



Healthier Solutions

Target Market Statement

This assessment has been prepared by Aviva Health to provide an overview of our Healthier Solutions product.

It is intended to help advisers understand the identified target market for this product.

Further details of our products can be found on the [Health adviser website](#).

Who is Healthier Solutions designed for?

Healthier Solutions is designed for individuals and their families, resident in the UK, Channel Islands or Isle of Man who want prompt access to a choice of healthcare services, delivered in a private setting. This includes both the diagnosis and treatment of acute medical conditions.

Healthier Solutions is a product for individuals who want timely access to healthcare including prompt referrals to consultants, quick admission to hospital and treatment at a convenient time and location.

Healthier Solutions provides healthcare services in a private clinic or hospital so the product could be suitable for individuals who want a high standard of comfort including a private room.

Private Medical Insurance is a premium product, providing an alternative to free healthcare services offered by the NHS. Therefore, it could be suitable predominantly to those with higher disposable incomes who desire a private experience.

To help manage costs, Healthier Solutions is a flexible product with options to increase or decrease cover in line with individual needs and budgets.

What features should you be aware of when considering this product?

- Healthier Solutions could be suitable for permanent residents of the UK, Channel Islands and Isle of Man.
- The product is designed to cover treatment of short-term (acute) conditions that occur after taking out the product.
- The product does not cover treatment of ongoing or long-term medical conditions, often referred to as chronic conditions.
- Pre-existing conditions that the individual has when taking out the product typically aren't covered by the product.
- There are different underwriting options available when purchasing this product and individuals should consider which option is best for their circumstances.
- The choice of underwriting is especially important for people who have had, or are living with existing medical conditions and older individuals, especially those aged over 75.
- There is a variety of private hospitals across the UK and this product offers several options for hospital lists. Individuals should consider the hospitals they want to use and select the option to meet their needs.
- We recognise that some individuals have additional needs when buying or understanding our products. Aviva is committed to helping meet these needs. Please contact Aviva for guidance or support.

How can Healthier Solutions be purchased?

Via an insurance broker with advice:	Direct from Aviva with advice:	Direct from Aviva without advice:
<ul style="list-style-type: none">• Face to face	<ul style="list-style-type: none">• By telephone	<ul style="list-style-type: none">• Online
<ul style="list-style-type: none">• By telephone		

Optional additional covers/Extensions which are available with this product:

Product cover option	Cover options available	What is covered?	Who could this option be suitable for?
Core Cover	The comprehensive cover that all Healthier Solutions products start with. Customers can choose to upgrade or downgrade their cover from this.	<p>Comprehensive in-patient, day-patient, outpatient cover, consultations and diagnostic tests in a private hospital. Additional benefits including cash benefit when receiving NHS treatment, home nursing, private ambulance, stress counselling helpline, specialist referred physiotherapy and outpatient mental health treatment.</p> <p>The core cover also includes Aviva's Cancer Pledge which covers cancer treatment, palliative care and extensive aftercare, including consultations with a dietician, as well as money towards prostheses and a wig.</p> <p>Access to Aviva's MyHealthCounts programme is also included. This is a wellbeing programme that promotes healthy living and rewards customer for healthy choices.</p>	<p>Customers who choose this option will want peace of mind that they have comprehensive cover for diagnostics and treatment of an acute medical condition once under the care of a specialist. They also have extensive cover for the diagnosis, treatment and aftercare for cancer.</p> <p>This option only provides cover for treatment recommended by a specialist. If a GP recommends treatment, this won't be covered. Customers will be happy to pay for any treatment that isn't on recommendation from a specialist themselves or have this treatment on the NHS.</p> <p>The customer is also prepared to fund the cost of in-patient or day-patient mental health treatment themselves have this treatment on the NHS.</p>
Ways to enhance cover - These options come at an additional cost and can be added to core cover to provide more comprehensive benefits.			
Other Treatments and Therapies	One option offering cover for all elements outlined.	<p>Cover for treatment by physiotherapist, chiropractor, osteopath and acupuncturist on referral from the GP up to a maximum of 10 sessions in combined total for each condition in every policy year.</p> <p>Cover for the GP to undertake minor surgery up to the value of £100 per procedure for procedures on Aviva's published list.</p>	<p>Customers adding this option will want the choice of accessing several different therapies without the need for a specialist referral. Their GP can refer them for treatment. This is usually for more minor ailments and injuries.</p> <p>This option could be suitable for more active customers who regularly undertake sports and who may be prone to injury.</p> <p>This option might not be appropriate for customers who also select a high excess. The excess could cost more than the treatment so the combination of options could lead to the customer having no cover.</p>
Dental & Optical Benefit	One option offering cover for all elements outlined.	<p>Dental cover provides reimbursement (up to set limit of £300) for routine dental treatment such as examinations, tooth cleaning, fillings, crowns and surgery.</p> <p>Optical cover provides reimbursement (up to set limit of £200) for costs of contact lenses and glasses as a result of change in prescription.</p> <p>A £50 excess applies separately to both the routine dental treatment and optical cover.</p> <p>Cover is also available for the costs of treatment to the teeth carried out by the dentist following an injury that causes damage or deformity to teeth (up to value of £600).</p>	<p>Customers who choose this option will incur regular dental and optical costs each year. This option could be suitable for customers who want the reassurance that they can receive a contribution towards these costs through reimbursement.</p> <p>Customers choosing this option accept that an excess and a monetary limit applies so it may not cover the full cost of their treatment. Customers will need to fund any additional cost of their dental or optical treatment.</p> <p>This option might not be appropriate for customers who already have dental plan or a cash plan as they could have duplicate cover.</p>

Product cover option	Cover options available	What is covered?	Who could this option be suitable for?
Ways to enhance cover <i>Continued.</i>			
Mental Health Treatment	One option providing cover for in-patient and day-patient mental health treatment.	<p>Mental health treatment is available when admitted as an in-patient or day-patient into a psychiatric hospital.</p> <p>There is a limit of 28 days in total each policy year and treatment will be for short term treatable psychiatric conditions.</p> <p>In addition to the accommodation charges, the cover provides up to £210 per week for specialist fees whilst receiving in-patient or day-patient care.</p>	<p>Customers choosing this option will enhance the outpatient mental health benefit provided by the core cover on this plan. This option provides cover if the customer is admitted to hospital for a mental health condition such as anxiety or depression.</p> <p>This option is not suitable for customers who have pre-existing existing chronic mental health conditions.</p>
Protected no claim discount (NCD)	One option for all members.	<p>Pay an additional premium to protect the no claim discount. The NCD protection takes effect if a claim would have caused a drop of three levels down the NCD scale. Instead of the NCD reducing, it will stay at the same level, but the protection will be lost. That means the NCD will apply in the usual way at the following renewal.</p>	<p>This option could be suitable for customers who are price sensitive and want to minimise the impact on their premium if they make a claim on the policy.</p>
Ways to reduce premiums - These options reduce the level of cover on the policy but also reduce the premium to help support different budgets.			
Reduced Outpatient Cover	Options with the following limits which applies to each member, each policy year, typically £1000, £500, £0.	<p>All outpatient cover is limited to a maximum value as selected by the customer. This includes all specialist consultations, diagnostic tests, outpatient treatment and physiotherapy.</p> <p>Covered in full: CT, MRI and PET scans; Pre-admission tests required prior to an eligible surgery.</p> <p>If one of the reduced out-patient options is chosen, the monetary limit does not apply to out-patient cancer treatment received after a member has been diagnosed with cancer.</p> <p>Selecting a reduced out-patient option also removes the following additional benefits from the policy: limited emergency overseas cover, surgical procedures on the teeth and complications of pregnancy and childbirth.</p>	<p>This option could be suitable for customers who want to be covered for some of the more expensive procedures, but are happy for other out-patient care, such as consultations and diagnostic tests to be subject to a financial limit.</p> <p>This option is not suitable for customers who want certainty of their exposure to cost. If the customer selects an out-patient limit and reaches this limit, they will need to fund the rest of their out-patient treatment themselves.</p> <p>This option is not suitable for customers who wish to keep the additional benefits of emergency overseas cover, surgical procedures on the teeth and complications of pregnancy and childbirth.</p> <p>Customers should avoid selecting an excess that is equal or higher than the out-patient limit. The combined outcome of the two reduced cover options can lead to the customer having no out-patient cover.</p>

Product cover option	Cover options available	What is covered?	Who could this option be suitable for?
Ways to reduce premiums - Continued.			
Excess options	£100, £200, £500, £1000, £3000, £5000.	<p>An excess is an amount, that each person on the policy pays towards the cost of their treatment, every policy year.</p> <p>The first costs incurred each policy will be paid for by the customer, up to the chosen excess level. The remaining eligible costs will then be covered by the policy regardless of the number of claims made.</p>	<p>This option could be suitable for customers who are happy to pay the first part of the cost of the eligible treatment themselves. In choosing to do this, the customer benefits from a reduction in their premium.</p> <p>Customers choosing this option know how much they will need to contribute towards their treatment. Customers will need to ensure they choose an excess amount that they're comfortable with, should they need to claim.</p> <p>Customers should avoid selecting an excess that is equal or higher than the out-patient limit. The combined outcome of the two reduced options can lead to the customer having no out-patient cover.</p>
Six-week option	One option for all members.	This option provides cover for in-patient or day-patient treatment, NHS cash benefit, NHS cancer cash benefit or for the cost of an NHS amenity bed if the treatment's not available on the NHS within six weeks. This option doesn't impact out-patient diagnostic consultations, procedures and treatment as an out-patient.	<p>This option could be suitable for customers who are happy to use the NHS for treatment that can be provided within 6 weeks from the date the specialist recommends it.</p> <p>This option would not be suitable for customers who want private treatment for cancer, or urgent referrals where cancer is suspected as the NHS is likely to provide this within 6 weeks.</p> <p>This option is not suitable for customers who only want treatment as a private patient in a private hospital.</p> <p>This option is not suitable for those who want quick access to care and a choice of when and where to have their treatment.</p>

Product cover option	Cover options available	What is covered?	Who could this option be suitable for?
Hospital lists - Choose from a selection of hospital lists.			
Hospital Lists (one to be chosen)	Key hospital list.	<p>This is the standard hospital list associated with the Healthier Solutions product and the default list if no other option is selected.</p> <p>This list provides access to the private and NHS hospitals most frequently used by people with medical insurance.</p>	<p>Customers choosing this list have peace of mind that they have extensive access to private hospitals across the country.</p> <p>Customers choosing this list will be able to choose from several hospitals in their area for treatment. However, remote areas of the country may have fewer choices as coverage isn't as extensive. The full list of hospitals is viewable here.</p> <p>The Key hospital lists provides access to hospitals, but a few of the central London hospitals are only available on the Extended list. Customers should not choose this list if they want to have full access to the central London hospitals.</p>
	Extended hospital List.	<p>This hospital list is an upgrade to the Key list. It provides the best coverage and level of access to private hospitals.</p> <p>It provides the Key hospital list as above plus some additional hospitals in Greater London.</p>	<p>This hospital list provides access to some additional central London hospitals not on the Key hospital list. It is most suitable for customers living in central London and the surrounding areas or customers who are willing to travel to London for treatment at the additional central London hospitals on this list.</p> <p>Customers choosing this option agree to pay an increased premium.</p> <p>This option is not suitable for customers living outside of London and who don't want to travel to London to claim for treatment.</p>
	Trust hospital list.	<p>This hospital list provides access to national coverage of NHS hospitals with dedicated private patient units.</p> <p>This means that some facilities such as parking will be shared with the NHS patients accessing the NHS care at the same facilities.</p>	<p>This hospital list could be suitable for customers who wish to save money on their premiums by choosing a reduced network of hospitals.</p> <p>As this hospital list has a reduced network of hospitals, it is only suitable for customers who have local access to an NHS Trust facility.</p> <p>This list is only suitable for customers who are comfortable that they will be sharing some aspects of their experience with NHS patients.</p> <p>This list would not be suitable for customers who only want treatment in a private hospital.</p>
	Signature hospital list.	<p>This hospital list excludes all hospitals in England and Wales from cover.</p>	<p>This list is available for customers living in Scotland and Northern Ireland only.</p> <p>This cost of this hospital list is significantly lower than the more comprehensive options, but this is reflected in the limited coverage of the hospitals available to customers on this list.</p>

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