



# Solutions

## Target Market Statement

This assessment has been prepared by Aviva Health to provide an overview of our 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 Solutions designed for?

Solutions is designed for Small, Medium Enterprises (SMEs) with 1-249 employees. Policies are intended to provide cover for employees, directors and other designated members of an actively trading business, based in the UK, Channel Islands or Isle of Man.

Solutions is a product for business owners who want to provide timely access to healthcare for members and their dependents including prompt referrals to consultants, quick admission to hospital and treatment at a convenient time and location. The product supports businesses to manage absence costs and provides an employee benefit to attract and retain employees.

Solutions delivers healthcare services in a private clinic or hospital so the product could be suitable for businesses who want to provide a high standard of comfort including a private room for members.

Private Medical Insurance is a premium product, providing an alternative to the free healthcare services offered by the NHS. Therefore, could be suitable for businesses looking to offer a private experience and health benefits to their workforce and dependants.

To help manage costs, Solutions is a flexible product with options to increase or decrease cover in line with an SME's needs and budget. There is also the ability to offer subsections of the workforce different levels of cover.

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

- Solutions could be suitable for SMEs who are located in and whose employees are permanently resident in the UK, Channel Islands or Isle of Man.
- The product is designed to pay for the treatment of short-term (acute) conditions that occur after taking out the product.

- The product does not cover the treatment of ongoing or long-term medical conditions. These conditions are often referred to as chronic conditions.
- Solutions offers different pricing mechanisms based on the size of the scheme so SMEs should consider this when deciding who they cover on the scheme.
- Solutions schemes with 1-9 members are based on an age rated pricing. 10-99 members use a blended pricing model of age profile and claims experience. Schemes with 100+ members are claims experience rated.
- Solutions is not suitable for individual consumers. In this case you may want to consider Healthier Solutions as a more suitable product for the customer.
- This product is also not suitable for larger companies who wish to insure more than 249 members. In this case you may want to consider Optimum as a more suitable product for the customer.
- There are different underwriting options available and your client should consider which option is best for their workforce and size of business.
- Up to 3 sub-categories can be formed with 2+ members whereby different levels of cover can be designed for each category e.g. leadership, mid managers and other employees.
- There is extensive coverage of private hospitals across the UK. This product offers several options to access them. SMEs should consider the hospitals they want to use and select the option to meet their workforce's needs.
- We recognise that some businesses have additional needs when buying or understanding our products. Aviva is committed to help meet these needs. Please contact Aviva for guidance or support.

### How can 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"> <li>• Face to face</li> <li>• By telephone</li> </ul>	<ul style="list-style-type: none"> <li>• By telephone</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

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

Product cover option	Cover options available	What is covered?	Who could the option be suitable for?
<b>Core Cover</b>	The comprehensive cover that all Solutions products start with. SMEs can choose to upgrade or downgrade their cover from this, depending on needs and budget.	<p>Comprehensive in-patient, day-patient and out-patient cover, consultations and diagnostic tests in a private hospital plus additional benefits including cash benefit when receiving NHS treatment, home nursing, private ambulance, stress counselling helpline, BacktoBetter and Mental Health Pathway.</p> <p>The core cover also includes Aviva's cancer pledge which covers cancer treatment, palliative care and extensive cover for aftercare, including consultations with a dietician, as well as money towards prostheses and a wig</p> <p>BacktoBetter, is a musculoskeletal case managed service helping members recover faster from back, neck, muscle and joint pain. Offering specialist treatment without GP referral, enabling productivity in the business to be upheld.</p> <p>Mental health pathway is an early access service into talking therapies and psychiatrist assessment where required. Treatment levels are determined by clinical assessment and include all services provided through out-patient cover – there is no out-patient limit applied to this service.</p> <p>If in-patient cover is also required, customers can purchase the Mental Health Upgrade option.</p>	<p>Businesses who choose this option will want peace of mind that they and their workforce 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>As this option doesn't include cover for in-patient or day-patient mental health treatment, the business will need to be comfortable with members relying on NHS provision or needing to fund treatment themselves.</p> <p>This option only provides cover for treatment recommended by a specialist. If a GP recommends treatment, this won't be covered. The business should be comfortable that members will be happy to use the NHS or pay for any treatment that isn't for an acute condition, or that comes under one of the other policy exclusions.</p> <p>Unless this is in relation to a musculoskeletal condition, such as back, neck, muscle &amp; joint which will be covered under BacktoBetter or a mental health condition which will be covered under the mental health pathway.</p> <p>BacktoBetter could be suitable for businesses who are concerned about musculoskeletal conditions as a leading cause of absence.</p> <p>Mental health pathway could be suitable for businesses who are concerned about the mental health of their employees as a leading cause of absence.</p>

### Ways to enhance cover - These options come at an additional cost and can be added to core cover to provide more comprehensive benefits

<b>Mental Health Upgrade</b>	Two options available – 28 or 45 days.	<p>In combination with the out-patient mental health pathway (under core cover), SMEs can choose to enhance their policy to cover in-patient and day-patient psychiatric treatment through the Mental Health Pathway for a maximum of either 28 or 45 days per member, every policy year.</p> <p>In addition to the accommodation charges, this option provides cover for specialist fees up to our published fee limits whilst receiving in-patient or day-patient care.</p> <p>All treatment aims to lead to a full recovery, excluding chronic psychiatric conditions.</p>	<p>Businesses choosing this option will want to enhance the outpatient only mental health benefit provided by the core cover on this plan. This option provides cover if they or their members are admitted to hospital for a mental health condition.</p> <p>This option could be suitable for those that have seen absenteeism from members due to mental health issues. This option helps members seek treatment options with the aim to return them to work as soon as possible, reducing the impact on the business.</p> <p>This option is not suitable for members who have pre-existing chronic mental health conditions. This option is also not suitable for members living in Northern Ireland, the Isle of Man, the Isle of Wight, or the Channel Islands, where there are no private mental health in-patient facilities.</p> <p>This option is not available if the SME has selected the £0 out-patient cover option.</p>
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Product cover option	Cover options available	What is covered?	Who could the option be suitable for?
<b>Ways to enhance cover</b> <i>Continued</i>			
<b>Routine and GP Referred Services</b>	One option offering cover for all elements outlined.	<p>Overall benefit limit of £1,000 each member every policy year.</p> <p>This option provides cover for out-patient monitoring of a long-term chronic condition that has not been excluded on the policy</p> <p>This option also includes access to GP minor surgery, GP referred radiology and pathology for non-musculoskeletal conditions and GP referred treatments for non-musculoskeletal injuries including physiotherapy, chiropractic, osteopathy, acupuncture, chiropody, podiatry and homeopathy.</p>	<p>This option could be suitable for businesses that want to provide additional support to their workforce if they are diagnosed with a chronic condition. This option provides additional support to help members manage their chronic condition.</p> <p>Businesses selecting this option want the choice of accessing a number of different therapies without the need for a specialist referral. The GP can refer members for treatment.</p>
<b>Dental and Optical</b>	One option for all members.	<p>Dental cover provides reimbursement (up to set limit of £450) for routine dental treatment such as examinations, tooth cleaning, fillings, crowns and surgery.</p> <p>Accidental dental injury benefit (up to set limit of £600).</p> <p>Optical cover provides reimbursement (up to set limit of £250) for the costs of contact lenses and glasses as a result of a change in prescription.</p> <p>A £50 excess applies separately to both the routine dental treatment and optical cover.</p>	<p>Regular dental and optical costs are incurred each year. This option could be suitable for the business owner, dependants and members who want the reassurance that they can receive a contribution towards these costs through reimbursement.</p> <p>SMEs choosing this option accept that an excess and a monetary limit applies so it may not cover the full cost of treatment. Members will need to fund any additional cost of their dental or optical treatment.</p> <p>This option might not be appropriate for SMEs who already have a dental plan or a cash plan as they could have duplicate cover.</p>
<b>Ways to reduce premiums - These options reduce the level of cover on the policy but also reduce the premium to help support different budgets</b>			
<b>Six-Week Option</b>	One option for all members.	<p>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.</p> <p>This option doesn't impact out-patient diagnostic consultations, procedures and treatment as an out-patient.</p>	<p>This option could be suitable for businesses who are happy for their members to use the NHS for treatment that can be delivered within 6 weeks from the date the specialist recommends it.</p> <p>This option is not suitable for businesses who want their members to have 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 businesses who want their members to only have treatment as a private patient in a private hospital.</p>

Product cover option	Cover options available	What is covered?	Who could the option be suitable for?
<b>Ways to reduce premiums - Continued</b>			
<b>Member Excess</b>	£50, £100, £150, £200, £250 and £500.	<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 eligible costs incurred each policy will be paid for by the member, 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 businesses which are happy for their members to pay the first part of the cost of the treatment themselves. In return, the SME benefits from a reduction in their premium.</p> <p>SMEs choosing this option know how much their members will need to contribute towards their treatment. SMEs will need to ensure they choose an excess amount that their workforce is comfortable they could fund should they need to claim.</p>
<b>Selected Benefit Reduction</b>	One option for all members.	<p>SMEs can choose to reduce their benefits to cover only in-patient, day-patient and out-patient costs.</p> <p>Removing cover for investigations into the causes of infertility, complications of pregnancy and surgical procedures on the teeth.</p>	This option could be suitable for businesses who are happy to remove some of the additional benefits from core cover in order to reduce their premium.
<b>Reduced Out-Patient Cover</b>	Options with the following limit which applies to each member, each policy year, typically £1500, £1000, £0.	<p>Out-patient cover is limited to a maximum value as selected by the SME. This includes specialist consultations, diagnostic tests, and non-surgical out-patient treatment.</p> <p>Covered in full: CT, MRI and PET scans; radiotherapy, chemotherapy surgical procedures, and physiotherapy for musculoskeletal conditions claimed through BacktoBetter in addition to pre-admission tests required prior to an eligible surgery.</p> <p>With the £1,000 and £1,500 options, mental health treatment through the Mental Health Pathway is also covered in full.</p> <p>If the £0 out-patient limit is selected, this removes the Mental Health Pathway from core cover and members will have no cover for mental health treatment.</p> <p>The monetary limit does not apply to out-patient cancer treatment received after a member has been diagnosed with cancer.</p>	<p>This option could be suitable for businesses who want their members 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 SMEs who want certainty of their member's exposure to cost. If the SME selects an out-patient limit and the member reaches this limit, they will need to fund the rest of their treatment themselves.</p>

Product cover option	Cover options available	What is covered?	Who could the option be suitable for?
<b>Hospital Options - Choose from a selection of hospital options</b>			
<b>Expert Select</b>	Expert Select	<p>This is the standard hospital option associated with Solutions and the default hospital option if no other option is selected.</p> <p>This option requires members to get an open referral and our claims team will use our expertise to choose a quality approved hospital facility and specialist when they come to claim.</p>	<p>When an SME chooses this option, members benefit from Aviva's expertise in choosing a quality approved hospital facility and specialist, when they come to make a claim. Members also benefit from the reassurance that eligible treatment through these quality approved facilities is paid in full, with no shortfalls. Expert Select removes the need for the business to decide which hospital list is most suitable for their members at point of purchase, as no selection of hospital list is required</p> <p>Businesses who want their employees to be able to select from a traditional hospital list, or who want their employees to use a specific hospital should not select this option and instead select from one of our hospital lists'</p>
<b>Hospital Lists</b>	Key hospital list	This list provides access to the private and NHS hospitals most frequently used by people with medical insurance.	<p>SMEs choosing this list have peace of mind that members can choose from an extensive list of private hospitals across the country.</p> <p>Businesses choosing this list will enable their members to be able to choose from several hospitals in their region for treatment. However, remote areas of the country may have less choice as coverage is less extensive. The full list of hospitals is viewable <a href="#">here</a>.</p> <p>The Key hospital list provides access to hospitals but, a few of the central London hospitals are only available on the Extended list. Businesses should not choose this list if they want their employees to have full access to the central London hospitals.</p> <p>Businesses choosing this option agree to pay a higher premium than Expert Select</p>
	Extended hospital List	<p>This hospital list is an upgrade to the Key list.</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 members living in central London and the surrounding areas or members who are willing to travel to London for treatment at the additional central London hospitals on this list.</p> <p>SMEs choosing this option agree to pay an increased premium.</p> <p>This option is not suitable for members living outside of London who don't want to travel to London for treatment.</p>
	Signature Hospital list	This hospital list excludes all hospitals in England and Wales from cover.	<p>This list is available for members living in Scotland and Northern Ireland only.</p> <p>The cost of this hospital list is significantly lower than the Key and Extended hospital lists, but this is reflected in the restricted coverage of the hospitals available to members on this list.</p>

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	Trust hospital list – only available to SME schemes of less than 100 lives	<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 businesses who wish to save money on their premiums by opting for a reduced network of hospitals.</p> <p>As this hospital list has a reduced network of hospital, it is only suitable for members who have local access to an NHS Trust facility.</p> <p>This list is only available to those with under 100 members.</p> <p>This list is only suitable for members 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 members who only want treatment in a private hospital.</p>

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