



# Solutions For a healthy company

Solutions is one of the most versatile private medical insurance products on the market, designed for companies covering 2–249 employees.

With a range of options to pick and choose from, Solutions offers cover that suits different needs and budgets. And with our BacktoBetter clinical case management service for musculoskeletal conditions included as standard, it really is head and shoulders above the rest.

**Extensive cancer cover**

Ask us about our PMI cancer pledge



# Why choose Solutions private medical insurance for your business

## Award winning cover

We were voted Health Insurance Company of the Year and Best Group PMI Provider at the 2010, 2011, 2012, 2013, 2014, 2015 & 2016 Health Insurance Awards

## BacktoBetter

We include our independent clinical case management service for back, neck, muscle or joint pain (musculoskeletal conditions) as standard with Solutions

## Our cancer pledge

Solutions provides extensive cover and support at every stage of cancer treatment. Ask us for more information

## Specialist claims teams

Our specialist teams, such as oncology and mental health, means we provide the best possible care when it comes to making a claim

## A range of value added benefits

Help get your employees healthy and staying healthy

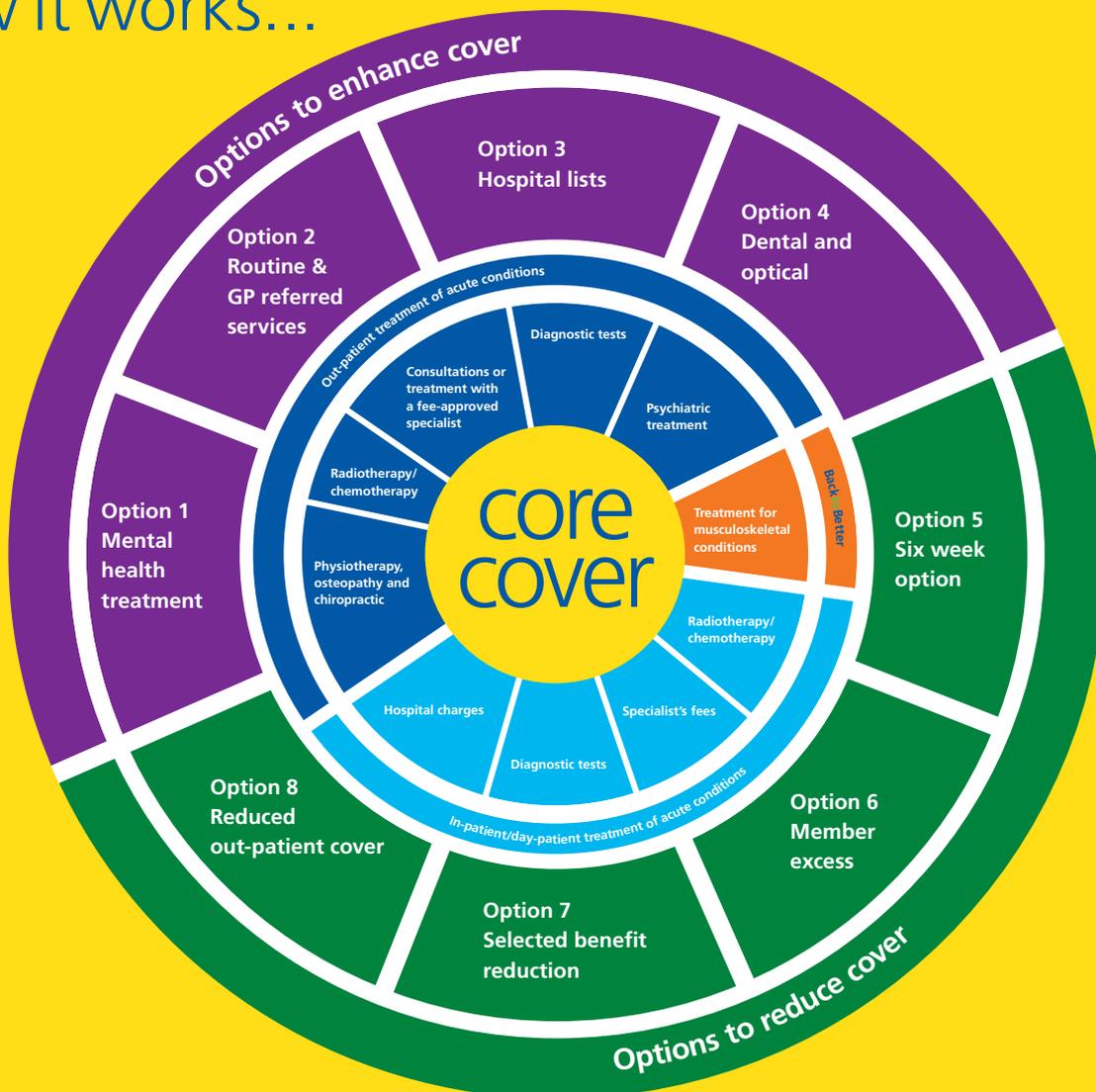
## Upgrade and downgrade options

There is the flexibility to choose from a number of upgrade or premium reducing options

## Solutions explained

With extensive core cover, Solutions offers the flexibility to select options to enhance or reduce your cover. By choosing to enhance your cover your premiums will increase; if you reduce your cover the premiums will decrease.

## How it works...



# BacktoBetter

BacktoBetter is our musculoskeletal case management service that can help your employees recover faster from musculoskeletal symptoms. That means you can help keep your productivity levels up and your claims spend down – because BacktoBetter intervenes quickly and effectively.

- BacktoBetter provides rapid access to a clinical case manager from one of our carefully selected clinical case management providers.
- There's no need to see a GP.
- Your employees get the right treatment at the right time, whether this is advice and self management, referral to a physiotherapist or referral to a specialist. This can lead to a faster recovery.
- It's an end-to-end service that delivers best practice clinical case management, no matter how complicated the problem is or what route your employee's treatment requires.
- We will support members to access an experienced physiotherapist, if appropriate, who is local and convenient to them through the clinical case management providers' quality assured physiotherapy networks.
- Plus, any physiotherapy treatment your employees receive through BacktoBetter won't come out of any out-patient limits, if you've chosen one.

## Networks

These are the specified group of facilities, specialists or other practitioners that we recognise to provide the treatment for particular conditions or suspected conditions. If we have an appropriate network for your employees' conditions or suspected conditions, we'll tell them where they can have their treatment which may not be at a hospital on your chosen list. We will only pay for that treatment if it is carried out within our networks. A list of the conditions or suspected conditions for which we have networks in place can be found at [www.aviva.co.uk/health-network](http://www.aviva.co.uk/health-network)

## What's covered under 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	Amount payable	Notes
<b>A. Hospital treatment as an in-patient or day-patient</b>		<b>Key hospital list, facility recognised by us as part of a network, or an NHS hospital recognised by us</b>
<b>If you've chosen the six week option, your employees cannot claim for these benefits if their treatment is available on the NHS within six weeks from the date their specialist recommends it.</b>		
Hospital charges	In full	Including accommodation and meals, nursing care, drugs and surgical dressings, theatre fees
Specialists' fees	Up to the limits in our specialist fee schedule	
Diagnostic tests	In full	Including blood tests, X-rays, scans, and ECGs
CT, MRI and PET scans	In full	
Radiotherapy/chemotherapy	In full	
NHS cash benefit	£100 each night, up to 25 nights	
Treatment for pain in the back, neck, muscles or joints – musculoskeletal conditions	In full	Managed through the BacktoBetter service

Benefits	Amount payable	Notes
<b>B. Treatment as an out-patient</b>		At a network facility if we have a network for your symptoms or condition
Consultations with a fee approved specialist	In full	If your employees have consultations with specialists who are not fee approved we will only pay up to the limits we pay our fee approved providers.
Treatment by a specialist as an out-patient	In full	Specialists' fees are covered 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. Specialists' fees for surgical procedures are covered up to the limits in our fee schedule
Pre-admission tests (tests carried out at hospital before a member's admission to check that they are fit to undergo surgery and anaesthesia. These can include ECG's and blood tests)	In full	
Radiotherapy/chemotherapy	In full	
Treatment for pain in the back, neck, muscles or joints – musculoskeletal conditions	In full	Managed through the BacktoBetter service
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	In full	
Psychiatric treatment	Up to £2,000	On GP referral to a psychiatric therapist or psychiatric specialist

Benefits	Amount payable	Notes
<b>Additional benefits</b>		
Home nursing	In full	Immediately following in-patient or day-patient treatment that is covered by the policy
Private ambulance	In full	
Parent accommodation when staying with a child covered by the policy	In full	Child of 11 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
Limited emergency overseas cover	In full	Emergency treatment as an in-patient or day-patient during overseas trips of up to 90 days in total each policy year
Treatment for complications of pregnancy and childbirth	In full	For the conditions specified in the policy wording
Investigations into the causes of infertility	In full	
Surgical procedures on the teeth performed in a hospital	In full	Specialists' fees are covered up to the limits in our fee schedule
GP helpline	Unlimited number of calls	
Stress counselling helpline	Unlimited number of calls	Available to members aged 16 and over

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 copy of which is available on request. Non-standard terms may apply.

You can choose to enhance your cover by adding any of the following options. If you do choose any of these options your premium will increase.

#### Option 1: Mental health treatment

- Providing treatment as an in-patient or day-patient for mental health conditions, including accommodation and nursing
- Specialist's fees for in-patient treatment up to £210 each week.

#### Option 2: Routine and GP referred services

**Benefits in this option are subject to a combined limit of £1,000 each member every policy year**

- consultations with a fee approved specialist and tests for chronic conditions
- Follow-up consultations with a fee approved specialist to monitor a member when they have finished treatment for an acute condition.

**The following GP referred services are for non-musculoskeletal conditions only:**

- GP referred radiology and pathology
- GP referred treatment by a physiotherapist, chiropractor, osteopath or an acupuncturist
- GP referred treatment by a chiropodist/podiatrist or a homeopath
- GP minor surgery.

#### Option 3: Hospital lists

We offer a choice of hospital lists, which allow you to include more or less hospitals in order to suit your needs.

#### Option 4: Dental and optical

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

Please note, a £50 member excess applies separately to both the routine dental and optical benefits.

Perhaps you feel that while your company would benefit from the advantages of Solutions, you may prefer a lower cost option. If you want to reduce your premium you can do this by choosing from the following cost containment options.

#### Option 5: Six week option

If you choose the six week option, your employees will still have the benefit of prompt cover should a GP refer them to a specialist for a consultation and any subsequent eligible out-patient treatment, including out-patient treatment from BacktoBetter. However your employees will only be covered for in-patient or day-patient treatment if the wait for that treatment is longer than six weeks on the NHS. If it's less than six weeks they'll need to use NHS facilities as a non-paying patient or self-fund any private treatment.

#### Option 6: Member excess

You can choose a member excess of £50, £100, £150, £200, £250, or £500 with your Solutions policy to help reduce costs. The excess is applied once each member every policy year irrespective of the number of claims made during that policy year.

#### Option 7: Selected benefit reduction

If you choose this option, the following additional benefits are removed from your core cover:

- Limited emergency overseas cover
- Treatment for complications of pregnancy and childbirth
- Investigations in the causes of infertility
- Surgical procedures on the teeth performed in a hospital.

## Option 8: Reduced out-patient cover

You can also choose to reduce your out-patient cover. This option limits out-patient diagnostics and treatment to £0, £1,000 or £1,500 each member every policy year.

As some out-patient diagnostics and treatment can be more expensive, this option provides cover in full for:

- CT, MRI and PET scans – these scans will only be covered at a diagnostic centre that we recognise
- Pre-admission tests required within 14 days of admission to check that a member is fit to undergo surgery and anaesthesia
- Radiotherapy and chemotherapy
- Physiotherapy for pain in the back, neck, muscles or joints – musculoskeletal conditions, through the BacktoBetter service.

The monetary limit does not apply to out-patient cancer treatment received after a member has been diagnosed with cancer.

**This summary does not contain the full standard terms and conditions that apply to the product. These can be found in the Solutions policy wording, if you'd like a copy, just ask and we'll send them to you. Non-standard terms may apply.**

## Added value benefits

As well as the extensive core cover that Solutions provides, the following added-value benefits are also provided as standard.

### MyAviva

Helps members manage their Aviva policies, access a 20% discount on selected new Aviva products and much more - all in one place.

### Aviva Get Active

Receive up to 25% off membership at a range of health and fitness clubs across the UK

### GP and stress helplines

Available 24 hours a day, 7 days a week to assist with healthcare queries.

### Home of Health

An online portal of tips, tools and guides, providing information on health, fitness and wellbeing

## Main policy exclusions

- Long term or chronic conditions (except as provided for under Option 2 – 'Specialists' fees for other consultations and tests). Private medical insurance is designed to cover treatment for curable, short-term illnesses or injuries (commonly known as acute conditions), rather than long-term illnesses which cannot be cured (commonly known as chronic conditions). This exclusion does not apply to treatment for cancer
- Normal pregnancy or childbirth although certain complications may be covered (as detailed in the policy wording) unless you have option 7 – selected benefit reduction
- Infertility treatment
- Alcoholism, alcohol abuse, solvent abuse, drug abuse and other addictive conditions
- Treatment undertaken without GP referral to a specialist (unless through BacktoBetter)
- Psychiatric or mental health illnesses as an in-patient or day-patient (except as provided for in option 1 – Mental health treatment)
- Treatment by a GP (except as provided for in Option 2 – Routine & GP referred services)
- Cosmetic treatment (except following an accident or surgery for cancer)
- Routine medical examinations (except as provided for in Option 4 – dental & optical benefit). If we have paid for you to have treatment for cancer this exclusion will not apply for routine medical examinations needed for cancer.

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 copy of which is available on request. This document does not replace the policy summary.

Non-standard terms may apply. Applications are required.

**Speak to your financial adviser or insurance intermediary for more information**

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