



# Optimum

## Target Market Statement

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

Optimum is designed for corporate companies with 250 employees or more. 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.

Optimum is a product for corporates who want to provide timely access to healthcare for their employees 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.

Optimum 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 free healthcare services offered by the NHS. Therefore, it could be suitable for businesses looking to offer health benefits to their workforce and dependants.

Optimum is a bespoke product and cover can be increased or decreased in line with a corporate's needs and budgets. This document outlines some of the most common options but is not an exhaustive list of all options available.

There is also the ability to offer different categories of the workforce different levels of cover. Corporate excess is also available as another option to reduce premium levels.

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

- Optimum could be suitable for Corporates in the UK, Channel Islands and Isle of Man.
- Pricing on the Optimum product is claims experience rated.
- The product is designed to pay for the treatment of short-term (acute) conditions
- The product does not cover the treatment of ongoing or long-term medical conditions, often referred to as chronic conditions. Optional upgrades for chronic condition cover are available on some components of the product.
- Optimum is not suitable for companies who only wish to select cover for only one key individual. Should this be the case you may want to consider Healthier Solutions as a more suitable product for the customer.
- This product is also not suitable for smaller companies who wish to insure less than 250 members. In this case you may want to consider Solutions as a more suitable product for the customer.
- The product is normally underwritten on the basis of Medical History Disregarded, but there are different underwriting options available when purchasing this product and you and your client should consider which option is best for their workforce and business.
- Sub-categories can be formed with 3+ 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 for hospital lists. Corporates should consider the hospitals they want to use and select the option to meet their member's needs.
- The Trust hospital list is not available on Optimum schemes.
- We recognise that some businesses 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 Optimum 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> </ul>	<ul style="list-style-type: none"> <li>● Face to face</li> </ul>	N/A
<ul style="list-style-type: none"> <li>● By telephone</li> </ul>	<ul style="list-style-type: none"> <li>● By telephone</li> </ul>	

Product cover option	Cover options available	What is covered?	Who could the option be suitable for?
<b>Core Cover</b>	<p>The comprehensive cover that all Optimum products start with.</p> <p>Corporates can choose to upgrade or downgrade their cover from this, depending on needs and budget.</p>	<p>Comprehensive in-patient cover for acute conditions, including diagnostic tests, consultation with a specialist, radiotherapy &amp; chemotherapy and physiotherapy.</p> <p>In-patient and day-patient treatment of acute conditions, covering hospital charges, diagnostic tests, specialist fees, radiotherapy/chemotherapy.</p> <p>Core cover also includes additional benefits including GP minor surgery, emergency overseas cover, treatment for complications of pregnancy and childbirth, home nursing and a private ambulance.</p> <p>The core cover also includes Aviva's standard cancer cover which covers cancer treatment and aftercare for up to 5 years. The standard cover provides Targeted Therapies for up to 24 months. Businesses can choose to upgrade or downgrade their cancer cover</p> <p>Core cover also includes BacktoBetter, 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>This option could be suitable for businesses who want peace of mind that their members have comprehensive cover for diagnostics and treatment of an acute medical condition once under the care of a specialist. They also have cover for the diagnosis and treatment of 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. Unless this is in relation to a musculoskeletal condition, such as back, neck, muscle &amp; joint which will be covered under BacktoBetter.</p> <p>BacktoBetter could be suitable for businesses who are concerned about musculoskeletal conditions as a leading cause of absence.</p>

**Ways to enhance cover - These are some of the options that can be added at an additional cost and be added to core cover to provide more comprehensive cover.**

<p><b>Cancer Cover</b> 2 Options available</p>	<p>Upgrade 1- 36 months of targeted therapies</p>	<p>This is an enhancement of the standard cancer cover of 24 months targeted therapies. It covers the same as standard cover including surgery and medical admissions, specialists' fees, radiotherapy &amp; chemotherapy.</p> <p>This option provides targeted drug therapy for up to 36 months.</p>	<p>This could be a suitable option for businesses who want to extend the level of cover for targeted therapies for up to 36 months.</p>
	<p>Upgrade 2- Extensive cancer cover - cancer pledge</p>	<p>This option offers extensive cancer cover to include full cover for targeted therapies, palliative care, a £100 cancer cash benefit as well as the standard cancer benefits</p> <p>This option also offers extensive aftercare such as additional specialist services including consultations with a dietician, money towards a wig or prostheses and monitoring for up to 10 years.</p>	<p>This option could be suitable for businesses who want to provide extensive cancer cover for their members.</p>

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>Mental Health Treatment</b> 3 Options available	<p>Standard Cover</p> <p>Requires a choice of a number of days for in-patient cover – 28 or 45 days are the most commonly selected options</p> <hr/> <p>Mental health pathway</p> <p>Requires a choice of in-patient cover – 28 or 45 days</p> <hr/> <p>Mental health pathway plus</p> <p>Requires a choice of in-patient cover – 28 or 45 days</p>	<p>Businesses can choose to enhance their policy, to cover in-patient and day-patient mental health treatment up to a limit as selected by the corporate. Out-patient cover can also be included.</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>This option covers treatment which aims to lead to full recovery and excludes chronic psychiatric conditions.</p> <hr/> <p>Mental health pathway, an early access service into talking therapies, psychiatrist assessment and inpatient treatment where required. Treatment levels are determined by clinical assessment and include all services through outpatient and inpatient cover – there is no policy excess or out-patient limit applied to this service.</p> <p>In-patient limits of either 28 or 45 days are applicable (corporate chooses which based on cover need and cost).</p> <p>If a policy excess or out-patient limit is chosen, it will not apply to treatment provided through the mental health pathway.</p> <hr/> <p>Mental health pathway plus option is available as an upgrade for those corporates wishing to provide their members with cover for addictions and chronic mental health conditions.</p> <p>Treatment is provided through a stepped care out-patient program, with in-patient care being provided on the pathway, for those members requiring that level of care.</p> <p>If a policy excess or out-patient limit is chosen, it will not apply to treatment provided through the mental health pathway.</p>	<p>This option could be suitable for businesses 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.</p> <hr/> <p>Mental health pathway could be suitable for those corporates that have seen absenteeism from members due to mental health issues and who want to provide end-to-end treatment for them.</p> <p>This option is not suitable for members who have pre-existing chronic mental health conditions.</p> <p>This option is not suitable for businesses who wish to provide in-patient treatment at preferred specified facilities. The member will be required to use the mental health pathway.</p> <hr/> <p>This could be suitable for those businesses wanting to offer cover for treatment of addiction and chronic mental health conditions. These would normally be excluded from the cover of mental health conditions.</p> <p>This option is not suitable for businesses who wish to provide in-patient treatment at preferred specified facilities. The member will be required to use the mental health pathway.</p>

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>GP Referred Services</b>	<p>One option applicable to any category, offering cover for all elements outlined</p> <p>The benefits shown are an example of what a business could select within this option</p>	<p>Up to a specified financial amount each member every policy year.</p> <p>This option provides cover for out-patient monitoring (consultations and tests) of long-term chronic conditions that have not been excluded on the policy.</p> <p>This option also includes GP referred radiology and pathology for non-musculoskeletal conditions and GP referred therapies for non-musculoskeletal conditions.</p>	<p>This option could be suitable for businesses that have a workforce who may have chronic conditions. This option provides additional support to help members manage their chronic condition.</p> <p>Businesses selecting this option want their members to be able to access a number of different therapies without the need for a specialist referral. The GP can refer members for treatment. This is usually for more minor ailments.</p> <p>This option might not be appropriate for businesses who also select a higher excess. The excess could cost more than the treatment so the combination of options could lead to the member having no cover.</p>
<b>Dental Cover</b>	<p>One option applicable to any category, offering cover for all elements outlined</p> <p>The benefits shown are an example of what a corporate could select within this option</p>	<p>Dental cover provides reimbursement (up to a set financial limit as selected by the business) for routine dental treatment such as examinations, tooth cleaning, fillings, crowns and surgery.</p> <p>Accidental dental injury benefit (up to a set financial limit as selected by the business).</p> <p>An excess can apply, as selected by the business – typically £50.</p>	<p>Regular dental costs are incurred each year. This option could be suitable for businesses who want the reassurance that their members and dependents can receive a contribution towards these costs through reimbursement.</p> <p>Corporates choosing this option should be comfortable that a monetary limit applies, so it may not cover the full cost of members' treatment. Members will need to fund any additional cost of their dental treatment.</p> <p>This option might not be appropriate for businesses who already have dental plan or a cash plan as they could duplicate cover</p>
<b>Optical Benefit</b>	<p>One option applicable to any category, offering cover for all elements outlined</p>	<p>Optical cover provides reimbursement (up to a set financial limit of the corporate's choice) for costs of contact lenses and glasses as a result of change in prescription.</p> <p>An excess can apply, as selected by the business – typically £50.</p>	<p>Regular optical costs are incurred each year. This option could be suitable for businesses who want the reassurance that members and dependents can receive a contribution towards these costs through reimbursement.</p> <p>Businesses choosing this option should be comfortable that a monetary limit applies, so it may not cover the full cost of members' treatment. Members will need to fund any additional cost of their optical treatment.</p> <p>This option might not be appropriate for businesses who already have an optical plan or a cash plan as they could duplicate cover</p>

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>Complementary and alternative medicine</b>	One option applicable to any category, offering cover for all elements outlined	<p>This option offers access to GP referred complementary and alternative therapies such as homeopathy, acupuncture, chiropody &amp; podiatry.</p> <p>The chosen therapist or clinician needs to be registered with a recognised clinical governing body and also recognised by Aviva.</p>	<p>This option could be suitable for businesses who want to offer members access to complementary and alternative therapies, which some GPs recommend as an effective way to manage a medical condition.</p> <p>Not all alternative therapies are covered. Members need to check that their chosen therapy and therapist is recognised by Aviva, prior to seeking treatment.</p> <p>This option might not be appropriate for businesses who already have a cash plan as they could duplicate cover</p>
<b>Investigations into the causes of infertility</b>	One option applicable to any category, offering cover for all elements outlined	<p>Provides cover for investigations into infertility. A financial limit can be placed on this cover should the business wish to limit their claims costs.</p> <p>Cover for treatment of infertility is a separate benefit option.</p>	<p>This could be suitable for businesses who want to support members and their spouses/partners in starting a family.</p> <p>The business should be made aware that this option does not include cover for fertility treatment.</p>
<b>Gender Identity Benefit</b>	One option applicable to any category, offering cover for all elements outlined	<p>This option provides cover for specialist counselling, gender identity clinic assessment and hormone treatment.</p> <p>Treatment is through an Aviva mental health provider and approved Gender Identity specialists, with initiation and monitoring of hormone treatment for up to 2 years.</p>	<p>This option is designed for businesses wishing to offer support to members and their dependents, who are experiencing discomfort or distress linked to their gender identity.</p> <p>Due to the longer-term nature of symptoms, the business should consider their underwriting when selecting this option.</p> <p>There is no benefit for 11-year olds and under – this member group should seek the advice of their GP for appropriate support. Assessment by a Gender Identity specialist is also only available to those over the age of 18.</p>
<b>NHS cash benefit</b>	One option applicable to any category, offering cover for all elements outlined	This is a financial benefit, to the amount specified by the business, paid to the member when they stay in an NHS hospital for treatment that would have been eligible for private treatment on their policy.	<p>This could be suitable for businesses who are happy for their members to receive a financial benefit if they choose to have their treatment in an NHS hospital.</p> <p>This may help to reduce the business' claims costs.</p> <p>This option would not be suitable for businesses who want their members to receive treatment as a private patient in a private facility. This may also delay treatment and as such may not be suitable if an employer's primary concern is to return the member to work</p>

Product cover option	Cover options available	What is covered?	Who could the option be suitable for?
<b>Ways to reduce premiums - These are some of the options to reduce the level of cover on the policy but also reduce the premium to help support different budgets</b>			
<b>Reduced Cancer Cover</b>	One option applicable to any category.	<p>Corporates can reduce their cover from the standard cancer cover, to 0 months cover for targeted therapies</p> <p>This option cannot be selected if the corporate has chosen the extensive cancer cover.</p>	<p>This could be suitable for corporates wishing to reduce the costs of cancer claims.</p> <p>If the corporate selects this downgrade, members seeking targeted therapies on the NHS will not be able to claim the NHS cancer cash benefit.</p>
<b>Six-Week Option</b>	One option applicable to any category, offering cover for all elements outlined.	<p>This option only 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>
<b>Member Excess</b>	Any financial limit specified by the client	<p>An excess is an amount, agreed in advance, that each person on the policy pays towards the cost of their treatment, every policy year.</p> <p>The first eligible treatment costs incurred each policy year 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 who are happy for their members to pay the first part of the cost of the treatment themselves. In return the corporate benefits from a reduction in their premium.</p> <p>Businesses will need to ensure they choose an excess amount that their members are comfortable they could fund should they need to claim.</p> <p>Businesses should avoid selecting an excess that is equal to or higher than the out-patient limit. The combined outcome of the two reduced cover options can lead to the member having no out-patient cover.</p>
<b>Selected Benefit Reduction</b>	<p>One option for all members</p> <p>The benefits shown are an example of what a business could choose to remove in this option</p>	<p>Businesses 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, optical, dental, GP referred services, GP minor surgery.</p>	<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.</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>Reduced Out-Patient Cover</b>	<p>Limit which applies to each member, each policy year, typically £1500, £1000, £0</p> <p>Any other limit can be selected as chosen by the corporate.</p>	<p>Out-patient cover is limited to a maximum value as selected by the corporate. This includes all specialist consultations, diagnostic tests, outpatient treatment.</p> <p>Covered in full: CT, MRI and PET scans; radiotherapy, chemotherapy and physiotherapy for musculoskeletal conditions claimed through BacktoBetter in addition to pre-admission tests required prior to an eligible surgery.</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 businesses who want certainty of their member's exposure to cost. If the business selects an out-patient limit and the member reaches this limit, the member will need to fund the rest of their treatment themselves.</p> <p>Businesses should avoid selecting an excess that is equal to or higher than the out-patient limit. The combined outcome of the two reduced cover options can lead to the member having no out-patient cover.</p>
<b>Different benefit categories for different groups of staff</b>	<p>A number of benefit options are available under one category.</p>	<p>Businesses can provide varying different levels of cover for different staff categories. This may enable them to reduce their overall total premium.</p>	<p>This option could be suitable for businesses who want to provide higher levels of cover with more optional upgrades for some categories of staff, but not all.</p> <p>Businesses choosing to have different categories of benefit should consider whether all categories of cover meet the needs of those categories of staff and their overarching health and wellbeing strategy.</p>
<b>Corporate Excess</b>	<p>All benefit options are available under one scheme policy.</p>	<p>Businesses can reduce the total premium they pay by opting for a corporate excess. This is a large excess/deposit which is held in trust and which Aviva administers as part of the claims process.</p> <p>An admin fee is payable under the insurance contract and is subject to Insurance Premium Tax (IPT)</p> <p>The excess reduces the premium so the corporate will pay a reduced level of IPT compared to a fully insured contract.</p>	<p>This option could be suitable for businesses who want to manage the costs of health claims themselves but with clarity on their liability.</p> <p>This could be a less-involved alternative to a Trust agreement.</p> <p>Clients need to be aware that an up-front deposit is payable. Should they choose to close the scheme, they should know that any remaining deposit will not be returned to them but donated to their nominated charity.</p>

Product cover option	Cover options available	What is covered?	Who could the option be suitable for?
<b>Hospital Options - Choose from the hospital lists below to meet the corporate's premium and hospital coverage requirements.</b>			
<b>Hospital Lists</b>	<p>Key hospital list</p> <hr/> <p>Extended hospital List</p> <hr/> <p>Signature Hospital list</p>	<p>This is the standard hospital list associated with Optimum 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> <hr/> <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> <hr/> <p>This list excludes all hospitals in England and Wales from cover.</p>	<p>Corporate clients choosing this list have peace of mind that they and their members have extensive access to 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 lists provides access to London 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 members to have full access to the central London hospitals.</p> <hr/> <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>Businesses choosing this option agree to pay an increased premium.</p> <p>This option is not suitable for members living outside of London or who don't want to travel to London for treatment.</p> <hr/> <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 more comprehensive options, but this is reflected in the restricted coverage of the hospitals available to members on this list.</p>
<b>Private Medical Trust - This is not an insurance product and as such the information below is provided to highlight this option only.</b>			
<b>Private Medical Trust</b>	All benefit options are available under one Trust Scheme	<p>This is not an insurance product.</p> <p>Businesses are able to access private healthcare through contributions into a trust fund from which they then pay for any healthcare claims. Aviva manage the provision and administration of the healthcare services.</p> <p>The claims fund is not subject to insurance premium tax.</p> <p>The business is liable for the cost of all health services utilised by their employees. The corporate can limit their financial liability by using stop-loss insurance.</p>	<p>This option could be suitable for businesses with 500+ employees who want the flexibility and control over which benefits they provide for their members.</p> <p>Businesses buying this option need to be aware of their financial liability and should seek independent legal &amp; tax advice when setting up a Trust.</p>









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