aged 11 and under are unable to use the Mental Health Pathway, a GP referral should be obtained, as normal, before contacting the customer service helpline.

The following outlines how a claim for a mental health condition works in three simple steps:

1

### If you need some support for your mental health

**If you're worried about your mental wellbeing, our clinical case management approach can help. There's no need to contact your GP, just call the customer service helpline.**

If you've seen your GP, you must still follow the Mental Health Pathway to access assessment and treatment covered by your policy.

2

### Call the customer service helpline

**You'll find the customer service helpline number in your member documentation.**

Before you make this call, please check that you have to hand:

- Your policy number and company name to help us to confirm your identity
- Details of your symptoms and when they started.

One of our advisers will transfer you to our independent clinical provider and a therapist will conduct a thorough assessment with you. Or, if you prefer, we can arrange a suitable time to call you back.

3

### Telephone clinical assessment

**From a range of treatment options, the therapist will agree what's the most appropriate help for you.**

These options include:

- Online cognitive behavioural therapy (CBT)
- Remote talking therapy (telephone or video)
- Face-to-face treatment
- Further assessment by a psychiatrist, if clinically necessary.

All treatment is led by experienced mental health therapists working in conjunction with our independent clinical provider. At the end of treatment, you'll be provided with a plan to help manage your symptoms in the longer term.



# All other claims

For any other symptoms, you'll need to follow either the Expert Select or Hospital lists claims process:

## Expert Select

1

### If you feel unwell, go and see your GP in the usual way

**If your GP recommends you need to see a specialist for further assessment or treatment, they'll need to give you an open referral.** This will specify the type of specialist you need to see or the treatment you need, without stating a specialist's name or hospital. All claims have to be authorised in advance by Aviva.

2

### Call the customer service helpline on 0800 158 3333

**Calls to and from Aviva may be monitored and/or recorded. Before making this call, please have to hand:**

- your policy number, which is in your member documentation
- details of the symptoms and when they started
- your open referral with details of the type of specialist you need to see.

We'll give you a choice of local medical facilities and specialists who meet our quality standards.

Where possible we'll let you know whether your claim is authorised, there and then over the phone.

The more information you're able to give us at this point, the easier it'll be for us to make the decision.

Once your claim has been authorised we can then transfer you to the booking team at your chosen facility to arrange your first appointment.

3

### Diagnosis, treatment or surgery

**If your specialist decides you need treatment, please call and tell us the procedure code (called the CCSD code) provided by your specialist.**

Once you've called us with these details, we can confirm whether or not your treatment is covered and provide information about where you can receive treatment.

### Hospital lists

1

#### **If you feel unwell, go and see your GP in the usual way**

**If your GP recommends you need to see a specialist for further assessment or treatment, they'll give you a referral. This may either be:**

- a named referral - where the GP recommends a particular specialist or hospital
- an open referral - where the GP just states which type of specialist you need to see or the type of treatment you need, without stating a specialist's name or hospital.

2

#### **Go online with MyAviva or call the customer service helpline on 0800 158 3333**

**You can now start your claim through MyAviva, our online portal. Simply logon and click on the 'Make a new claim' button on your Health policy homepage. You'll be taken through a series of questions which will help us understand and assess your claim.**

**If you decide to call, please have to hand:**

- your policy number, which is in your member documentation
- details of your condition including symptoms, dates and diagnosis if known
- your GP referral with details of the specialist and type of treatment required
- if you've been given a named referral, we'll check to make sure the specialist is recognised by us, or
- if it's an open referral, we'll use our specialist finder database to select an appropriate specialist and/or hospital.

To view our fee guidelines for specialists visit [aviva.co.uk/pmifees](https://www.aviva.co.uk/pmifees). Where possible we'll let you know whether your claim is authorised, there and then over the phone or, if using MyAviva, you'll receive an email by close of business the following day with confirmation including full details of your specialist and agreed treatment centre. The more information you're able to give us at this point, the easier it'll be for us to make the decision. If we need any further information following an online claim, we will call you directly or if you have any queries or concerns, you can contact one of claims experts through Live Chat on MyAviva.

3

#### **Diagnosis, treatment or surgery**

**If your specialist decides you need treatment, please call and tell us the procedure code (called the CCSD code) provided by your specialist. You can do this by logging onto MyAviva and choosing the 'view and update claim' button on the 'view and update claim' page or by calling through to us.**

Once you've called us with these details, we can confirm whether or not your treatment is covered and provide information about where you can receive treatment, whether this is through our networks, at a hospital on your list or at other facilities recognised by us.

## Payment of bills

All eligible bills will be settled by us directly with the treatment provider. If you do receive a bill for your treatment, please send us a copy together with your policy number, so that we can arrange payment.

**Please send a copy of your bill and policy number to:**

Bill Payment Team  
Aviva Health UK Limited  
Chilworth House  
Hampshire Corporate Park  
Templars Way  
Eastleigh  
Hampshire  
SO53 5RY

We'll contact you to advise if you need to pay any part of the bills - for example if you have an excess.

If you don't contact the customer service helpline and continue with any recommended diagnostics or treatment, you may have to pay the costs for these services if they aren't covered by your healthcare policy.



# Our Wellbeing Services

We're dedicated to helping people live their best lives. That means encouraging them to consider their wellbeing in terms of everything they do – the way they work, what they eat, how active they are, their mental health, how they sleep and how they spend and save money. By promoting healthier habits and incremental shifts in attitudes and actions we help people make informed, balanced and positive lifestyle choices.

For more information on our wellbeing services and how to access them, please visit [aviva.co.uk/discover-wellbeing](https://aviva.co.uk/discover-wellbeing)

## Aviva Wellbeing\*

Aviva Wellbeing is our desktop and mobile app service dedicated to helping people live their best lives.

Whether you want to sleep more, stress less, lose weight or get fit, Aviva Wellbeing could help you unleash your unique team spirit and support you to achieve lifelong change - one easy step at a time.

You could enjoy a boost in team spirit across the workplace and at home with the Aviva Wellbeing app. Join fun challenges for every fitness level, so you can compete against yourself, your insured adult dependents and your colleagues.

The app works seamlessly with most popular fitness apps and wearables, so you can view your wellbeing data in one place.

For more information and how to access the service visit [aviva.co.uk/discover-wellbeing](https://aviva.co.uk/discover-wellbeing)

## Aviva Digital GP\*

### Powered by Square Health

Get free, around the clock access to GP video consultations and repeat NHS prescriptions (all NHS England exemptions accepted) at the touch of a button.

You can:

- access unlimited GP video consultations, 24/7
- choose your GP: by gender and review GP bios to select a GP based on your needs and their profile
- order repeat NHS prescriptions within the app (all NHS England exemptions accepted) and get free UK delivery
- add your children under the age of 16 to your account for paediatric consultations, with a limit of 10 children per member.

The Aviva Digital GP app is powered by Square Health and is available to residents of Great Britain, Northern Ireland, the Channel Islands and the Isle of Man at home or abroad. Terms and conditions for Aviva Digital GP can be viewed in-app before you sign up. Mobile data charges may apply.

For more information and how to access the service visit [aviva.co.uk/discover-wellbeing](https://aviva.co.uk/discover-wellbeing)

\* These services are non-contractual benefits Aviva can withdraw at any time

## Get Active, feel the benefits\*

Get Active helps you stay fit and healthy with discounts on online workouts, over 3,000 health and fitness clubs nationwide and a variety of discounted products and services to help you and your family get active and keep healthy.

Please note: completing the sign up process, either online or in-person at your selected health and fitness club, may result in you entering a binding contract with the gym you have selected. This could include conditions such as minimum term and monthly fees. Please read the terms and conditions relating to your chosen gym carefully.

For more information on Get Active, please visit [aviva.co.uk/discover-wellbeing](https://aviva.co.uk/discover-wellbeing)

Terms and conditions and the privacy policy can be viewed before signing up.

## Mental health support articles\*

We want to help you when things become too much. If you're experiencing stress, anxiety or poor mental health, it can be difficult to get back on track.

Aviva can help you manage and improve your mental health by providing you with helpful information and articles.

To view the articles available visit [aviva.co.uk/discover-wellbeing](https://aviva.co.uk/discover-wellbeing)

## Stress Counselling helpline

The Stress Counselling helpline can be a good place for you to get help with personal or work-related stress issues. Talking and sharing can be the first step in helping to work through problems and resolve them.

To talk to an experienced counsellor phone **0800 158 3349**.

This service is available to members aged 16 and over.

## MyAviva\*

**At Aviva, we understand that life is busy. That's why we're all about making things easier for our customers wherever we can. Welcome to MyAviva.**

Our online portal will help you manage your Aviva policies and schemes in one secure and easy-to-use place.

With a whole host of benefits at your fingertips, you can:

- Check your policy or scheme information, including cover and benefit details

- Start a new claim or update us on an existing one
- View your claims summary, update us on what's next and track bills paid against your claim
- Keep track of your excess and out-patient benefits (if applicable), helping you stay in control
- Live chat directly to one of our claims experts without having to pick up the phone.

MyAviva, available to download from the App Store or Google Play.

MyAviva terms and conditions apply and are available to read in-app before signing up.

# Underwriting

Your company will have chosen one, or more, of the following types of underwriting. You should refer to your insurance certificate to see which type of underwriting applies to you and any dependants included in your cover - your dependants may have different underwriting to you.

## Full Medical Underwriting (FMU)

We ask you to fill in an application form detailing your past health. Pre-existing symptoms, conditions and any related conditions are excluded unless we've agreed to accept them and they're not excluded under the policy.

## Continued Medical Exclusions (CME)

This is used if your company has transferred from an existing fully medically underwritten insurance plan. The same personal medical exclusions (if any) that were applied to your previous policy will apply to this policy.

## Moratorium (Mori)

You won't be able to claim for any condition you've had during the five years before your cover started.

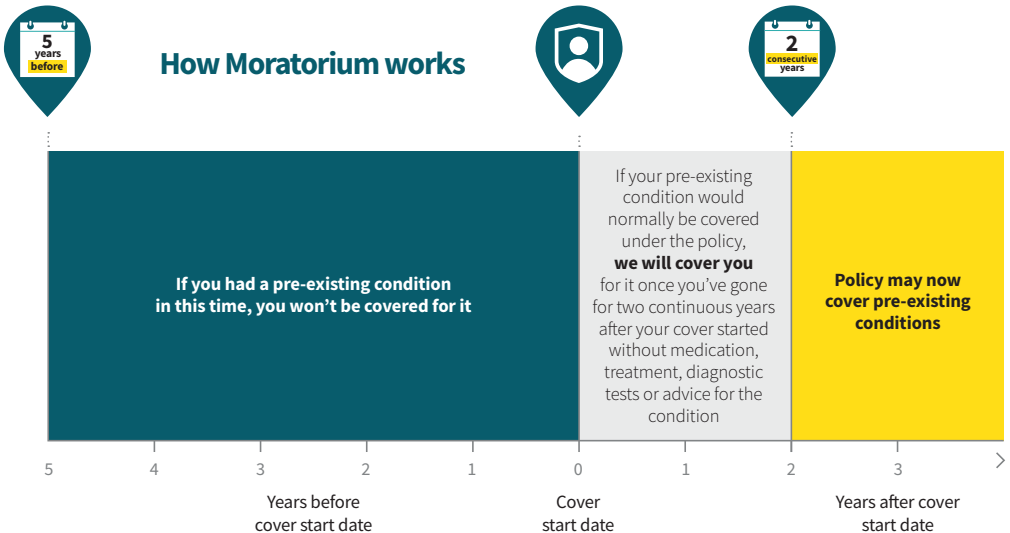
If you've had a pre-existing condition in the five years before you joined the policy, you'll only be covered for it once you've been free from medication, treatment, diagnostic tests or advice for the condition for two continuous years after your cover started.

Each time you make a claim we'll look at your medical history, and may ask for information from your GP to understand if your symptom or condition is new or pre-existing. So the claims process may take a bit longer.

We will of course take care of any new health conditions from the policy start date.

### What is a pre-existing condition?

It's when you've had symptoms, medication, advice, treatment or diagnostic tests for a disease, illness or injury before your cover started.



### **Continued Moratorium (CMori)**

This is used where a company transfers from an existing plan which is underwritten on a moratorium basis. Our moratorium wording applies with effect from each member's original moratorium start date.

### **Medical History Disregarded (MHD)**

Any pre-existing medical conditions are covered providing they fall within the terms and conditions of the policy.



# What happens in an emergency

**If you require emergency treatment as a result of an accident or illness, you'll normally be taken to the accident and emergency department of your nearest NHS hospital. The NHS is best placed to offer emergency treatment and facilities which aren't normally available at private hospitals.**

If you need further care after the initial treatment and are considering private facilities, please discuss this with your hospital doctor who will need to provide you with a referral before you contact the customer service helpline. You'll be able to discuss your claim in detail with one of our experienced claims advisers, to ensure you've access to the most appropriate facilities when you require them. Don't forget, if you have the Expert Select hospital option, you'll need to ask for an open referral.

## NHS amenity beds

If you receive treatment as an NHS in-patient or day-patient whilst occupying an NHS amenity bed (a bed paid for by you in a single room or side ward in an NHS hospital where you receive NHS in-patient or day-patient treatment), and that treatment would have been covered by the policy if you'd chosen to receive it as a private patient, we'll reimburse you for the cost of the amenity bed.

## Private Healthcare Information Network

You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network: [phin.org.uk](https://www.phin.org.uk)



# General information about your healthcare policy

## Cancellation

Your company may cancel the policy by giving us the appropriate notice. If you have any queries, please contact your group administrator.

## Policy duration

Your company's private medical insurance policy is a one year contract.

## Tax

Under current UK tax rules, the contribution that's paid to us for your inclusion on the policy arises from your employment and is therefore a taxable benefit. Please contact your group administrator if you require further information.

Insurance Premium Tax is included in the premium at the appropriate rate.

Except where specified, this document reflects our understanding of the relevant law (and regulatory guidance) as at December 2021, which is subject to change.

## Overseas law and regulation

Notwithstanding anything contained in the policy or this member guide, we won't be obliged to exercise any of our rights and/or comply with any of our obligations if to do so would cause (or might be reasonably likely to cause) us to breach any law or regulation in any jurisdiction.

## The Financial Services Compensation Scheme (FSCS)

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

Where you're 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 the website:

[fscs.org.uk](https://www.fscs.org.uk)

## If you've 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're satisfied. However, if you ever feel we've fallen short of this standard and you've 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**

Calls may be monitored and/or recorded.

Email: [hcqs@aviva.com](mailto:hcqs@aviva.com)

We've every reason to believe that you'll be totally satisfied with your Aviva policy, and with our service. It's very rare that matters can't be resolved amicably. However, if you're still unhappy with the outcome after we've investigated it for you and you feel that there's 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 haven't 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:

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [financial-ombudsman.org.uk](https://www.financial-ombudsman.org.uk)

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

### Clinical complaints

Clinical services or providers aren't regulated by the Financial Conduct Authority (FCA) and aren't subject to our complaint process, set out above.

Clinical complaints relating to the conduct or competency of your specialist or the facilities at which they practise, need to be directed to the specialist and hospital/clinic directly.

For your information, the responsibility for investigating and responding to clinical complaints is as follows:

- If your complaint is about a hospital/clinic or specialist, whether through a network or otherwise, it'll be investigated in accordance with the complaints process in force at the relevant hospital/clinic.
- If your complaint relates to a third party clinical case manager, it'll be investigated by the clinical provider who employs that case manager.

If your complaint is about a network therapist (e.g. physiotherapist, counsellor, psychologist) it'll be investigated by the independent clinical provider responsible for that therapist network. Once you've contacted the provider who's responsible for investigating and responding to your clinical complaint, they should advise you of the full complaints process which will also include any escalation details, should you require these.

While Aviva don't have a role in investigating and responding to clinical complaints, Aviva record clinical complaint volumes and investigation outcomes. If you'd like to inform us of a clinical complaint outcome please contact us using the contact details above.

### Help at work

Your group administrator is located within your company and is the main point of contact for your company's health insurance policy.

If you've any queries about your cover, please speak to your group administrator. For certain queries they may refer you to our customer service helpline.

### Change of personal details

Please advise your group administrator, immediately, should any of your personal details change e.g. address, name, etc. If you have family cover and wish to add new dependants, for example, a newborn baby, please notify your group administrator.

You must have the legal right to reside, and be physically living, in the UK for the duration of the policy year other than trips abroad totalling no more than three months during the policy year. You must tell us as soon as possible if this ceases to be the case, or if it might reasonably be expected that you may cease to satisfy this criteria following renewal of the policy.

### Leaving the company or policy

If you leave your company, have your membership removed by your company or if you decide to leave the policy, your membership of the policy will cease immediately, even if treatment was pre-authorised by Aviva. However you may be entitled to benefit from continued medical cover on an individual policy. Benefits, exclusions, terms and conditions on an individual policy may be different to those on this policy.

If you'd like to discuss this further, please contact our sales advice line on: 0800 158 3333 (calls to and from Aviva may be monitored and/or recorded).

Please note that to qualify for continued cover you need to apply within 45 days from the date your cover ceases. If more than 45 days elapse you'll be required to complete a member health declaration which may affect your underwriting.

### How we take care of your personal information

Aviva Health UK Limited and Aviva Insurance Limited are the main companies responsible for your Personal Information (known as the controller).

## Personal information we collect and how we use it

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at [aviva.co.uk/privacypolicy](https://aviva.co.uk/privacypolicy) or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, and to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

We may carry out automated decision making to decide on what terms we can provide products and services, deal with claims and carry out fraud checks. More information about this, including your right to request that certain automated decisions we make have human involvement, can be found in the “Automated Decision Making” section of our full privacy policy.

## How we share your personal information with others

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

### Your rights

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the “Data Rights” section of our full privacy policy or by contacting us at [dataprt@aviva.com](mailto:dataprt@aviva.com).

### And finally

If you have any queries, please contact us using the customer service helpline number in your member documentation or chat with us through our LiveChat facility on MyAviva.





# Useful contacts

## Customer service helpline **0800 158 3333**

8am - 6.30pm Monday to Friday  
9am - 1pm Saturday

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

## Stress Counselling helpline

To talk to an experienced counsellor phone

**0800 158 3349**

This service is available to members aged 16 and over.

## Aviva Digital GP

For unlimited GP video consultations.

Aviva Digital GP is powered by Square Health.

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

If required, please contact us on

**0800 158 3348**

to request a version in a format more suitable for you. Calls may be monitored and/or recorded.



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[aviva.co.uk/health](https://aviva.co.uk/health)

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