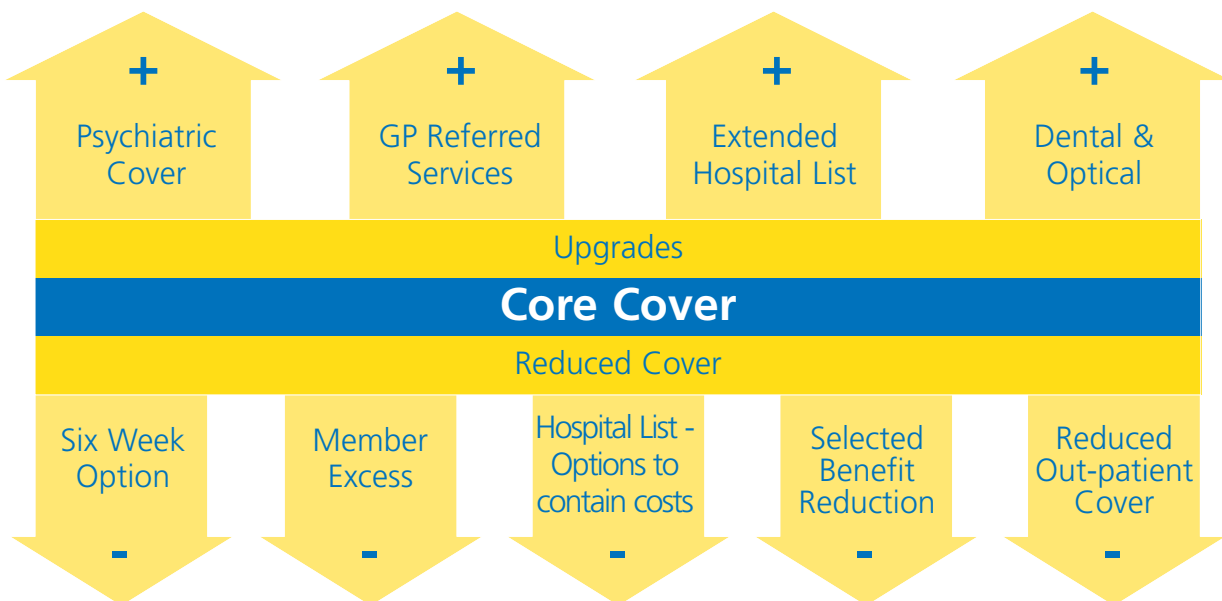


Solutions for companies covering 2-249 employees... ...At a glance



Solutions is one of the most versatile company healthcare products on the market, offering your clients real choice. With an extensive Core Cover it also offers the flexibility to select options to increase cover or options to contain costs, giving your clients the choice to tailor the product to their specific needs at a price that suits them.

How it works...



With our 'Added Value Benefits' it's easy to see what makes us so different...

GP and Stress Counselling Helplines

Talk to the experts - we provide GP and Stress Counselling Helplines 24 hours a day, 365 days a year to assist with your clients' employees' healthcare queries. Simply call either helpline anytime, day or night.

Aviva Get Active; health and fitness club membership discounts

Providing employees covered under a Solutions scheme with the opportunity to receive discount at a range of health and fitness clubs across the UK. Visit www.aviva.co.uk/getactive.

What is covered – brief outline

Core Cover

It is important to note that this benefit table is intended to provide you with only a brief outline 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 pathology, X-rays, physiological tests such as ECGs; CT, MRI and PET scans |
| 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 pathology, X-rays and physiological tests such as 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 |
| Additional benefits | | |
| Nursing at home | ✓ | Immediately following eligible in-patient or day-patient treatment on Specialist recommendation |
| Private ambulance | ✓ | Reasonable charges |
| Parent accommodation when staying with a child covered by the policy | ✓ | Child under 12 undergoing eligible treatment - one parent only |
| Hospice care | £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 |
| Maternity cash benefit* | £100 per child | For each child born to an insured person who is the mother of a newborn child |
| Emergency overseas cover | ✓ | 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* | ✓ | Reasonable costs of investigation into the cause 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 |

✓= Benefit available

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

- Maternity cash benefit 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 brief outline of the Core Cover benefits. The full list of standard definitions, benefit terms, conditions and exclusions are set out in the Policy Wording, a specimen copy of which is available on request. Non-standard terms may apply. Applications are required.

Choose from Eight Healthcare Options

Option 1 - Psychiatric Cover

- 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 policy year.

- GP referred physiotherapy, chiropractic, osteopathy and acupuncture*
- GP referred chiropody, podiatry and homeopathy
- GP referred radiology/pathology
- GP minor surgery**
- Specialists' fees for consultations and tests for non-acute conditions.

* Up to 10 sessions in combined total per condition per person per policy year.

**Up to £70 per procedure (payable to GP).

Option 3 - Hospital Lists

- The **Key** Hospital List - is part of the Core Cover
- The **Extended** Hospital List - is an upgrade which gives access to more hospitals
- The **Signature** Hospital List - contains costs for companies whose employees are based in Scotland or Northern Ireland
- The **Trust Care** Hospital List - cost saving option that uses the excellent private patient units of NHS Trust and partnership hospitals*
- The **Fair+Square** Hospital List - 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 surround areas.**

* The Trust Care Hospital List is not available to policies with 50 or more employees.

** Please contact your usual Healthcare Consultant for our district ratings

Option 4 - Dental & Optical

| Benefit | Benefit level |
|---------------------------|---------------|
| Routine Dental Benefit | £500 |
| Accidental Dental Benefit | £600 |
| Routine Optical Benefit | £300 |

All of the above per person per one year Period of Cover.

* A £50 excess applies separately to both the Routine Dental Benefit and Optical Benefit.

Option 5 - Six Week Option

Companies can choose the Six Week Option as a way to contain costs. This means that employees will have cover for out-patient treatment. If they need in-patient or day-patient treatment and the NHS waiting list is six weeks or more for the relevant treatment, there is prompt access to any of the hospitals on the relevant Hospital List. If the NHS waiting list is less than six weeks, employees will need to use the NHS facilities as a non-paying patient or self-fund any private treatment. The Six Week Option does not apply to out-patient treatment.

Option 6 - Member Excess

A cost containment option by choosing either £50, £100, £150 or £200 excess payable once per person per policy year.

Option 7 - Selected Benefit Reduction

A cost containment option which excludes costs associated with:

- Infertility
- Abnormal pregnancy
- Oral surgical procedures
- Emergency overseas cover.

Option 8 - Reduced Out-patient Cover

A cost containment option which 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.

Important

This is a brief outline of the Core Cover and Options available. 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. This document does not replace the Policy Summary. Non standard terms may apply. Applications are required.

Underwriting

Underwriting options available are Full Medical Underwriting, Continued Medical Exclusions, New Moratorium, Continued Moratorium and Medical History Disregarded.

Channel Islands

For companies with employees based in the Channel Islands additional benefits have been added to the Core Cover.

Main Policy Exclusions

- Long term or chronic conditions (except as provided for under Option 2 - 'Specialists' fees for other consultations and tests)
- Normal pregnancy or childbirth (although some complications may be covered)
- Infertility treatment (except as provided for under the benefit for investigations into the causes of infertility)
- Alcoholism, alcohol abuse, solvent abuse, drug abuse and other addictive conditions
- 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 General Practitioner (except as provided for in Option 2 - GP Referred Services)
- Cosmetic treatment
- Routine medical examinations (except as provided for in Option 4 - Dental & Optical benefit).

This is a brief outline of the main Policy Exclusions. The full list of standard definitions, benefit terms, conditions and exclusions are set out in the Policy Wording, a specimen copy of which is available on request. This document does not replace the Policy Summary.

Non-standard terms may apply. Applications are required.

For further information please contact your usual Healthcare Consultant:

The Healthcare Bureau - 0845 3000 649

National Accounts North - 0845 300 1530

National Accounts South - 0845 300 4451

Calls may be monitored and/or recorded