

For employer use only.
Not for use with policy members



Solutions for a healthy company

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

With a range of options to pick and choose from, Solutions
offers cover that suits different needs and budgets.





Contents

03.

Why choose Solutions?

04.

Solutions explained

06.

Expert Select

08.

Extensive core cover

10.

Enhancing your cover

11.

Reducing your cover

12.

What isn't covered

13.

Mental health & musculoskeletal support

15.

Cancer cover

16.

Additional support for members living with cancer

17.

Added value benefits

18.

Our Wellbeing services

Why choose Solutions private medical insurance for your business?



Expert Select

Using our expertise and excellent customer service we'll find the most suitable specialist and hospital for your employee's condition, giving them a range to choose from.



Mental Health Pathway

Solutions offers valuable mental health support for your employees in core cover. They can speak to a mental health practitioner without a GP referral.



BacktoBetter

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



Our cancer pledge

We provide extensive cancer cover and support at every stage of treatment in core cover. From diagnosis to follow-up monitoring consultations. To find out more visit

aviva.co.uk/business/cancer-pledge



Evidence-based treatment

We provide cover for treatment that is backed by medical research and take part in comprehensive medical reviews including experimental treatment.



Specialist claims teams

We have dedicated teams for specialist conditions such as cancer and mental health. So, employees will get our best possible service, should they need it.



Enhance and reduce options

There's the flexibility to choose from a number of cover-enhancing or premium-reducing options.



A range of added value benefits

We offer services that help keep your employees healthy and happy. After all, employees help contribute to the success of your business.



You're in control

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 the Solutions brochure and can be found at aviva.co.uk/business/health or please speak to your usual adviser.

Solutions explained

Solutions is designed to pay for treatment of acute (short-term) conditions, for your members, that occur after you've taken out the policy.

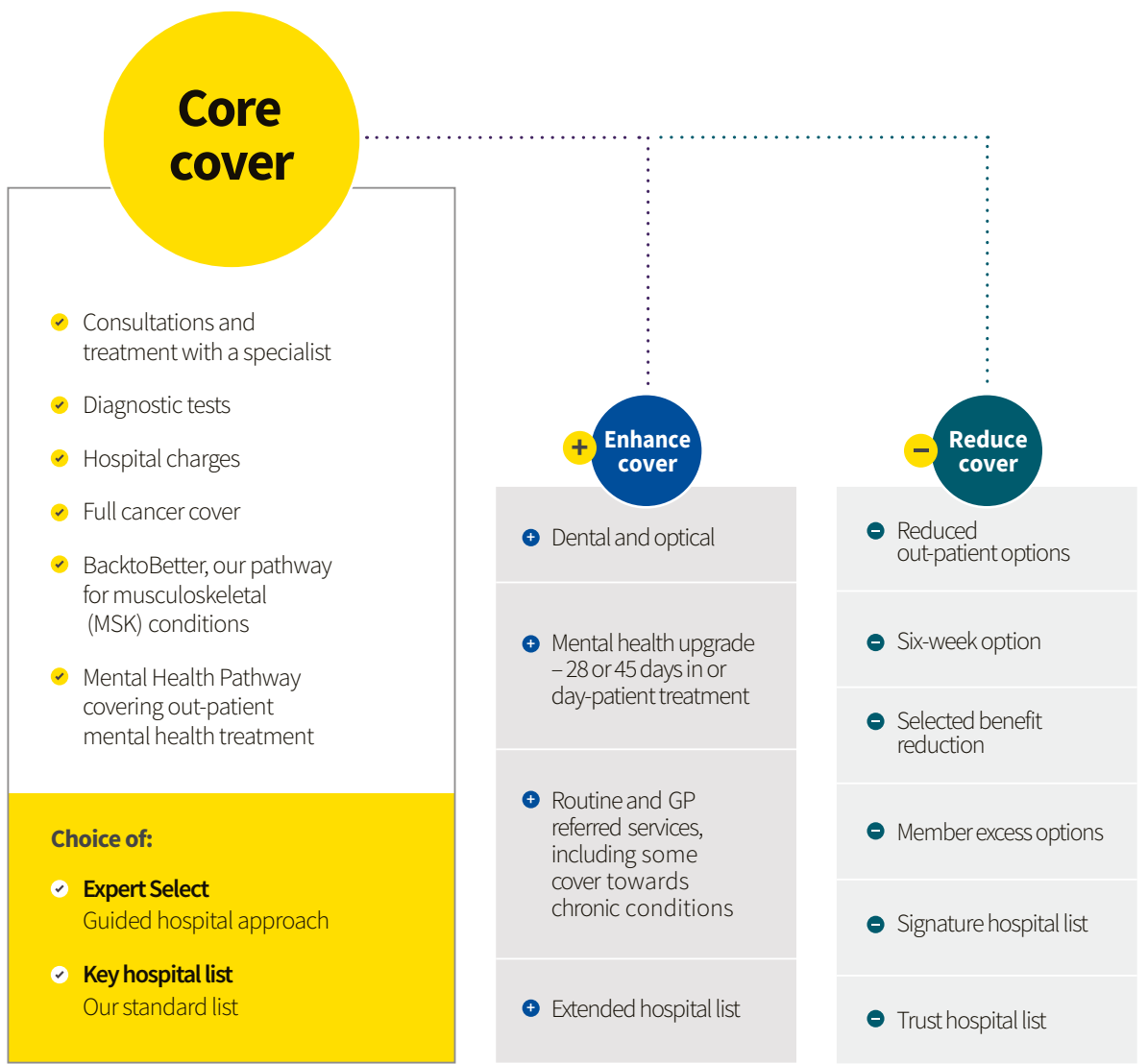
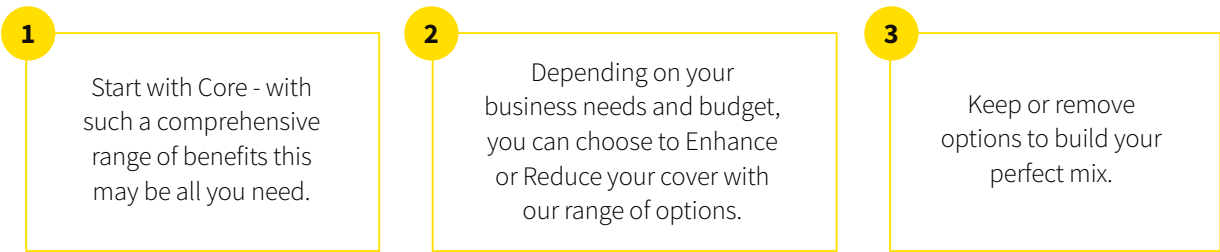
It isn't designed to cover treatment of pre-existing or chronic conditions, although depending on your underwriting and the options you choose, some cover may be available.

The following pages explain the options you can choose to enhance the cover or reduce it. By choosing these options, it means that your premium can increase or reduce depending on what you've selected.

Solutions has a number of exclusions which may vary depending on the options you choose. A summary of the standard exclusions is given in your IPID, with full details in the policy wording.

How it works...

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

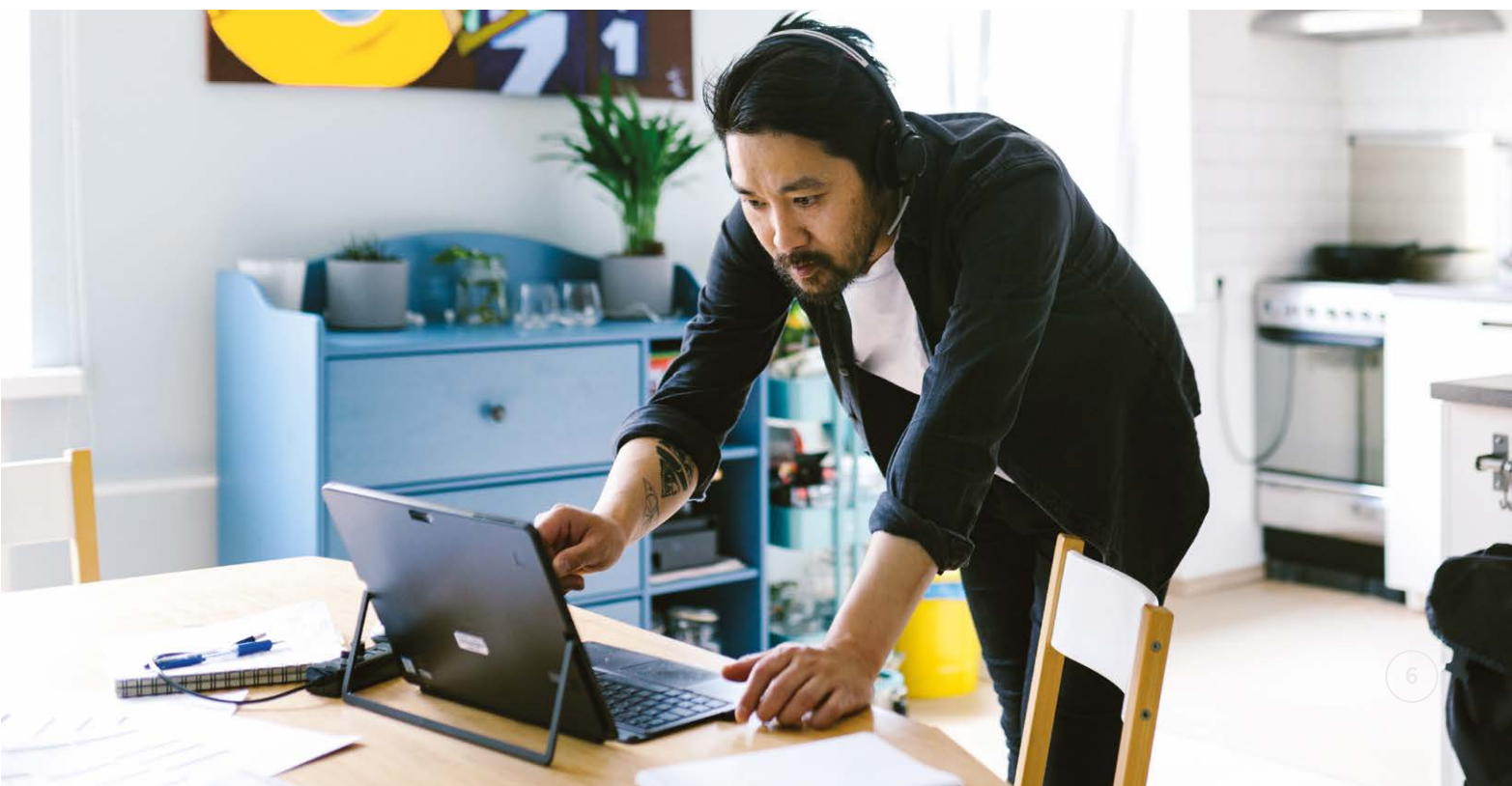


Quality treatment and extensive benefits with core cover

Expert Select

Our core route to treatment

- Expert Select is a simple, guided and open referral approach to accessing quality treatment.
- If you choose the Expert Select approach, you won't have to decide which hospital list will best suit your employees when you take out your policy.
- When an employee makes a claim, we'll offer them a choice of hospitals nationally which may include some from the largest hospital groups.
- All hospitals will be local to your employees, offering them 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.
- It helps to protect your business from lost personnel and working days, keep your costs down, and provide a valuable benefit to your employees.
- 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.



Alternative hospital options

Hospital lists

This is an alternative approach to Expert Select. With this option, you can pick from specialists working in a specific hospital on your chosen hospital list. They are a good option if your employees would prefer to choose a specific hospital from one of our lists.

We have four hospital lists:

- **Key hospital list** - Our standard hospital list option.
- **Extended hospital list** - You can upgrade to this list, which gives access to more hospitals, predominantly in the Greater London area.
- **Signature list** - An option if your employees are based mainly in Scotland and Northern Ireland as this list excludes all hospitals in England and Wales.
- **Trust list** - Uses the private patient units of NHS Trust and partnership hospitals. It's only available for Solutions policies covering one to 99 members.

Additional support

Networks

- For some conditions, such as cataracts, we offer another level of quality assurance – a network of treatment providers who meet our quality standards, with proven expertise for specific conditions.
- With networks you and your employees can benefit from our expertise - we'll do the background checks for you and help your employees navigate complex healthcare choices.
- We work with providers who meet our quality criteria. All our providers sign up to collecting and sharing clinical outcomes with us and, where applicable, national registries to improve transparency for you.

More information on networks can be found at aviva.co.uk/health-network



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: <ul style="list-style-type: none"> • 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	✓



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"> • In a hospital if it's medically necessary • Donation to a hospice • Donation to a registered charity 	✓ £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.

Creating your PMI plan

Options to enhance cover

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.

Mental health upgrade

- Whilst out-patient mental health cover is included in core cover, you can add treatment as an in-patient or day-patient for mental health conditions up to either 28 or 45 days, including accommodation and nursing
- Specialist fees for in-patient treatment up to our published fee guidelines
- This option is not available if you have selected our £0 out-patient option
- This option is not available for members living on Isle of Man, Isle of Wight, Channel Islands or Northern Ireland.

Routine and GP referred services

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

- Consultations with a specialist and diagnostic tests for a chronic or previously acute condition
- GP minor surgery - up to £100 each procedure (payable to the GP).

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.

Dental and optical

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

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

Hospital lists

Expert Select, our guided hospital benefit, is included as part of core cover. However, if your employees would prefer to choose their own hospital, then we have a choice of hospital lists. These allow you to include more or fewer hospitals in order to suit your needs.

You can choose from:

- Key • Extended • Signature • Trust

For an extra cost, you can upgrade to the Extended hospital list, which gives access to more hospitals, predominantly in the Greater London area.

The summaries on these pages do not contain the full standard terms and conditions that apply to the product. These can be found in the Solutions policy wording. If you don't have a copy, please speak to your usual adviser or contact us directly. Non-standard terms may apply.

Options to reduce cover

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.

Six-week option

If you choose the six-week option, your members 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 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.

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. If it's found that a member requires emergency treatment, they'll be admitted on the NHS immediately, therefore treatment won't be covered by the policy.

The six week option is not available to residents of the Channel Islands or the Isle of Man.

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 to each member, every policy year, irrespective of the number of claims made during that policy year.

Selected benefit reduction

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

- treatment for complications of pregnancy and childbirth
- investigations into the causes of infertility
- surgical procedures on the teeth performed in a hospital.

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 for each member, every policy year.

Even with reduced cover, we still offer a considerable level of insurance. You can rest assured your employees still get full out-patient cover for:

- Surgical procedures by a specialist in a clinical setting, for example, guided injections, surgical treatment and complex diagnostics
- 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's 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.

Out-patient consultations, other diagnostic tests and non-surgical treatment are subject to these limits.

If you choose a £1,000 or £1,500 limit, you'll still get full cover for out-patient mental health treatment through the Mental Health Pathway that's part of our core cover.

If you choose the £0 option, your core cover won't include the Mental Health Pathway, which also means you won't be able to add the mental health upgrade and won't have any cover for mental health issues.

The monetary limit doesn't apply to out-patient cancer treatment received after a member has been diagnosed with cancer.

Hospital lists

You can reduce your costs by choosing these lists with fewer hospitals:

- Signature - An option if your employees are based mainly in Scotland and Northern Ireland as this list excludes all hospitals in England and Wales.
- Trust - This uses the private patient units of NHS Trust and partnership hospitals. It's only available for Solutions policies covering 1-99 members.

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.

Support for mental health and musculoskeletal conditions

We want to help keep your employees well and effective in their roles. Early intervention and the right support for these conditions can minimise the impact of absenteeism and help improve recovery. That's why these services are included in core cover.

To make sure your employees get quick access to quality third party services we've partnered with providers who meet our quality of care standards. All the 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 treatment.

Mental Health Pathway

- **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 specialists** - 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** - dependents 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.

BacktoBetter

- **Quick access to assessment** - your employees can call us to arrange for an assessment with a third party clinical case manager without a referral from a GP.
- **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.

Making a claim couldn't be easier for a therapy pathway. Your employees don't even need a GP referral to get treated.

1

Call the Aviva claims team

After a few simple questions we'll pass your employee straight through to an independent third party clinical provider for assessment.

2

Clinical assessment by phone

A clinical professional will assess your employee's symptoms and if treatment is needed, book their first appointment with a physiotherapist or mental health therapist.

3

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.



Cancer cover to help at a difficult time

We've made cancer cover an integral part of Solutions to help safeguard your business and make sure your employees get the help they need.

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:

- Cover for chemotherapy, radiotherapy and targeted therapy is covered in full.
- Dedicated ongoing care through unlimited monitoring after cancer treatment.
- 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.



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.



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.

Careology is available to employees with cancer cover on their policy, and an eligible cancer claim.

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**

A man with short brown hair and a light beard, wearing a bright yellow sweater and large blue over-ear headphones, is looking down at a silver smartphone he is holding in his hands. The background is a blurred indoor setting with large windows.

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 discount on selected new Aviva products and much more - all in one 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
- live chat directly to one of our claims experts without having to pick up the phone

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

How can I keep my employees well?

Why Wellbeing matters for your business

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. Wellbeing for your employees

✔ **Aviva Wellbeing app***

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

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***

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, repeat NHS prescriptions (all NHS England exemptions accepted) and with 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.

✔ **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.

The service is available to members aged 16 or over.

✔ **Get Active***

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

Insured employees 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.

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

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.

For more information on the Wellbeing services available to your business, visit: aviva.co.uk/wellbeing-solutions

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

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

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.

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. Its unbiased product information, provided as Star Ratings, helps consumers, financial institutions and financial advisers make better informed decisions.



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aviva.co.uk/business/health

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