



Healthier Solutions Private Health Insurance

Summary of cover
Renewal Brochure

| Retirement | Investments | Insurance | **Health** |



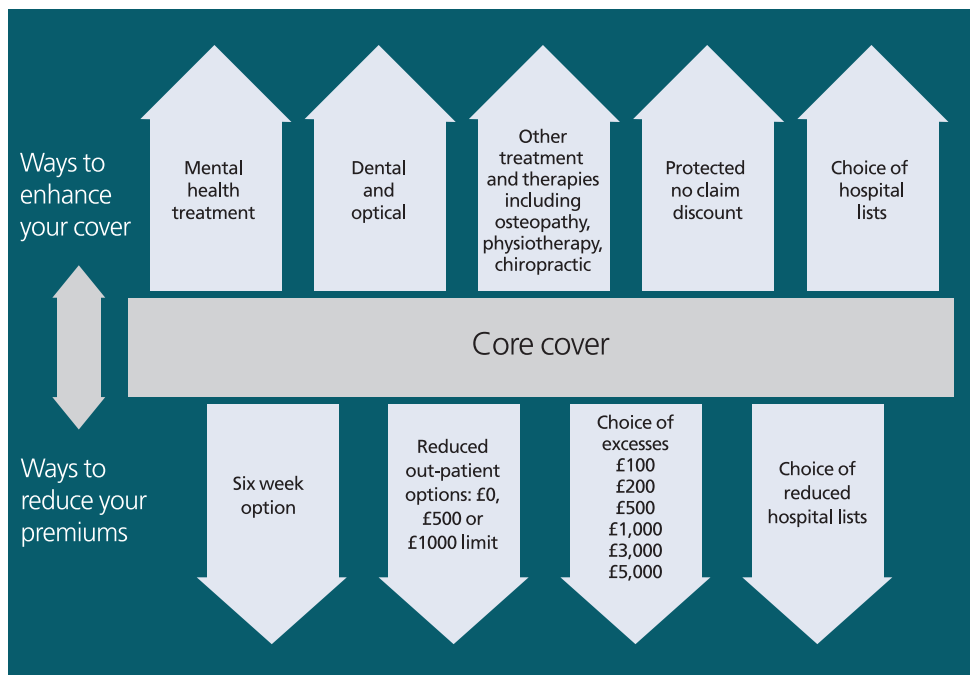
You're in control

It's important that you find the right product. 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.

While your IPID provides a short summary, the terms and conditions expand on this and provide full product details, including the benefits and exclusions. These documents should be read together with this renewal brochure. If you don't have a copy of any of these documents, please speak to your usual adviser or contact us directly.

We understand that everyone is different – which is why Healthier Solutions allows you to design your

cover around your needs and your budget. As your policy is due for renewal, this is the ideal time to double check you have the cover that's right for you, so you are set for the year ahead. Remember that Healthier Solutions is flexible, so you can enhance your cover or reduce your premiums. Choosing to enhance your cover will increase your premiums, while reducing your premiums will reduce your cover.



Before you decide whether you'd like to make any changes, take a look at your policy schedule to see what cover you currently have.



Healthier Solutions

– what’s covered?

Healthier Solutions is designed to pay for treatment of acute (short-term) conditions. Cover for pre-existing conditions is dependent on your underwriting which can be found in your policy schedule.

A summary of Healthier Solutions’ core cover benefits and exclusions can be found in your IPID, with full details in the terms and conditions. You should read them in conjunction with this brochure.

Remember, you can also choose options to enhance your cover or reduce your premiums. Details of those options are included on the following pages.

Networks

To help manage costs and drive consistent quality of care, we’re developing a number of networks of facilities, specialists and other practitioners for specific conditions. If we’ve a network for your condition or suspected condition, we’ll tell you where you can have treatment which may not be at a hospital on your hospital list. We’ll only pay for that treatment if it’s carried out within our networks.

If you’ve chosen the Extended hospital list you don’t have to use our networks. A list of the conditions or suspected conditions that we have networks for can be found at aviva.co.uk/health-network

Providers that aren’t recognised by us

We work with our providers to ensure that our customers’ treatment is clinically suitable and appropriate and in line with current clinical practice. To ensure customers are only treated by providers who meet our requirements for quality and value, we won’t pay for treatment with providers who aren’t recognised by us. This means that if you use a provider (which includes practitioners, specialists, other healthcare professionals, hospitals, facilities or other treatment centres) that we don’t recognise, we won’t pay for that provider’s fees/charges.

Private Healthcare Information Network

You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network at phin.org.uk

NHS amenity beds

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

Specialist fee guidelines

We want to contain claim costs wherever possible, to minimise the impact on our policyholders’ premiums. But because medical technology and equipment is becoming more advanced, more claims are being made each year. So, we aim to manage the costs arising from these claims according to a frequently-reviewed set of guidelines. We believe these guidelines reflect reasonable rates of remuneration for the procedures listed, and show the maximum amount we’ll pay. To view our fee guidelines visit aviva.co.uk/pmifees

Ways to enhance your cover

You may be able to add any of the options on this page to enhance your Healthier Solutions cover, subject to agreement from our underwriters. All of these options will increase your premium, but sometimes knowing you have the cover in place will give you greater peace of mind.

Dental and optical

Our core cover already includes surgical procedures on your teeth performed in a hospital. This option gives you cover for routine treatment such as:

- examinations
- fillings
- crowns.

It also gives you cover for accidental dental injury (such as a tooth being knocked out) and optical expenses. For example, though we don't cover eye tests, we'll pay towards new glasses up to a fixed amount, should you need them as a result of a change in your prescription.

Benefit	Amount of cover
Optical benefit	Up to £200
Accidental dental injury	Up to £600
Routine dental treatment	Up to £300

A £50 excess applies separately to both the optical benefit and routine dental treatment. The £50 excess applies to each member every policy year.

Other treatment and therapies

If you suffer an injury, for instance, whiplash or injure yourself playing sport, your GP may refer you to a physiotherapist, osteopath, acupuncturist or chiropractor. It also gives you cover for minor surgery by a GP up to £100 each procedure.

Benefit	Amount of cover
GP referred treatment by a physiotherapist, chiropractor, osteopath or acupuncturist.	Up to 10 sessions in combined total
GP minor surgery	Up to £100 each procedure

Mental health treatment

We can give you cover for both in-patient and day-patient treatment of acute conditions if you're diagnosed with an acute psychiatric illness such as clinical depression.

Benefit	Amount of cover
In-patient and day-patient accommodation and nursing	In full up to 28 days
Specialists' fees for in-patient treatment	Up to £210 each week

Protect your no claim discount (NCD)

With our 15 level NCD scale your policy discount increases by one level each year you don't claim, up to a maximum discount of 75%. If you make any new claims that total over £250 your NCD will reduce by three levels at your next renewal date. Then, if you don't make any claims in the year that follows, your NCD level will build back up again.

For a small additional premium, you can protect your NCD from your renewal date. If you'd like to do this, please talk to a member of our team who'll add the option providing:

- you haven't had any form of cancer, heart disease or stroke in the last five years
- you haven't had any consultations, diagnostic tests or treatment in the last 12 months
- you've no consultations, treatment or diagnostic tests pending with a GP, specialist or hospital
- you aren't aware of any conditions that you may need diagnostic tests or treatment for in the next six months, whether or not you have consulted a medical practitioner.

The NCD protection takes effect if you make claims that would cause you to drop three levels down the NCD scale. Instead of your NCD reducing, it'll stay at the same level but your protection will be lost. This means the NCD will apply in the usual way at the following renewal.

Once you have been claim-free for a year you can ask us to protect your NCD again.

Upgrade your hospital list

We offer you a choice of hospitals, so you can choose the one that suits you best. Please check your policy schedule to see which hospital list you have. These lists are updated regularly; you can see the most up-to-date version at [aviva.co.uk/hospital-lists](https://www.aviva.co.uk/hospital-lists)

- The Key hospital list provides a wide range of hospitals around the UK.
- The Extended hospital list increases the number of hospitals you have access to in London.

If you enhance your cover by choosing the Extended hospital list, you won't have to use our networks.

Upgrade your core cover

If you currently have one of our reduced out-patient cover options then, subject to agreement from our underwriters, you can choose to upgrade to full out-patient cover and additional benefits. This includes:

- consultations with a fee approved specialist and diagnostic tests
- radiotherapy and chemotherapy
- surgical procedures on your teeth (performed in a hospital)
- limited emergency overseas medical treatment
- specialist referred physiotherapy, osteopathy and chiropractic treatment
- psychiatric out-patient treatment up to £2,000 each person each policy year
- pregnancy and childbirth complications.

Before you make any changes, please check your policy schedule to see what cover you have in place now.

Ways to reduce your premium

You have the opportunity to reduce your cover at renewal, subject to agreement from our underwriters. A member of our team will be happy to discuss any changes with you and how they might impact any claims, now or in the future.

The 6 week option

If you select this option, we won't pay for any in-patient or day-patient treatment you require if that treatment is available within 6 weeks on the NHS (including accident or emergency admissions). We also won't pay for NHS cash benefit, NHS cancer cash benefit or the cost of an NHS amenity bed if your treatment is available on the NHS within six weeks from the date your specialist recommends it.

Should you just need out-patient treatment, e.g. consultations, tests or a procedure, this will be unaffected by the 6 week rule so we'll pay for you to go privately regardless of the NHS wait. However, if your out-patient treatment leads to an in-patient or day-patient stay, the 6 week rule will apply. If there is an NHS wait of 6 weeks or more, we'll provide cover for prompt treatment at private facilities. If you require emergency treatment, you'll be admitted on the NHS within 6 weeks. Therefore, that treatment won't be covered by your policy.

Policy excess

Adding a policy excess or increasing your current excess is another way you can reduce your premium. An excess is the amount of money each person on the policy pays toward the total cost of their claims every year. Choose from £100, £200, £500, £1,000, £3,000 or £5,000.

For example, if you choose a £5,000 excess and your treatment in one policy year costs £10,000, you'll pay the first £5,000 and we'll pay the rest.

If the treatment carries on into the next policy year, another excess would apply, so you'll again pay the first £5,000 of any treatment.

If you claim for a benefit that has a limit, and you haven't already paid your excess for that policy year, the excess will still count toward the benefit limit. Say your excess was £200 and the treatment you were claiming had a benefit limit of £500. You'd have to pay the first £200 and we'd only pay up to a further £300 for that benefit in that policy year.

If the treatment you were claiming for cost £1,000 and your excess was also £1,000, you'd have to meet the full cost of that treatment yourself. However, your excess would be paid and wouldn't apply to other claims in that policy year.

Reduce your hospital list

Depending on the hospital list you currently have, you may be able to reduce your premium by selecting a different list. These lists are updated regularly, you can see the most up-to-date version at [aviva.co.uk/hospital-lists](https://www.aviva.co.uk/hospital-lists)

- The Key hospital list covers a wide range of hospitals around the UK.
- The Signature hospital list offers private hospitals in Scotland and Northern Ireland only.
- The Trust hospital list includes mainly private patient units of NHS Trust and Partnership hospitals. Please note that you must live within the catchment area of a Trust hospital to qualify for this list.

Remember if we have a network for your condition or suspected condition you'll still need to use our network facility for your treatment rather than a hospital on your list unless you have the Extended hospital list in which case you don't have to use a network.



Reduced out-patient cover

You can choose to reduce your out-patient cover to a limit of £0, £500 or £1,000 to lower your premium. All of these options provide cover in full for CT, MRI and PET scans (at a diagnostic centre that we recognise), pre-admission tests (within 14 days of in-patient or day-patient treatment) and out-patient radiotherapy and chemotherapy treatment. If you choose the £0 option, these will be the only out-patient benefits on your policy. If you choose either a £500 or £1,000 limit, the following out-patient benefits are covered up to your chosen limit each member every policy year:

- consultations with a fee approved specialist
- treatment by a specialist as an out-patient
- diagnostic tests
- specialist referred treatment by a physiotherapist, chiropractor, or osteopath
- psychiatric treatment as an out-patient.

The reduced out-patient limits don't apply to treatment for cancer. If you choose to reduce your out-patient cover to a limit of either £0, £500 or £1,000, we won't apply the limits to cancer treatment received after you have been diagnosed with cancer.

If you choose one of these options, the following benefits will be removed from your policy:

- limited emergency overseas cover
- surgical procedures on the teeth, and
- treatment for complications of pregnancy and childbirth.

Before you make any changes, please check your policy schedule to see what cover you have in place now.



What's covered for cancer treatment?

Our cancer pledge

We understand the importance of providing extensive cover and support at every stage of your cancer treatment. Our cancer pledge means we'll cover the cancer treatment and palliative care you need, as recommended by your specialist.

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



The table below provides a summary of the cancer cover available with Healthier Solutions and expands on your IPIID. Full details are in your terms and conditions.

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

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

Benefits	Amount payable	Note
Hospital charges for surgery and medical admissions	In full	In-patient or day-patient treatment at a facility recognised by us as part of a network, a hospital on your hospital list or an NHS hospital recognised by us
Specialists' fees	In full	Up to the limits in our specialist fee schedule
NHS cash benefit for cancer treatment	£100 each day	We pay £100 a day for treatment received as an in-patient or day-patient, £100 for each day you receive out-patient radiotherapy, chemotherapy or blood transfusions or out-patient surgical procedures. £100 for each day you receive intravenous (IV) chemotherapy at home and £100 for each week you are taking oral chemotherapy at home. You won't be able to claim more than £100 in any one day

Benefits	Amount payable	Note
Post surgery services	In full	Includes specialist services immediately following surgery, such as consultations with a dietician or stoma nurse
Radiotherapy and chemotherapy	In full	Hormone therapy is only covered if you need it to shrink a tumour before you have surgery or radiotherapy
Bone strengthening drugs (such as bisphosphonates)	In full	In full when being used to treat metastatic bone disease
Treatment prescribed by your specialist for side effects while you are receiving chemotherapy or radiotherapy	In full	
Wigs	Up to £100	We'll pay towards the cost of a wig if you need one due to hair loss caused by cancer treatment. This is payable once each member, not every policy year
External prostheses	Up to £5,000	We'll pay towards the cost of the first external prosthesis following surgery for cancer
Stem cell and bone marrow transplants	In full	Includes collection, storage and implantation
Monitoring	Up to ten years	We don't pay for monitoring after treatment for non-melanoma skin cancer
Ongoing needs	Up to five years	Such as regular replacement of tubes or drains
Preventative treatment for cancer		Only if you've already had treatment for cancer that we've paid for.
End of life care:		
- in a hospital if it's medically necessary	In full	
- donation to a hospice	£100 each night, up to £10,000	Each night you are admitted
- donation to a registered charity	£50 each day, up to £10,000	Each day that you're visited at home by one of their nurses



How to make a claim

In most instances, our team will assess your claim over the phone, leaving you free to focus on getting the care you need.

Should you ever need to make a claim, our step by step guide below will help you through the process.

Step 1 – If you're unwell

Visit your GP and if they refer you for further assessment or treatment, please get a referral by either:

- asking your GP for an open referral – a referral letter that lists the specialism and sub-specialism required, but doesn't name a specific specialist or hospital, or
- asking your GP for a named referral.

When you have your referral letter please call us to discuss the details of your claim and to check that the costs will be covered under your healthcare policy.

Step 2 – Call the customer service helpline on 0800 158 3333

Calls may be monitored and/or recorded.

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

- your policy number, which is detailed on your policy documents
- details of your symptoms and when they started
- what your GP has told you.

If we've a network for your condition or suspected condition, unless you've chosen the Extended hospital list, we'll tell you where you can have your treatment. This may or may not be at a hospital included on your chosen hospital list.

If we don't have a network in place, or you have the Extended hospital list:

- If you've been given a named referral, we'll check to make sure the specialist is recognised by us.
- If it's an open referral, we'll use our specialist finder database to select an appropriate specialist and/or hospital.

Step 3 – Diagnosis, treatment or surgery

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

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

Step 4 – We pay the bill

All eligible bills will be settled by us directly with the treatment provider, but if you receive a bill, please ask the provider to send us a copy or you can send it to:

Bill Payment Team
Aviva Health UK
Chilworth House
Templars Way
Eastleigh
SO53 3RY

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

Questions about making a claim?

If you've any questions about making a claim our claims team will help you every step of the way.

What else does Healthier Solutions offer?

As well as the peace of mind you'd expect from your private health insurance policy, we offer you a number of extra benefits to help you manage your health and your lifestyle.

Manage your policy online with MyAviva

MyAviva brings together the products that help you protect your health, loved ones, future and possessions, in one secure and simple-to-use online place.

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

- view details of your policies online, including cover and benefit information
- track any policy excess or out-patient benefit – helping you stay in control
- start a claim online, update an existing claim, or arrange a callback to speak to us
- check information relating to a claim – including the status or claim and authorisation number
- access useful online tools, frequently asked questions, helpful guidance and contact information, when you need them most
- enjoy an existing customer discount when you take out a new product from a selected range. You should always read the terms and conditions that apply to each product, which can be found on MyAviva. Discounts can be amended or removed at any time prior to taking out the new product
- download our smartphone app to manage your policies on the go.

Log in to MyAviva today at [aviva.co.uk/myaviva](https://www.aviva.co.uk/myaviva) – safe, secure and tailored to use on most devices

MyHealthCounts

An online health and wellbeing tool – helping you to understand your health and the lifestyle choices that impact it.

MyHealthCounts is designed to give you a better understanding of your current state of health.

Here's how it works

- Once you buy a Healthier Solutions policy, you can register for MyHealthCounts by going to myhealthcounts.co.uk
- After registering, you will be required to complete an online health questionnaire about your health and lifestyle choices. Developed by clinical experts, it places you in a 'queue' of a hundred people - the higher your score, the further back in the queue you are and the lower your health risk.
- As of June 2020, 27% of customers who completed the MyHealthCounts questionnaire received the full 15% discount at renewal.

Terms and conditions apply. Please go to myhealthcounts.co.uk for more information.

Health and fitness club discounts

We love looking after your health and wellbeing. After all, when you're fit and healthy, you're far less likely to feel run-down. That's why we've teamed up with a range of UK health and fitness clubs to offer you up to 25% off gym membership.

To find out more visit [aviva.co.uk/getactive](https://www.aviva.co.uk/getactive) and enter your details to find a deal near you.

Please note, the sign-up process means you'll enter a binding contract with the health and fitness club, which will include conditions such as minimum term and monthly fees. Please read the terms and conditions relating to your chosen health and fitness club carefully. Visit www.getactive.aviva.co.uk for terms and conditions.

24 hour access to expert advice

Aviva Digital GP

We believe checking in with your doctor should be quick and simple. With the **Aviva Digital GP** app you can get around the clock access to GP video consultations and repeat NHS prescriptions (all NHS England exemptions accepted), at no additional cost.

You can:

- access 5 GP video consultations, 24/7 - per member, per policy year
- choose your GP: by gender and review GP bios to select a GP based on your needs and their profile
- order repeat NHS prescriptions within the app (all NHS England exemptions accepted) and get free UK delivery
- add your children under the age of 16 to your account for paediatric consultations, with a limit of 10 children per member.

If you haven't already received one, we'll soon be sending you an invite, explaining how to join.

Aviva Digital GP is powered by Square Health and is available to residents of Great Britain, Northern Ireland, the Channel Islands and the Isle of Man at home or abroad.

Terms and conditions for Aviva Digital GP can be viewed in-app before you sign up. Mobile data charges may apply.

24-hour Stress counselling helpline

If you're stressed and just want someone to talk to, whatever the reason, you can call the 24 hour stress counselling helpline. Experienced counsellors are there for you 24 hours a day, seven days a week. This benefit is available to members aged 16 or over.



Any questions?

Call us on 0800 092 4590

Need to make a claim?

Call us on 0800 158 3333

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

Stress counselling helpline

Call us on 0800 158 3349

This benefit is available for members aged 16 and over.

Aviva Digital GP

Aviva Digital GP is powered by Square Health.

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

If required, please contact us on **0800 051 7501** to request a version in a format more suitable for you.

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aviva.co.uk/health

