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# Solutions

Expertly structured private medical insurance (PMI)  
for businesses with 1 to 249 employees







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# Welcome to Aviva

At Aviva, we've got years of experience with healthcare under our belt. We've combined in-depth clinical expertise with a commitment to offering exceptional customer service to bring you flexible, comprehensive cover for your business.

Our team of expert clinicians help us develop and shape our private medical insurance (PMI) products, including managing all our relationships with hospitals and specialists. We involved them every step of the way, meaning everything we do is informed by medical input.

Solutions from Aviva can help protect your greatest asset - you and your employees - in a way that suits you best. We've designed Solutions based on conversations with businesses like yours to understand the healthcare support and benefits you need.

**It takes Aviva to help you build a happier, healthier workforce.**

## Customer testimonial

“ When my wife noticed that a mole on my back had changed in size and colour, my GP referred me to my local NHS dermatology department for a closer look.

Following a biopsy, five weeks later we got the dreaded news that I had Stage 3 skin cancer and that it would take around four weeks to see an NHS consultant. Stage 3 is an advanced form of skin cancer and it had spread from the skin cells to my lymph nodes. My thoughts turned to our two children, aged six and one, then to my private medical insurance with Aviva.

Every single person that I spoke to in the Aviva Oncology Team couldn't have been any more helpful – they were extremely patient, understanding, empathetic but most importantly, they outlined everything that I needed to do.

My private treatment was covered in full, and I had the choice of several consultants. Next, I saw my chosen specialist three times over the next three weeks and was soon

booked in for an operation on my 45th birthday. This consisted of surgery on my back and the removal of lymph nodes under each arm. A little later, I got the news I wanted to hear – that the procedure was successful, the cancer had been removed, and that I wouldn't require chemotherapy or radiotherapy.

I will still be under the care of the hospital for the next five years but as long as I stay insured, Aviva will cover every appointment and scan up to 10 years, which is incredible. Waiting was my biggest worry and had I not been incredibly fortunate to have Aviva private health insurance, I would still be waiting for surgery on the NHS.

I'm a big believer in the NHS and we are lucky to have the option of both this and private healthcare; but I cannot put into words how incredibly grateful that I am for Aviva's help, support and the guidance that they provided to me and my growing family every step of the way. ”

**Steve Morris**

Since the original date the quote was published, our monitoring benefit has increased from 10 years to unlimited.



**To keep everything straightforward, we base everything we do on these three essential elements:**



**We believe it's this focus and our continued improvement that sets us apart from other PMI providers**

## Seven ways Solutions can benefit your business...

- 1** Solutions from Aviva can give your employees quicker access to diagnostics and medical treatment, aiming to help them back to work as soon as possible.
- 2** It covers many conditions that can cause them to take time off work, including musculoskeletal conditions, cancer and mental health issues.
- 3** Offering comprehensive PMI as part of your employee benefits package shows how much you value them. And when problems arise, you've got a system in place to help your workforce get the help they need as fast as possible.
- 4** It lets you offer different levels of cover for different categories of employees at an affordable price, whilst offering an easy way to manage and control your costs.
- 5** It can make your business stand out from the crowd.
- 6** It gives your employees peace of mind during a difficult time with expert guidance and support to get the treatment they need.
- 7** We do all the legwork sourcing the right care available, so even making a claim is simple. That means you can focus on running your business.

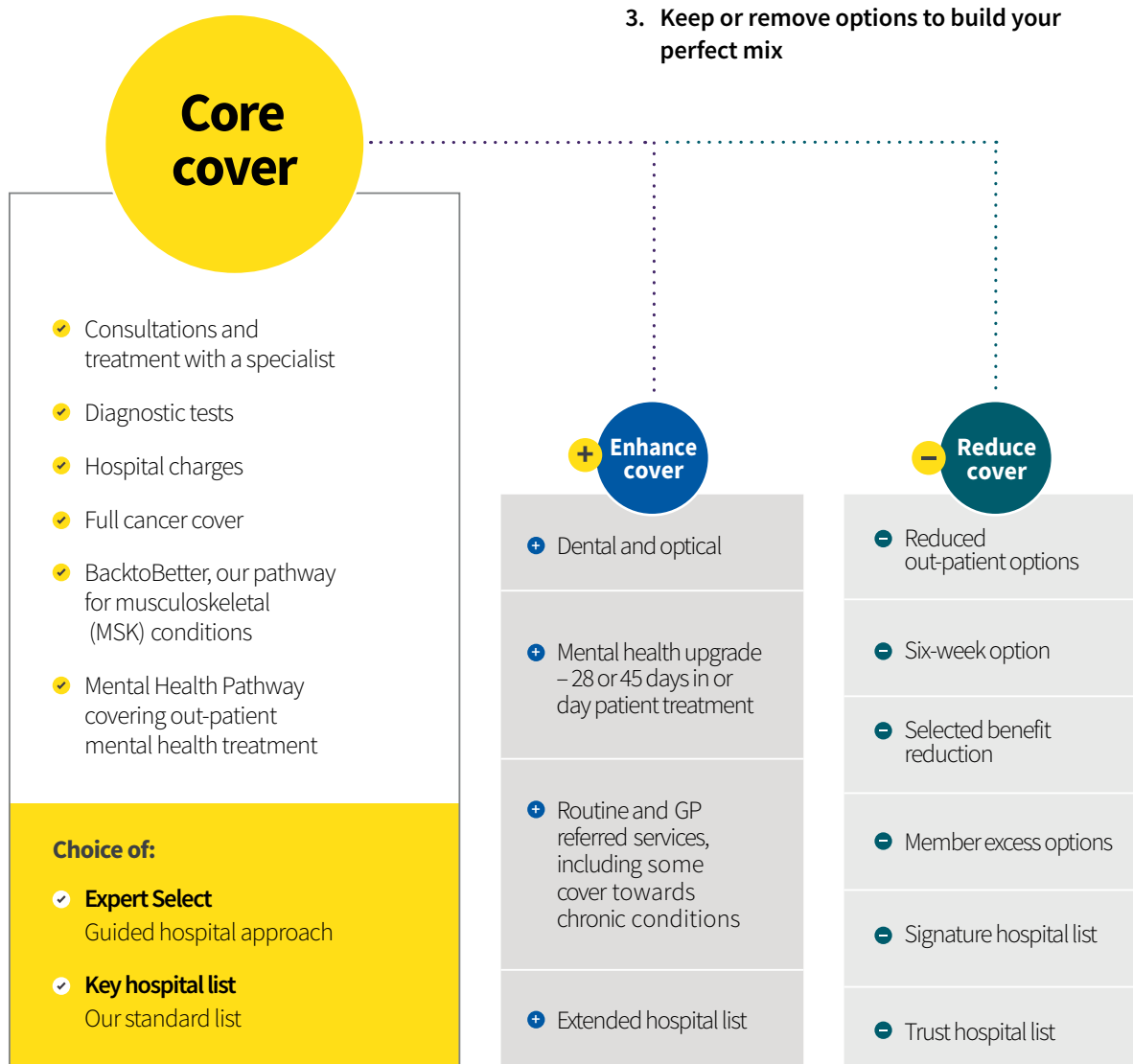
# How Solutions works

Solutions is our PMI product for businesses and it gives you extensive benefits through its core cover. But because we know every business is different, we've made sure Solutions is flexible, letting you set the level of cover to suit both your business needs and your budget.

It's an annually renewable contract so there's even flexibility to change your cover at renewal.

We'll take you through the core cover and show how you can build your plan to suit your business in 3 simple steps:

1. **Start with Core, with such a comprehensive range of benefits this may be all you need**
2. **Depending on your business needs and budget, you can choose to Enhance or Reduce your cover with our range of options**
3. **Keep or remove options to build your perfect mix**



**Added value**

**MyAviva, Stress Counselling helpline**  
Get Active, Aviva Digital GP, Aviva Wellbeing & The Aviva Line Manager Toolkit: Mental Health\*

\*These are non-contractual benefits that Aviva could amend or withdraw at any time.

# Tailor your cover to suit your needs

All companies are different, and often the needs of your workforce differ too. So, with Solutions, you don't need to adopt a 'one-size-fits-all' approach. You can offer different levels of cover to suit your company's needs.

You can create different categories of employees, each with different benefits. For example, you may want to give senior staff a higher level of cover than other employees. Each category you create must have the same benefits and cover at least two people. We'll consider setting up single employee categories where there is a clear distinction between the levels of employees.

## Solutions at a glance

- **Created with our clinical expertise in mind**, to help meet the needs of your business and your employees
- **A flexible product** you can shape to meet the needs and budget of your business
- **No limit to the number of eligible claims** your members can make each year
- **Expert Select** - a simple process to guide your employees to the treatment they need in their local area
- **Extensive benefits in core cover**, with cancer cover as standard
- **Mental Health Pathway** giving fast access to clinically led support and treatment for mental health issues
- **BacktoBetter** our Musculoskeletal support service providing quick access to online, virtual and face-to-face advice, prescribed exercises and physiotherapy
- **A simple claims process**
- Cover from **one of the UK's largest insurers**
- Private health cover is a tax-deductible business expense under current tax rules, which may change in future

### Making the right decision

It's important you find the right product for you and your company. To help you do this, the Financial Conduct Authority has made it a requirement for every insurer to produce an Insurance Product Information Document (IPID) for certain products.

An IPID provides a short summary of the key product information in a standardised format to make it easier for you to compare similar products from across the market and to help you make an informed decision. It must be read in conjunction with this brochure and the Policy Wording which expands on this and provides full product details, including the benefits and exclusions. These can be found at [aviva.co.uk/business/health](https://aviva.co.uk/business/health) or please speak to your usual adviser for a copy.

# Quality treatment and extensive benefits with core cover

**Solutions gives you access to quality treatment for your employees with an extensive range of benefits as standard.**

We use our in-house clinical and procurement expertise to make sure we work with hospitals and clinicians with an evidenced commitment to clinical quality.

Our value-based approach to healthcare has two key benefits:

- ✓ **It helps to make sure your employees get quality treatment**
- ✓ **It helps us keep the cost of your claims down through robust supplier management, meaning we can pass these savings onto you.**

## Our clinical approach

### ✓ Open referral

This is a referral from a GP recommending the type of specialist your employee needs to see, but not naming any one specialist or hospital.

This lets us provide your employee with a choice of hospitals and specialists who meet our quality standards.

We recommend that your employees ask their GP for an open referral if they need to make a claim to allow us to help select an appropriate specialist for them.

### ✓ Expert Select

This is our guided approach to hospital choice.

We use our clinical and claims expertise to provide your employee with a choice of hospitals in their area which give the quality of care we expect.

For this option your employees will always need to get an open referral so they can benefit from our expertise.

### ✓ Therapy pathways

Musculoskeletal and mental health conditions are some of the biggest causes of employee sickness absence<sup>1</sup>.

To make sure your employees get quick access to quality physiotherapy or talking therapy, we've partnered with providers who meet our quality of care standards.

### ✓ Treatment networks

For certain conditions such as hips and knees, we offer another level of quality assurance.

We've set up networks of treatment units, specialising in managing these conditions. Again, we only work with clinicians and medical facilities that meet our quality of care standards.

<sup>1</sup> ONS, Sickness absence in the UK labour market 2022. Contains public sector information licensed under the Open Government Licence v3.0.

# Extensive core cover that can make such a difference

In-patient or day-patient treatment of acute conditions at a facility covered under your hospital option	
Hospital charges	✓
Specialists' fees	✓
Diagnostic tests	✓
Radiotherapy / chemotherapy	✓
Treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) through the BacktoBetter pathway	✓
NHS cash benefit - cash payment for eligible NHS stays	£100 per night up to 25 nights
Out-patient treatment of acute conditions at a facility covered under your hospital option	
Consultations with a specialist	✓
Treatment by a specialist	✓
Diagnostic tests (blood tests, X-rays, ECGs etc.)	✓
Pre-admission tests	✓
Radiotherapy / chemotherapy	✓
Mental health treatment through the mental health pathway	✓
Treatment for pain in the back, neck, muscles or joints (musculoskeletal conditions) through the BacktoBetter pathway	✓
Specialist referred treatment by: • a physiotherapist • a chiropractor • an osteopath for any condition other than pain in the back, neck, muscles or joints (musculoskeletal conditions)	✓
Additional benefits	
Home nursing	✓
Private ambulance	✓
Parent accommodation when staying with a child of 15 or under who is covered by the policy	✓
Hospice donation	£70 per day, up to 10 days
Baby bonus	£100 per baby
Treatment for the complications of pregnancy and childbirth	✓
Investigations into the causes of infertility	✓
Surgical procedures on the teeth performed in a hospital	✓
Stress Counselling helpline	✓



## Our core cover

Cancer cover	
Hospital charges for surgery and medical admissions	✓
Specialists' fees	✓
NHS cancer cash benefit	£100 each day
Post surgery services	✓
Radiotherapy and chemotherapy	✓
Bone strengthening drugs (such as bisphosphonates)	✓
Treatment by a specialist for side effects while your members are receiving chemotherapy or radiotherapy	✓
Wig	£100 once per member
External prostheses	Up to £5,000
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)	Up to 5 years
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>	✓ £100 per night £50 per day Combined limit of up to £10,000

This summary doesn't contain the full standard terms and conditions that apply to the product. These can be found in the Solutions policy wording. Non-standard terms may apply.



# Expert Select

## Our core route to treatment

### Expert Select is our simple approach to accessing quality treatment.

It takes some of the hassle and stress out of an already worrying situation. Backed by our expertise and excellent customer service, our approach gives your employees extra peace of mind. They can rest easy knowing we're using our depth and breadth of knowledge to help get a good outcome for them.

### Get peace of mind with Expert Select

We've designed Expert Select to help you protect your business from lost personnel and working days, manage your costs and provide a valuable benefit to your employees.

They can rest assured they'll get the quality support and treatment they need from specialists in their field.

With Expert Select, you don't have to decide which hospital list will best suit your employees when you take out your policy. Instead, when they make a claim, we'll offer them a choice of hospitals nationally which may include some from the largest hospital groups. All will be local to them, offering access to a number of specialists. We base our recommendations on their diagnostic or treatment needs to make sure they get appropriate quality treatment options every time.

This gives you and your employees an informed choice based on their medical needs.

Once they've had their treatment, we'll settle their eligible bills in full with the treatment provider. We guarantee no shortfalls on any eligible hospital or specialist charges for consultations, tests or treatment.

**Since its launch over 145k eligible customers have chosen Expert Select.**



### Simplicity

Simplicity at point of purchase.

Simplicity at point of claim.



### Quality assured

Proven quality specialists, hospitals, drugs and treatments.



### Choice

Choice of hospitals nationally with multiple specialists within each.



### Affordability

All eligible bills paid in full.

The promise of managed healthcare costs without compromising on quality.



# Making a claim with Expert Select and networks

**1**

## Open referral

Your employee asks their GP for an open referral, specifying the type of specialist they need to see without naming one.

**2**

## Call the Aviva claims team

We'll give your employee a choice of local medical facilities and consultants who meet our quality requirements.

**3**

## Booking the first appointment

We can immediately transfer your employee to the booking team at their chosen facility.

**4**

## No need to worry

We'll settle all eligible bills in full with the approved provider, so your employee doesn't have to worry about any unexpected fees.



# Hospital lists

## Alternative hospital options

Whilst Expert Select is our core approach we recognise all businesses are as individual as you are, so you may want to select a different route. Hospital lists are an alternative approach.

They may be a good option if your employees would prefer to choose a specific hospital from your chosen list.

### Not set on a specific hospital for treatment?

Expert Select may be a better option if you want to benefit from our quality-led selected choice rather than focus on specific hospitals for treatment.

### We have four hospital lists:

- **Key** - As our standard hospital list option, this gives you and your employees access to around 200 private hospitals across the UK.
- **Extended** - For an extra cost, you can upgrade to this list, which gives access to more hospitals, predominantly in the Greater London area.
- **Signature** - You can reduce your costs by choosing this list with fewer hospitals. It's a great option if your employees are based mainly in Scotland and Northern Ireland as this list excludes all hospitals in England and Wales.
- **Trust** - This is a cost-saving option that uses the private patient units of NHS Trust and partnership hospitals. It's only available for Solutions policies covering 1-99 members.

# Networks

## Additional support with networks

Whether you choose Expert Select or a hospital list option, you can still benefit from our networks.

For some conditions, we offer another level of quality assurance – a network of treatment providers who meet our quality standards, with proven expertise for specific conditions.

Our providers are independently validated through data from the Care Quality Commission, Healthcare Improvement Scotland, National Joint Registry and British Spine Registry.

A full list of networks can be found here [aviva.co.uk/health-network](https://aviva.co.uk/health-network).

### Six key benefits to using our treatment networks:

1. **Quality assured** - Reassurance that your employees will receive appropriate treatment from providers who meet our quality standards, tailored to their personal needs.
2. **Peace of mind** - The experts who meet our demanding quality standards will help them navigate their healthcare journey, from diagnosis, treatment and onto recovery.
3. **Simple process** - We'll do the background checks and help guide them through complex healthcare choices saving them time and worry.
4. **Fast access to treatment** - From the first call into our claims team, we'll get them to the right consultant based on their condition. They can also easily access the network by starting their claim on MyAviva.
5. **No shortfalls, no surprises** - Treatment given on the network won't impact any out-patient benefit limits and we'll settle eligible bills in full with the treatment provider. This means we can guarantee no shortfalls in fees.
6. **Commitment to care** - After surgery, rest assured that we're still here to help.

# Out-patient treatment of acute conditions

With Solutions, we cover a range of conditions, aiming to give your employees the best chance to begin their treatment and recovery as soon as possible.

## Consultations or treatment with a specialist

If an employee has an injury or develops an illness or condition, they may need a consultation with a specialist. Solutions covers unlimited out-patient consultations with a specialist, diagnostics and treatment where medically required.

By going through Solutions, it's likely they will be able to see a suitable specialist sooner than they would through the NHS. That means they can get a head start on any treatment they may need.

With Expert Select, we can find both a specialist and a hospital for your employee and we'll pay the full cost of eligible consultation fees so there's no surprises or shortfalls that need to be paid.

If your employee needs investigations or treatment, they need to ask their GP for an open referral, naming the area of specialism, but not a particular specialist. We'll find the most appropriate specialist for them and their condition.

If you've chosen one of our other hospital list options, we'll pay the specialist fees up to the amount specified in our fee guidelines. To view our fee guidelines visit [aviva.co.uk/pmifees](https://aviva.co.uk/pmifees)

## Diagnostic tests

As part of core cover, Solutions pays the full costs for diagnostic tests, such as pathology, X-rays, scans, physiological tests like ECGs and pre-admission tests. Again, this often leads to a speedier diagnosis, meaning your employee can start any necessary treatment sooner.

You can find a full list of other benefits available in the tables on pages 8-9.

### What is an acute condition?

It's a disease, illness or injury that is likely to respond quickly to treatment which aims to return the member to the state of health they were in immediately before suffering the disease, illness or injury, or which leads to their full recovery.



# In-patient or day-patient treatment of acute conditions

We cover a range of conditions that could see your employees being admitted to hospital for treatment.

## Hospital charges

As part of our core cover, we give your employees full cover for eligible in-patient and day-patient treatment at any hospital included under their hospital option.

Plus, there are no hidden costs as all in-patient and day-patient treatment includes the cost of drugs, theatre fees and nursing care.

## Diagnostic tests

Solutions pays the full costs on referral from a specialist. This is often a key part of diagnosing a condition and being able to confidently start the appropriate treatment, so it's essential your employees can have these tests as soon as possible.

## Specialists' fees

With Expert Select, we take care of all the specialist fees for in-patient or day-patient treatment, so there's never any worry over additional fees.

With our other hospital list options, we'll pay the specialist fees up to the amount specified in our fee guidelines. In most cases, we'll cover all specialist fees. However, if your employee chooses a specialist that doesn't meet our fee guidelines, we'll offer them an alternative choice. If they still want to see their own specialist, we'll pay up to the amount specified in our fee guidelines, but your employee will need to pay the rest of the fee.

# Mental Health Pathway

**Absence at work due to mental health conditions continue to be on the rise year-after-year<sup>1</sup>.**

The number of working days you could lose to this could be significant. That's why we've added Mental Health Pathway to core cover in Solutions to help you protect your business and support your employees.

**Your employees don't need a GP referral before making a claim.**

## What you get with Solutions

To make sure employees get quick access to quality talking therapy and counselling, we've partnered with providers who meet our quality of care standards. All employees need to do is call our claims team and we'll route them straight through to a third party clinical provider for assessment and required treatment.

- **Quick access to assessment** - your employees can refer themselves for an assessment by a mental health practitioner without a referral from their GP.
- **Simple claim process** - your employees only need to contact our claims team once, then a third party clinical provider will oversee their treatment.
- **Clinical treatment determined by front-end third party clinical assessment** - routing them to appropriate treatment, including direct escalation to specialist assessment and in-patient or day-patient treatment if required.
- **Cover based on clinical need** - treatment continues as clinically appropriate, reducing delays in treatment for talking therapies and unnecessary admission to in-patient care.
- **Range of treatment options** - online cognitive behavioural therapy (CBT), remote talking therapies, face-to-face treatment, psychiatrist assessment and in-patient treatment where clinically necessary. Choice of delivery options - remote (phone or video) or face-to-face talking therapies and psychiatrist assessment/treatment.

- **Wide range of practitioners** - over 3,000 clinicians including: talking therapists, counsellors, EMDR therapists, practitioner psychologists, and psychiatrists.
- **Proven return-to-work rates** - 96% of employees who went off work were either back at work or ready to return to work by the end of their treatment.
- **Support for family members** - dependants from the age of 12 can access this valuable service. Members aged 11 or under will need to see a GP for a referral. You should then contact us with the details of the claim so that we can confirm that we will pay for that treatment.

### The Mental Health Pathway doesn't cover:

treatment, diagnostic tests, or assessment of learning difficulties or developmental or behavioural problems such as attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder, chronic conditions or addictive conditions.

### You can choose to add a mental health upgrade to your core cover.

This includes either 28 or 45 days of in-patient treatment. You can find out more about this in 'Creating your PMI plan, enhancing your cover'.

<sup>1</sup> ONS, Sickness absence in the UK labour market 2022. Contains public sector information licensed under the Open Government Licence v3.0

**Our core cover**

# BacktoBetter

**One of the biggest health challenges you face as an employer is employee absence from a musculoskeletal condition - back, neck, muscle or joint pain. According to Health & Safety Executive, on average each employee on average each employee suffering from musculoskeletal disorders takes 15.2 days off absent<sup>1</sup>.**

The BacktoBetter benefit offers diagnostics and treatment for back, neck, muscle or joint pain, collectively known as musculoskeletal conditions.

The service helps skip the NHS waiting times for physiotherapy as there's no need for a GP referral. Your employee can simply call us to arrange an assessment with a third party clinical case manager. This means employees in pain don't need to wait to get help, which could help them recover faster.

The assessment means third party providers can make appropriate and effective interventions. Not only does that help speed up treatment for your employees, it also helps manage costs effectively and help reduce absences in your workforce.

## What you get with Solutions

- **Convenience** - an online option that provides 24/7 access to musculoskeletal support that can help get your workforce moving and feeling better as soon as possible.
- **The right treatment at the right time** - whether that's advice and self-management or a referral to either a physiotherapist or a specialist.
- **Greater control** - putting your employees in control of what, when and how they get advice and support.
- **Choice of options** - assessments and treatment can be completed online or face-to-face.
- **Access to physiotherapists** - employees can book a face-to-face physiotherapist local to them or choose online tele-physio.

**Your employees don't need to speak to their GP before making a claim.**

<sup>1</sup> HSE, Working days lost 2021/2022. Contains public sector information licensed under the Open Government Licence v3.0



# Cancer cover to help at a difficult time

According to Macmillan Cancer Support by the end of 2030, 4m people will be living with cancer<sup>1</sup>.

This highlights that members of your workforce could be diagnosed with cancer at some point.

As an employer, you need to safeguard your business and make sure your employees get the help they need. That's why we've made cancer cover an integral part of Solutions. Our cancer table on page 10 outlines all the benefits available.



## 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. We want to make things as comfortable as possible following their cancer treatment, so we'll provide extensive cover for aftercare, including consultations with a dietician, as well as money towards prostheses and a wig.

## What do we offer through Solutions?

Right from the start, employees will have access to our dedicated oncology team to support them through the process and help them get appropriate treatment - whether in-patient or out-patient - and a high level of aftercare. Here's what we offer:

- Chemotherapy, radiotherapy and targeted therapy is covered in full.
- Treatment at home wherever possible, for example chemotherapy or drugs provided by a nurse.
- £100 for each day or night of treatment on the NHS, with no overall limit - this can help towards everyday costs such as parking and childcare.
- The latest diagnostics to help determine the best route of treatment, such as molecular profiling, which aids clinicians to prescribe the most effective treatment.
- Access to treatments that help reduce the risk of disease recurrence in certain cancers, such as preventative bisphosphonates.
- Where treatment is outside of standard medical guidelines, we will thoroughly review the clinical evidence to determine what cover is available.
- We provide treatments and tests which are proven to help the patient, but may not be available from the NHS.

<sup>1</sup> Macmillan Cancer Support, Statistics Factsheet, 2022.

# Additional support for members living with cancer

**Getting the right balance is vitally important. It's likely that your employees will already feel overwhelmed. That's why we've made our support simple and easily accessible.**

**Careology\*** – At a time when life can feel overwhelming, the Careology app offers a simple way for your members to record and manage information relating to their cancer care. Whether they want to make a note of their questions, thoughts, and feelings, receive reminders to take medication, or keep track of their side effects and symptoms, it holds everything securely in one place - helping them feel a little more in control.

**Cancer Care with Get Active\*** – our Get Active wellbeing offers include savings on products and services that could help make a small difference if

your employees or someone close to them is living with cancer. So, whether they're looking to improve their current health and wellbeing, show someone their support, or they just want to feel more like themselves, there's a choice of specially arranged products and services to help.

**Cancer Care with Aviva Digital GP\*** – Aviva Digital GP is there 24/7 for your employees. From talking to a private GP about symptoms that could be linked to a possible cancer diagnosis, to getting swift, convenient, empathetic support for general medical concerns following a diagnosis or during and after treatment – it's there when they need it.

**\* These services are a non-contractual benefit Aviva could change or withdraw at any time**

# Cancer FAQs

## Where will my employees be covered to have treatment?

- If you choose Expert Select - we will pay in full at a hospital confirmed by us, or
- If you choose one of our hospital lists - at a hospital on your list that we recognise for their treatment and condition.
- At home if their specialist agrees that this is possible - it'll depend on the treatment that they need.
- Out-patient CT, MRI and PET scans will only be covered at a diagnostic centre recognised by us.

## Are diagnostic tests covered?

Yes. The policy won't pay for genetic tests to see whether you or your employees are likely to get cancer or not. However we'll pay for genetic tests that are needed to see if a particular treatment is suitable.

## Will they be covered for preventative treatment?

We'll pay for surgery to prevent further cancer if they have already had treatment for cancer that we've paid for – for example, we'll pay for a mastectomy to a healthy breast in the event that they've been diagnosed with cancer in the other breast, if it's recommended by their specialist. We won't pay for treatment where they have no symptoms of cancer, for example where they've a strong family history of cancer.

## What drug treatment is covered?

We cover in full:

- Chemotherapy - drugs used to destroy cancer cells.
- Targeted therapy and biological therapy.
- Bone strengthening drugs (such as bisphosphonates).

- We'll also pay for treatment that they need to deal with side effects while having chemotherapy or radiotherapy, such as anti-sickness drugs and antibiotics.
- We'll pay for hormone therapy only if they need it to shrink a tumour before they have surgery or radiotherapy. Hormone treatment isn't covered by the policy at any other time. Their GP will be able to prescribe this or administer it.

## Is radiotherapy covered

Yes.

## Will my members be covered for palliative care?

Yes, we provide cover at every stage of the disease.

## Will they be covered for end of life care?

- Yes.
- We'll pay for end of life care in hospital if it's medically necessary.
- If they're admitted to a hospice we'll make a donation to the hospice.
- We'll also make a donation to a registered charity if they stay at home and are visited by a nurse from that charity.

## Will they be covered for routine monitoring when treatment has finished?

- Yes.
- We don't pay for monitoring after treatment for non-melanoma skin cancer.
- If they've any ongoing medical needs, such as regular replacement of tubes or drains, we'll pay for up to five years after their treatment for cancer has finished.



### Will they be covered for any types of experimental treatments?

- If they have experimental treatment, we'll pay the equivalent cost of the established treatment that would usually be given for their condition. If there's no equivalent treatment, we won't cover any of the costs of the experimental treatment.
- If a drug is licensed, but not for the type of cancer that they have, we'll assess the case and if there's sufficient clinical evidence to show it's appropriate for their condition, we'll pay in full.

### What other benefits and services are available?

- Following surgery, we'll cover a number of different specialist services that they may need, such as consultations with a dietician or a stoma nurse.
- We'll contribute up to £5,000 towards the cost of the first external prosthesis following surgery for cancer.

- We'll pay up to £100 towards the cost of one wig if they need one due to hair loss caused by cancer treatment.
- We'll pay for stem cell and bone marrow transplants, including the collection, storage and implantation.
- NHS cancer cash benefit - for NHS cancer treatment that would have been covered by the policy if you'd had it as a private patient, we'll pay £100 for:
  - each day of in-patient or day-patient treatment
  - each day of out-patient: radiotherapy, chemotherapy, blood transfusions, or surgical procedures
  - each day of intravenous (IV) chemotherapy at home
  - each week that you take oral chemotherapy drugs at home.

You can't claim more than £100 per day.



## Creating your PMI plan - enhancing your cover

You can add any of these options to the core cover to enhance your policy for an extra premium.

OPTIONS TO INCREASE YOUR LEVEL OF COVER – (increases premiums)	
<b>In-patient mental health treatment</b> (not available if £0 out-patient option selected)	
<p>If you feel your employees would benefit from further cover, you can add in-patient and day-patient mental health treatment to your plan too. Solutions covers treatment that aims for full recovery from new mental health issues rather than covering chronic psychiatric conditions.</p> <p>This option is not available for members living on Isle of Man, Isle of Wight, Channel Islands or Northern Ireland.</p>	
Treatment as an in-patient or day-patient	Either 28 or 45 days
Specialists' fees for in-patient treatment	✓
<b>Routine and GP referred services – subject to a combined limit of £1,000 for each member every policy year</b>	
<p>Some of your employees may suffer from chronic conditions, which need regular treatments or consultations. Solutions core cover doesn't include these conditions, but you can add this option for out-patient care to help employees with long-term conditions.</p> <p>Musculoskeletal conditions are covered in core cover by BacktoBetter.</p>	
Consultations with a specialist and diagnostic tests for a chronic condition or previously acute conditions	✓
GP referred radiology and pathology for any condition other than pain in the back, neck, muscles or joints (musculoskeletal conditions)	✓
GP referred treatment by: <ul style="list-style-type: none"> <li>a physiotherapist</li> <li>a chiropractor</li> <li>an osteopath</li> <li>an acupuncturist</li> </ul> for any condition other than pain in the back, neck, muscles or joints (musculoskeletal conditions)	Up to 10 sessions in combined total, practitioner fees paid up to the limits in our fee schedule
GP referred treatment by: <ul style="list-style-type: none"> <li>a chiropodist/podiatrist</li> <li>a homeopath</li> </ul> for any condition other than pain in the back, neck, muscles or joints (musculoskeletal conditions)	Practitioner fees paid up to the limits in our fee schedule
GP minor surgery	£100 per procedure
<b>Dental and optical</b>	
Routine dental treatment	Up to £450, £50 excess
Treatment by a dentist of an accidental dental injury	Up to £600
Optical benefit towards glasses and contact lenses	Up to £250, £50 excess
<b>Hospital options – members will have the 'Expert Select' guided hospital option unless you have chosen one of the following:</b>	
Key hospital list	Nationwide list of hospitals
Extended hospital list	Nationwide list of hospitals with additional London coverage

## Creating your PMI plan - reducing your cover

We want to make Solutions affordable for businesses of all sizes. You may feel that while your company would benefit from the advantages of Solutions, you'd prefer a lower cost option.

If you choose to reduce the benefits to manage costs, be assured that our extensive core cover still allows you to be covered in full for most benefits.

For a reminder on what's included in core cover, read the summary on page 9.

OPTIONS TO LOWER YOUR LEVEL OF COVER – (decreases premiums)	
Hospital options – members will have the ‘Expert Select’ guided hospital option unless you have chosen one of the following:	
Trust hospital list	NHS private patient unit and NHS partnership hospitals only
Signature hospital list	Hospitals in Scotland and Northern Ireland only
Six week option	
If you choose the six-week option, your members will still have the benefit of cover should a GP refer them to a specialist for diagnostic tests and consultations and any subsequent eligible out-patient treatment, including out-patient treatment from BacktoBetter. However your members 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.  The six week option is not available to residents of the Channel Islands or the Isle of Man.	
In-patient treatment	A member cannot claim for these benefits if their treatment is available on the NHS (including accident or emergency admissions) within six weeks from the date their specialist recommends it
Day-patient treatment	
NHS cash benefit - cash payment for eligible NHS stays	
NHS cancer cash benefit - cash payment for eligible NHS stays	
NHS amenity bed charges	
For cancer treatment, the waiting times for the NHS are often less than six weeks, meaning there will be limited cover for cancer treatment with this option. However, this cover gives your employee access to treatment that isn't available on the NHS, including the latest drugs and treatments.	
Member excess	
With this option, you can choose to reduce your premium by introducing an excess your employees will have to pay if they make a claim. You can choose the level of excess from the amounts listed below.	
Benefits covered under this policy will be subject to an excess payable for each member, every policy year	£50
	£100
	£150
	£200
	£250
	£500



Selected benefit reduction – the following benefits will be removed from cover	
Treatment for the complications of pregnancy and childbirth	✗
Investigations into the causes of infertility	✗
Surgical procedures on the teeth performed in a hospital	✗
Reduced out-patient cover. £0, £1,000 or £1,500 limit Even with reduced cover, we still offer a considerable level of insurance.	
Out-patient treatment £0 limit - the following benefits are the only out-patient benefits available on the policy but you will still be covered in full. All mental health cover is removed	
CT, MRI and PET scans at a recognised diagnostic centre	✓
Surgical procedures by a specialist in a clinical, sterile setting	✓
Pre-admission tests	✓
Radiotherapy/chemotherapy	✓
Physiotherapy for pain in the back, neck, muscles or joints (musculoskeletal conditions)	✓
Out-patient treatment £1,000 or £1,500 limit	
The monetary limit doesn't apply to out-patient cancer treatment received after being diagnosed with cancer.	
CT, MRI and PET scans	✓
Surgical procedures by a specialist in a clinical, sterile setting	✓
Pre-admission tests	✓
Radiotherapy/chemotherapy	✓
Physiotherapy for pain in the back, neck, muscles or joints (musculoskeletal conditions)	✓
Mental health treatment through the mental health pathway	✓
Consultations with a specialist	<b>These benefits are subject to a combined limit of either £1,000 or £1,500</b>
Non-surgical treatment by a specialist as an out-patient	
Diagnostic tests	
Treatment, other than physiotherapy and surgical procedures, for pain in the back, neck, muscles or joints (musculoskeletal conditions)	
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)	

# What isn't covered

Solutions has a number of exclusions, although these may vary slightly depending on the options that you choose.

## Whichever options you choose, Solutions doesn't cover you for:

- addictions (such as alcohol addiction or drug addiction) or substance misuse (such as alcohol misuse or solvent misuse)
- charges by a GP, medical practitioner or specialist for completion of a claim form unless the claim is confirmed by us
- cosmetic treatment (except following an accident or surgery for cancer)
- treatment for infertility
- experimental treatment (limited benefit may be available – please contact us)
- HIV/AIDS and related conditions
- kidney dialysis as part of long-term treatment of a chronic condition
- psycho-geriatric conditions
- self inflicted injury
- sexual dysfunction
- sleep disorders and sleep problems such as snoring and sleep apnoea
- sports related treatment - if a member is paid or personally funded/sponsored
- surgical or medical appliances such as neurostimulators (for example cochlear implants), wheelchairs, crutches and orthotics (supports)
- take home drugs and dressings
- treatment directly or indirectly related to birth control
- treatment for lipoedema
- treatment outside the UK
- treatment for pregnancy and childbirth, but we do cover related conditions that can also be experienced outside of pregnancy and childbirth. (Depending on your chosen policy options, some cover for pregnancy and childbirth complications is available subject to a 10 month qualifying period)
- treatment for warts, verrucas and skin tags
- treatment required as a result of war, terrorism, contamination by radioactivity, biological or chemical agents
- varicose veins of the leg, unless they meet the criteria detailed in the policy wording
- weight loss surgery.

This is a summary of the exclusions on this policy. Full terms and conditions are available on request. You'll be required to complete an application to determine the final terms of your policy.

## Eligibility

Each member 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 totaling 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 be reasonably expected that a member may cease to satisfy this criteria following renewal of the policy.

# How can I keep my employees well?

## Why wellbeing matters

**At Aviva, we believe looking after our customers is about more than simply providing a healthcare policy.**

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 and how they manage stress. By promoting healthier habits and incremental shifts in attitudes and actions we help people make informed, balanced and positive lifestyle choices.

Solutions offers you the services below at no additional cost to your policy.

## Aviva Wellbeing\*

The Aviva Wellbeing mobile app is dedicated to helping insured employees and insured adult dependants live life to the max. They can also join challenges designed for every fitness level, to help build team spirit.

Action plans and personal targets could help employees get fit or live healthier, as Aviva Wellbeing helps deliver lifelong change – one simple step at a time and you could benefit from increased employee engagement and productivity.

Terms and conditions and the privacy policy for Aviva Wellbeing can be viewed in app before signing up. Mobile data charges may apply.

## Aviva Line Manager Toolkit: Mental Health\*

The Aviva Line Manager Toolkit aims to help line managers spot the warning signs of poor mental health, identify reasonable adjustments and manage professional boundaries. It also empowers them to feel more confident in having supportive conversations with team members, so they can address issues before they become more serious.

## Aviva Digital GP\*

### Ever wanted to consult a doctor at short notice?

The Aviva Digital GP app could help minimise downtime when insured employees need a GP consultation or are seeking medical advice, giving them swift and convenient access to GP video consultations and repeat NHS prescriptions.

They can order prescribed repeat medication within the app (all NHS England exemptions accepted) and get free UK delivery.

Please note, Aviva Digital GP is provided 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 and the privacy policy for Aviva Digital GP can be viewed in-app before they sign up. Mobile data charges may apply.

## 24-hour Stress Counselling helpline

Stress can develop when employees feel they are having difficulty with the demands and expectations they face. The Stress Counselling helpline can help to address issues early on.

Counselling could help promote resilience and productivity, with a personal approach to reducing stress and promoting wellbeing.

The service is available to members aged 16 or over.

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





## Get Active\*

We can help your insured employees stay fit, happy and healthy - with discounts available from many health and fitness clubs - plus savings on at-home fitness and online workouts.

They can access discounts at over 3,000 health and fitness clubs, as well as great at-home fitness offers and a range of savings on other products and services - all designed to help keep them and their families active, healthy and happy.

The sign-up process for some offers, such as health and fitness clubs, means they'll enter a binding contract which may include conditions such as minimum term and monthly fees. Please advise them to read the terms and conditions relating to their chosen offers carefully.

Terms and conditions and the privacy policy can be viewed before signing up. This service is a non-contractual benefit which Aviva can withdraw at any time.

For more information on the wellbeing services available to your business, visit: **[aviva.co.uk/wellbeing-solutions](https://aviva.co.uk/wellbeing-solutions)**

Our wellbeing services are redefining employee wellbeing, helping your employees become happier and healthier, which can lead to increased employee engagement, improved staff retention, improved productivity and reduced absenteeism.

**\*This service is a non-contractual benefit Aviva can withdraw at any time.**

# MyAviva

## The easy way to manage Aviva policies online

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

With a whole host of benefits they can:

- check their policy or scheme information, including cover and benefit details
- start a new claim or update us on an existing one
- view the claims summary, update us on what's next and track bills paid against their claim
- keep track of excess and out-patient benefits (if applicable), helping them stay in control
- Chat to our Online Assistant where employees can get support 24/7.

They can help answer questions or direct them to someone who can.

MyAviva is also available to download from the App Store or Google Play. Mobile data charges may apply.

# Underwriting explained

**Your private medical insurance covers new and unexpected medical conditions. This is a brief overview of how we underwrite the policy.**

## **Solutions offers a wide choice of underwriting options**

Your usual intermediary or Aviva adviser will explain the most appropriate option for you.

### **Full medical underwriting**

- We consider the past health of your employee. We may exclude any pre-existing conditions or any related or associated conditions unless we choose to accept them.
- We offer full medical underwriting as standard to all previously uninsured small and medium businesses, generally those from one to 100 lives.
- For larger businesses, generally covering more than 100 employees, you can also opt for full medical underwriting.

### **Continued medical exclusions**

- If you're transferring from an existing fully medically underwritten policy, we'll accept the existing medical exclusions (if any) applied by your previous insurer.
- New exclusions may be added to your policy based on the answers your employees have provided or are required to provide on their application.
- To complete the underwriting, we'll require all certificates and previous medical insurance documents for each employee you want us to cover.
- Continued medical exclusions underwriting is available to all group sizes (1-249).



## Moratorium underwriting

- Employees won't be able to claim for any condition they had during the five years before their cover started.
- If they had a pre-existing condition in the five years before their start date, they'll only be covered for it once they've been free from medication, treatment, diagnostic tests or advice for the condition for two continuous years after their cover started.
- We will, of course, take care of any new health conditions from their start date.
- Available to all group sizes (1-249).

### What is a pre-existing condition?

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

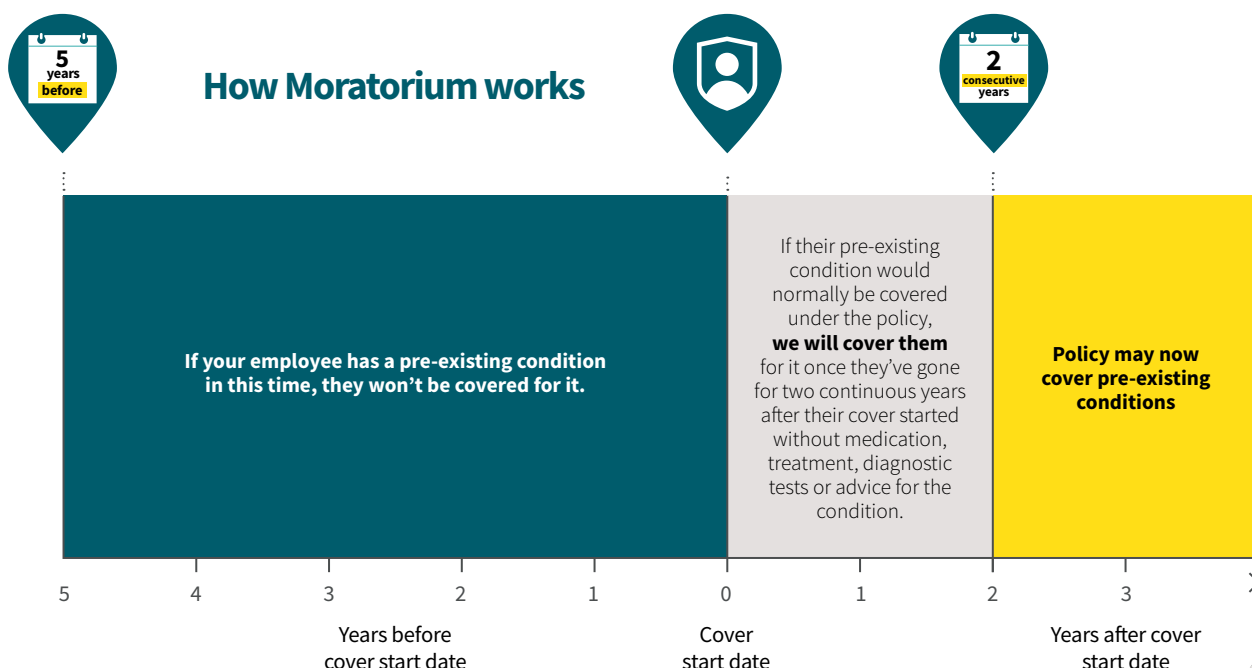
## Continued moratorium

- If you're transferring from an existing policy underwritten on a moratorium basis, we'll apply our moratorium wording with effect from the original moratorium start date for each of your employees.

- We'll require proof of previous terms for continued moratorium underwriting.
- We offer continued moratorium underwriting to all group sizes (1-249).

## Medical history disregarded

- If you're taking out a policy for the first time or switching from another insurer, we'll cover any pre-existing conditions for your employees providing they fall within the terms and conditions of the new policy.
- We offer medical history disregarded as standard for all larger companies, mainly those that want to cover 100-249 employees. However, if you prefer, you may opt for full medical underwriting or one of our other underwriting options.
- If yours is a smaller company, typically between 15 and 99 employees, you may also opt for medical history disregarded. Please bear in mind this will increase your premium.
- We may consider schemes with part medical history disregarded. Please contact your insurance adviser if you want to go down this route or, alternatively, contact your usual Aviva healthcare sales consultant.





# Your questions answered

## Could the terms and conditions of my policy change?

- From time to time, we may change the terms and conditions of your policy.
- Private medical insurance is an annual contract, so we'll usually tell you about these changes before the renewal date of your policy. The changes won't apply until after you've renewed your policy.

## Will my premiums change?

- We carry out a general premium review for all schemes each year. We do this to reflect the overall cost of claims and medical inflation. This can be influenced by factors such as the availability of new treatments and medical technologies.
- We price Solutions policies for smaller businesses, usually those with one to 99 employees, using age to allow for the fact that people are more likely to claim as they get older. We may also make an adjustment to reflect the scheme's overall claims' experience. We refer to this as age rated.
- There are other factors which affect our pricing of policies with smaller businesses where we use aged rated pricing. These include location or district, the size of your scheme and whether your scheme includes family members. The price also depends on the underwriting you choose.

- We price larger group schemes differently. When we price these schemes, we use their overall claims experience. We do this whether you are renewing with us or transferring from another provider. We combine an age-rated basis with claims experience when we're pricing smaller schemes in this category that have been running for less than three years. When pricing any scheme, we'll always take into account any changes to the options chosen. We refer to this as experience rated.

## Are there some companies you won't provide cover for?

- Sometimes we may decline to provide cover for businesses we believe don't meet our corporate responsibility requirements or which contradict our corporate responsibility policies.
- You can find information about our corporate responsibility position at [aviva.com/social-purpose](https://aviva.com/social-purpose)



# Are you ready to make a difference with Solutions?

## Take the first step towards peace of mind

Your employees are the heart of your business, so keeping them fit and healthy makes complete sense.

You can apply for Solutions private medical insurance by following the simple steps below. By doing this, you'll be helping to manage sickness absence in the workplace, keeping your employees in work and your bottom line healthy.

You can talk to Aviva directly, or speak to a financial adviser to find out more about Solutions.

Whichever way you find out more about Solutions, you need to carefully read through all the information to make sure it's the right policy for your company. We strongly recommend you speak to one of our healthcare sales consultants or a financial adviser before deciding on the cover you need. That way we can start shaping your policy to be sure it's a good fit for your business.



## Contact Aviva

- **Call us on 0800 158 5182**  
Calls to and from Aviva may be monitored and/or recorded.
- **Visit our website at [aviva.co.uk/business](https://aviva.co.uk/business)**
- If you're deaf or hard of hearing and have a textphone, you may call us free of charge via BT Typetalk on **18001 0800 959 598**.

When you contact us, we can:

- Prepare an initial policy specification based on the benefits you'd like to include
- Discuss underwriting and available options
- Guide you through our straightforward application process.



## Talk to a financial adviser


If you prefer, you can go through a financial adviser, who can:

- Answer any questions you may have about Solutions and other private medical insurance options
- 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 pre-existing medical conditions)
- Help you to apply.

## Need this in a different format?

Please get in touch if you would prefer this brochure (**GEN3664**) in large print, braille or as audio.

## How to contact us

 0800 092 4590

 [contactus@aviva.com](mailto:contactus@aviva.com)

 [aviva.co.uk](http://aviva.co.uk)

Calls may be monitored and/or recorded.



## Defaqto 5 Star Rating

Solutions provides one of the highest quality offerings on the market.

Defaqto is a leading financial information, ratings and fintech business, helping consumers, financial institutions and financial advisers make better informed decisions.

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Aviva Health UK Limited acts as agent of Aviva Insurance Limited for the purposes of: (i) receiving premium from our clients; and (ii) receiving and holding claims money and premium refunds prior to transmission to our client making the claim or entitled to the premium refund.

[aviva.co.uk/business/health](http://aviva.co.uk/business/health)

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