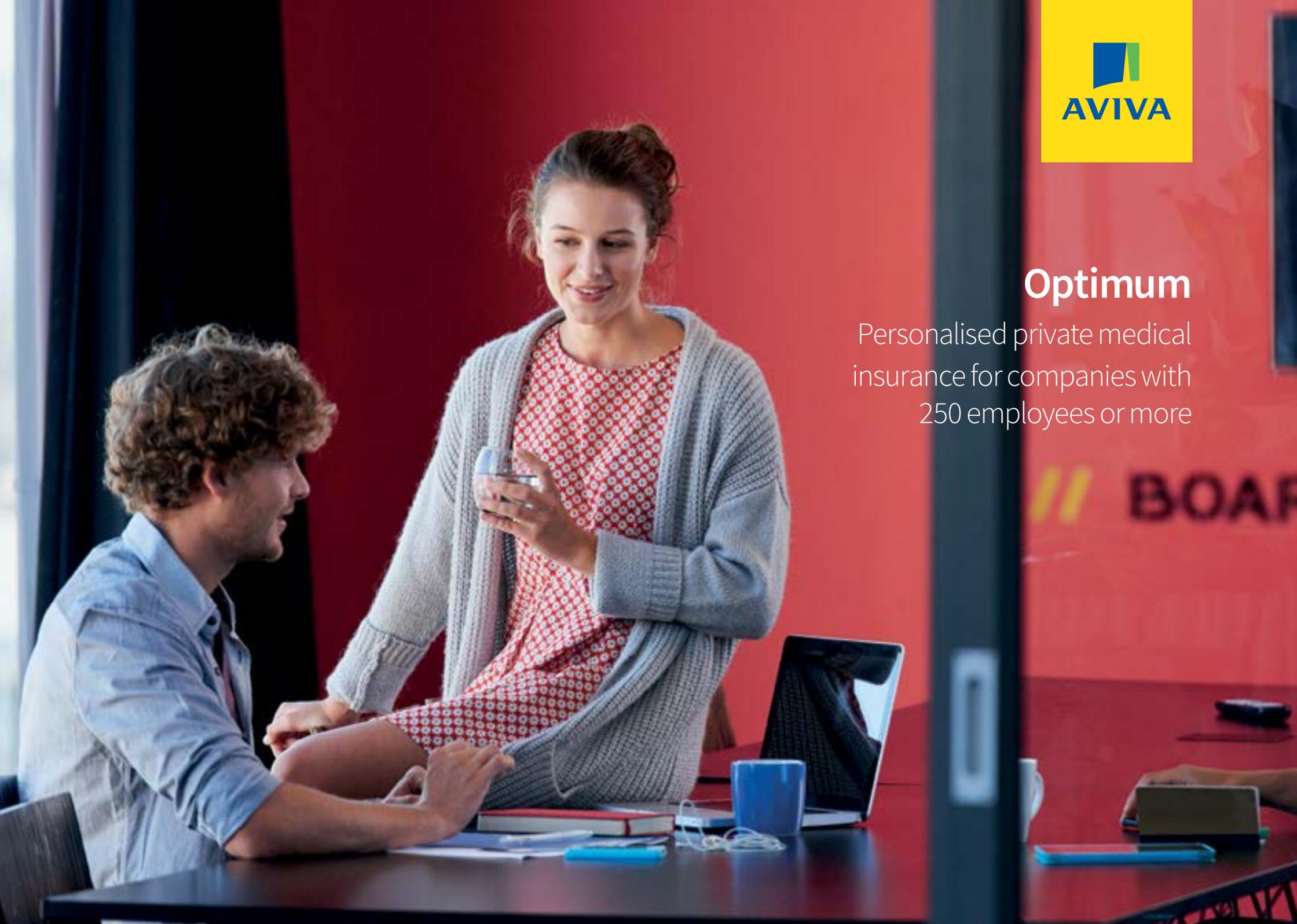




Optimum

Personalised private medical insurance for companies with 250 employees or more



Optimum

Optimum is designed to pay for private medical treatment to get your employees on the road to recovery and back to work as soon as possible.

Because with larger companies, one size doesn't fit all.

The most important assets of your business aren't the piles of computers.

Or the suites of office furniture.

Or the fleets of company vehicles.

It's the people (including you) who matter most.

It's why we don't believe a 'one size fits all' approach works for private medical insurance. Instead, we offer a bespoke, flexible solution to companies who want to cover 250 or more employees.

We believe everyone should have access to the right treatment, at the right time, at the right price. That's our goal – and we believe that's what you want too.

Benefits of Optimum

Employers

- Optimum lets you choose the most appropriate benefits for your employees
- Having the ability to tailor your policy means that you can provide the cover you need in a cost-effective way
- BacktoBetter and other policy benefits contribute to getting your employees back to health and back to work faster.

Employees

- Members will have access to eligible private medical diagnostic tests and treatment
- Appointments for members at over 200 private hospitals across the country
- MyAviva brings together the products that help members protect their health, loved ones, future and possessions, in one secure and simple-to-use online place.

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About Aviva

Aviva Health UK is part of the Aviva group – so you benefit from our extensive network and financial security. Aviva is one of the largest insurers in the UK and has strong businesses in selected markets around the world. We have 33 million customers and over 320 years of financial services experience, meaning we're here to stay and are committed to providing you with the best possible service now and in the future.

At Aviva Health UK, we combine financial strength and corporate efficiency with in-depth clinical expertise. The result is a flexible approach to healthcare that customers can trust.

Clinical excellence is in our DNA

We have a number of clinicians working for Aviva and their clinical expertise helps to inform every aspect of our work. We use our clinical knowledge to develop and shape our products and services. From innovating and creating a proposition, to pricing a product or analysing its benefits, and from monitoring our claims process to managing our relationships with hospitals and specialists. We believe it's our clinical excellence, combined with everything else you'd expect from a major insurance company, that means our healthcare offering is the right proposition.

Aviva are proud winners

Health Insurance Awards

Every year since 2010 thanks to our focus in delivering high levels of healthcare, Aviva UK Health has been voted Health Insurance Company of the Year at the Health Insurance Awards.

In 2019, we also won Best Individual PMI provider, Best Marketing & Sales Support to Advisers and Best Individual Income Protection Provider.

Defaqto 5 Star Rating



Defaqto have given Optimum their highest rating, 5 Stars, meaning that it's one of the most comprehensive products in its class within the private health insurance market.

The cost of not having Private Medical Insurance (PMI)

Without private medical insurance, your employees could face lengthy waiting times if they suffer illness or injury. If they chose to go private without insurance, they could also face considerable financial expense. Here are some examples of the cost of private medical treatments:

Type of procedure	Average (median) private cost
Knee replacement	£11,814
Heart by-pass operation	£17,500
Hip replacement	£10,761
Cataract surgery	£2,417
Hernia repair	£2,661

Source: *privatehealth.co.uk. (correct as at September 2019).

A tailored plan that can fit your business perfectly

When we say that Optimum PMI is a bespoke policy, we really do mean bespoke. You decide what's included and what isn't. You can choose different benefits for different categories of staff, you can even select different hospitals for different staff levels – so your company has exactly the cover it needs and pays only for the cover it wants.

With access to the right private medical treatment, as soon as they become members, we aim to help your employees get the treatment they need promptly and return to work faster.

How we manage costs

We proactively manage costs throughout the life of your policy without compromising the quality of private care. Our clinical expertise informs every aspect of our work – from monitoring our claims process to managing our relationships with hospitals and specialists.

Greater efficiency with our claims management system

Our claims management system helps us identify and manage high costs, complex cases and treatment programmes, such as cardiac, musculoskeletal, mental health and cancer cases. By working closely with hospital providers we can negotiate the costs of long stay and complex cases, but still make sure members get access to quality care.

BacktoBetter – helping members return to work faster

BacktoBetter provides the right treatment for back, neck, muscle and joint - musculoskeletal (MSK) - conditions. The process can be quicker than the usual GP referral route as the member doesn't need to see their GP first, which helps contain costs and could help members return to work faster.

Keeping your healthcare scheme sustainable

Advances in medicine are happening all the time. That's why we're always evaluating fees and challenging our supply chain providers – doctors, hospitals, specialists – to make sure we're offering the right treatments at the right costs.

We believe this approach helps us secure the best possible outcome for members, helps you contain costs and contributes to keeping your premiums down, year on year.

Networks

We're continually developing our networks of specialists, other practitioners and facilities to help manage costs and drive a consistent quality of care. If we have an appropriate network, we'll tell members where they can have treatment. We'll only pay for that treatment if it is carried out within our networks. Our networks may include hospitals or other facilities that aren't on your chosen list. If you choose the Extended hospital list, members don't have to use our networks. (Please note the B2B pathway is not a network and so would remain mandatory on the Extended hospital list).

Choosing the right cover for your company

We'll help you shape your Optimum policy

We've helped customers shape and maintain healthcare policies that not only meet their immediate needs but also adapt to their changing plans.

We'll help you set up your Optimum policy and carry on giving you support and assistance, such as regular management information on how the scheme is performing.

We know that costs can be a priority. We'll work with you to help deliver value for money; Optimum is designed to be sustainable year on year. And if you use financial advisers to arrange corporate benefits, we'll be happy to work alongside them to set up your healthcare policy.

Limits to cover

There can be some limits to the cover provided by any private medical insurance product. As Optimum is a bespoke product, we'll work with you to help you decide exactly what limits you'd like to include in your policy. These will then be shown in the policy wording.

You can reduce costs further

Member excess

You can add an excess to your policy. With a £100 excess for example, members would be responsible for paying the first £100 of any costs incurred. This would only apply once each member every policy year.

Select benefits

You could select a range of benefits that you'd like to exclude, such as treatment for complications of pregnancy or cover for complementary or alternative medicine.

Reduced out-patient cover

You can limit the amount and extent of out-patient cover.

Six week option

Under this option your members would have the benefit of private out-patient consultations and treatment regardless of NHS waiting times but, if they were referred for in-patient or day-patient treatment (including accident or emergency admissions) and the NHS waiting time was less than six weeks, cover would not be available under the policy.

Optimum: start shaping your policy

You're in control.

If you'd like help, our account managers will support you in shaping your company's Optimum policy.

1. Core cover

You should always start with some core cover, which includes BacktoBetter. The diagram on the following page shows an example and how these core benefits would offer a broad range of cover to your employees.

2. Value cover

You could reduce costs by opting for one or more of the measures shown in the appropriate section of the diagram.

3. Enhanced cover

Depending on your budget, you could enhance the level of cover provided by core benefits, also shown in the diagram on the following page. We're also flexible about shaping these to your company's requirements – just ask. Selecting enhanced cover options will increase your premium.

4. Additional health and wellbeing benefits

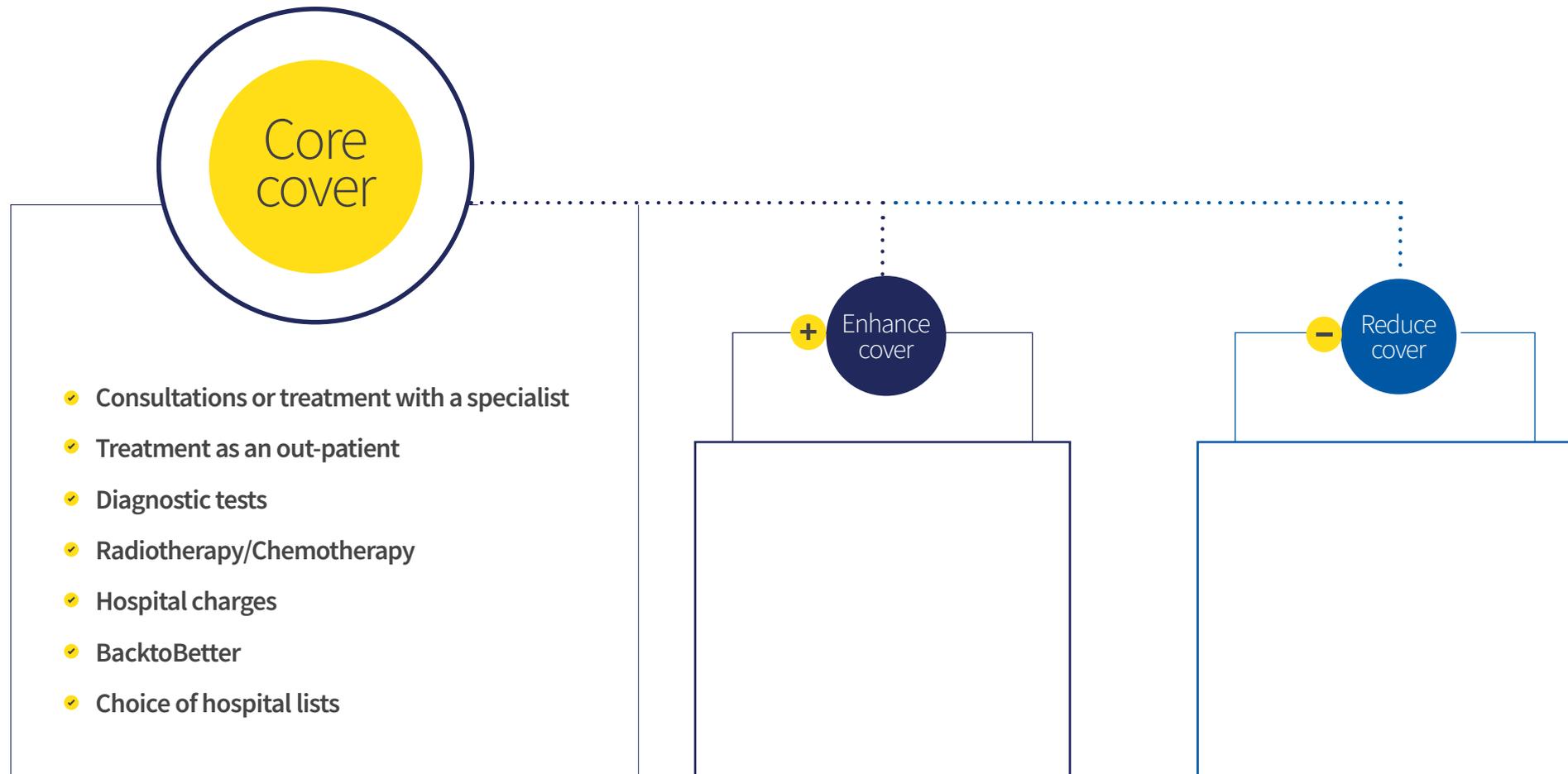
Whatever shape your Optimum policy takes, we'll include a range of wellbeing benefits as standard. These include a 24 hour stress counselling helpline, gym discounts and MyAviva - an online portal where members can manage their Aviva policies in one place.

5. Optimum Referral

Its open referral approach gives us the opportunity to add real value to your members. We'll use our clinical knowledge and independent quality data to signpost them to an appropriate treatment provider. And, we'll help to keep private medical insurance sustainable by ensuring that your healthcare is procured effectively and efficiently.

The core package

This example shows the benefits that businesses commonly put into place as a minimum level of cover. We'd like to help you take advantage of a policy that's been created specifically to suit your needs, so your cover may differ from this example. This is a summary of benefits. The full list of standard definitions, benefit terms, conditions and exclusions, including all limits, are set out in the policy wording, a copy of which is available on request. Non-standard terms may apply. Applications are required.



Added
value

MyAviva, Gym Discounts, 24 hr Stress Counselling Helpline, Aviva Digital GP

Common exclusions

As Optimum offers bespoke private medical insurance, you can choose exactly what you'd like to cover and what you'd like to exclude from your policy. The cover you select will affect the premiums you pay.

Whilst you don't have to remove cover for these things, some of the most common exclusions are:

- any musculoskeletal treatment that has not been pre-authorized by us
- cosmetic treatment (except following an accident or surgery for cancer)
- experimental treatment (limited benefit may be available – please contact us)
- HIV/AIDS and related conditions
- infertility treatment
- kidney dialysis
- long term or chronic conditions
- routine medical examinations
- self-inflicted injury
- sexual dysfunction
- sleep disorders and sleep problems such as snoring and sleep apnoea
- sports related injuries - if a member is paid or personally funded/sponsored
- surgical or medical appliances such as neurostimulators (for example, cochlear implants) and crutches
- take home drugs and dressings
- treatment for lipoedema
- treatment for pregnancy or childbirth
- treatment outside of networks (for any condition or suspected condition that we have a network for, except if you have the Extended hospital list)
- treatment required as a result of a war, terrorism, contamination by radioactivity, biological or chemical agents
- treatment undertaken without GP referral to a specialist
- treatment with providers (such as specialists, practitioners or at hospitals and facilities) that are not recognised by us

This is a summary of exclusions. The full list of standard definitions, benefit terms, conditions and exclusions are set out in the policy wording, a copy of which is available on request. Non-standard terms may apply. Applications are required.

BacktoBetter

Musculoskeletal injury

Musculoskeletal (MSK) injuries are a leading cost and cause of spend in health claims – they're also a leading cause and cost of absence. It's not always easy to work out exactly what's wrong or what to do about it. The challenge is to make good quality clinical services easily available when they are needed.

Tackling the problem head on

BacktoBetter introduces clinical decision making at the start of the claims journey. This makes sure that only appropriate and effective interventions are funded, which could mean a better outcome for members, a well-managed claims spend and a positive impact on absence levels.

The Health and Safety Executive state that musculoskeletal problems currently account for 29% of all work-related ill-health. Their report also shows that, in Great Britain, an estimated 6.9 million working days were lost to work-related musculoskeletal disorders in 2018/19 - with an average of 14 days lost for each case*. So, you can see why we believe they're one of the biggest health challenges facing employers today.

What are musculoskeletal (MSK) conditions?

MSK conditions are any conditions relating to back, neck, muscle or joint pain, also commonly referred to as orthopaedic conditions.

* Source: Work related musculoskeletal work disorder statistics (WRMSDs) in Great Britain, 2019. Contains public sector information published by the Health and Safety Executive and licensed under the Open Government Licence. Published October 2018.

BacktoBetter can help

BacktoBetter is a service that can help members recover faster.

That means you can keep your productivity levels up, and – because BacktoBetter intervenes quickly and only recommends appropriate treatment – it helps keep your claims spend down.

- BacktoBetter offers access to a qualified clinician who can help members deal with the pain of a musculoskeletal injury
- Your members get the right treatment at the right time, which could lead to a faster recovery
- There's no need to see a GP
- It's a service that aims to deliver best clinical practice no matter how complicated the problem is
- When appropriate, we'll help members get access to a conveniently located physiotherapist approved by one of the independent clinical providers
- Plus, any physiotherapy treatment your members receive through BacktoBetter won't come out of any chosen out-patient limits and any applicable excess will not apply.



Cancer care

If a member has been diagnosed with cancer, we want to give them the personal support they need. We have an experienced and dedicated oncology team to support customers every step of the way and provide treatment that is backed by medical research. We're also committed to making sure your members get not only the right treatment but also a high level of aftercare. Our clinicians are there as a point of reference for extra support and guidance.

All of your members are covered for investigations included in the policy, up until the point of diagnosis. Optimum then gives you options about the levels of cancer cover you'd like to offer. You could choose our highest level of cover, limit it, or have no cover for treatment at all. If you choose the highest level of cancer cover, your members will benefit from our cancer pledge.

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 your members need as recommended by their specialists.

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.



Selecting our cancer pledge option is an addition to our core cover and will incur a higher premium.

Added value benefits with Optimum

If employees lead healthier lives and feel more appreciated by employers, then a business could see a boost in workforce performance, morale and positivity. We provide members with a range of added value benefits, at no extra charge, with every Optimum policy. Helping them stay healthy - physically, mentally and financially.

Stress Counselling Helpline can help when the going gets tough

If your employees are having difficulty with the demands and expectations they face, it's good for them to talk. They can do this through a secure helpline to trained counsellors, helping them to work through problems and resolve them.

The service is available to members and their dependants aged 16 or over.

Your employees can save money while getting fit with a discounted gym membership

Get Active provides your insured employees with up to 25% off a gym membership at health and fitness clubs across the UK, helping to keep them fit, happy and healthy. Terms and conditions for Get Active can be found here – [getactive.aviva.co.uk](https://www.getactive.aviva.co.uk)

MyAviva

At Aviva, we understand that life is busy. That's why we're all about making things easier for our customers wherever we can. Welcome to MyAviva.

Our online portal will help your members manage their Aviva policies and schemes in one secure and easy-to-use place.

With a whole host of benefits at their fingertips, 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 their claims summary, update us on what's next and track bills paid against their claim
- keep track of their 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 safe, secure and tailored to use on most popular devices and is available to download from the App Store or Google Play. Mobile data charges may apply.

A claims experience that puts members first

Understanding clinical needs

Our in-house clinicians work closely with our claims teams to understand your members' clinical needs. Together, they use a process that identifies routine pathways (treatment for things like cataracts) and separates them from the more complex conditions such as mental health conditions or cancer. And if it's a more complex case, one of our specialist claims teams will provide case management.

Sensitivity combined with expertise and efficiency

Consistency of service is all the more important for sensitive conditions such as cancer, heart conditions and mental health problems. We have a bank of clinicians who help us provide case management. Our experienced clinicians understand the complexities of the condition, so members get reassurance and seamless support from one treatment stage to the next.

Independent clinical case management service for musculoskeletal (MSK) conditions

BacktoBetter offers convenient access to clinical case managers, for any MSK symptoms. They'll then use their knowledge and experience to determine the most appropriate course of action - whether that be advice on how to self-manage the condition and pain, physiotherapy sessions or an onward referral to a specialist.

With BacktoBetter, there's no need to see a GP and members will be assessed and provided with advice, along with a referral for treatment if appropriate.

GP referral

If a member's GP recommends they need to see a specialist for further assessment or treatment, the GP will give them a referral. This may either be in the form of an open referral or a named referral. With Optimum we don't mind which type of referral your members receive, they'll get great service from us either way.

- An open referral is where the GP just states which type of specialist they need to see or the type of treatment they need, without giving them a specific named specialist

If a member receives an open referral, our claims team will help them to find a specialist and hospital. In most cases, we'll connect them directly with the hospital to book their appointment over the phone.

- A named referral is where the GP recommends a particular specialist

If they receive a named referral, they'll need to ring to check whether we've a network for their condition or suspected condition. If we do, we'll tell them where they can have their treatment. If we don't have a network in place we'll check to make sure the specialist is recognised by us. Remember, if you've chosen the Extended hospital list, your members won't have to use our networks. However, even if their GP provides a named referral, we can still offer to find other suitable specialists when they call us, as this may provide more choice and convenience for their particular circumstance.

Payment of bills

All eligible bills will be settled by us directly with the treatment provider. If your members do receive a bill for their treatment, they'll need to forward it on to us (taking a copy for their records), so we can arrange payment directly with the provider.

Customer service helpline

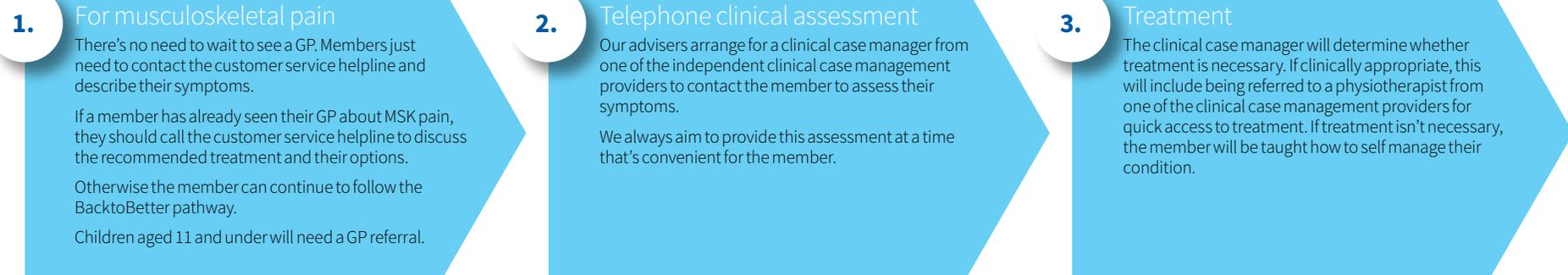
The customer service helpline is there to help members throughout a claim, with experts who can answer questions and reassure them about the process. The customer service helpline number is given in the member documentation.

How to claim – three simple steps

When members feel unwell, the last thing they want to face is a difficult claims journey. So we've made ours easy.

BacktoBetter claims

The following outlines how a claim for a musculoskeletal condition works in three simple steps



For all other claims

The following is our standard claims process and outlines how a claim for any other symptoms works in three simple steps



Underwriting options

Optimum gives you a choice of underwriting options. The standard underwriting option is medical history disregarded, however other options are offered to help reduce costs or to allow underwriting to continue from a previous insurer.

Full Medical Underwriting

The past health of members is considered and any pre-existing symptoms, conditions or any related or associated condition may be excluded unless we choose to accept them.

Moratorium

Members won't be able to claim for any condition they had during the five years before the cover started. If their condition would normally be covered under the policy, they may be able to claim for it later. However, for this to happen, they must have gone for two continuous years after the start date without any medication, treatment, diagnostic tests or advice for that condition.

Continued Moratorium

If you're transferring from an existing policy that was underwritten on a moratorium basis, our moratorium wording is applied with effect from each member's original moratorium start date.

Medical underwriting options may be dependent on the size of the scheme. Please contact your usual healthcare sales consultant or financial adviser for more information.

Continued Medical Exclusions

If you're transferring from an existing fully medically underwritten policy, we'll accept the existing medical exclusions (if any) that were applied by your previous insurer.

Medical History Disregarded

If you're taking out a policy for the first time or switching from another insurer, any pre-existing conditions of members will be covered providing they fall within the terms and conditions of the new policy.

Types of contracts

Our account managers can help support you in selecting your benefits.

Fully Insured

A claims fund is set for the contract year, so you'll know exactly how much you'll pay. No additional premium will be payable (except for membership changes). We will be liable for claims in excess of the claims fund.

Cost Plus

A claims fund is set with a stop loss attachment point – you'll be liable for any claims up to this point and we will be liable for any claims in excess of it. If the total claims for the contract year (including any adjustments for membership changes) are less than the claims fund, we will reimburse you the value of the unused fund.

Trust

You may choose to fund your company's private healthcare by a Healthcare Trust. This isn't an insurance contract and attracts funding benefits – you wouldn't have to pay any Insurance Premium Tax.

Aviva can provide a full Healthcare Trust service. Stop Loss Insurance can be provided to protect the liability of the company by absorbing the exposure to costs above a certain level.

A Healthcare Trust gives employers more control over the type of healthcare benefits provided as the business can set the rules of the trust.

Please note, tax rules are subject to change.

Corporate Excess

An insured funding option for Optimum customers, which reduces the amount of insurance premium tax and could potentially benefit a charity of your choice.

Common questions answered

What is the duration of my policy?

Your private health insurance policy is a one year contract. Prior to your policy continuing into another year you will be sent your renewal documentation. You should review this information to make sure the cover/policy remains adequate for your needs.

Can the policy be cancelled?

The policyholder can cancel the policy. If this happens, no further claims will be paid. If you fail to pay premiums when they are due, we will cancel the policy and entitlement to benefits will end.

What happens if an employee leaves?

For members who leave your employment, and hence your Optimum policy, we offer the facility to take out an individual UK policy.

We'll supply details of this facility to the group administrator upon issue of the policy.

As Optimum offers a complete bespoke service, any questions you have are likely to be specific to your scheme and circumstances. In which case, please speak to your adviser or your usual Aviva contact.

If members have any questions, they should contact their group administrator, or call the Aviva customer service helpline – the number will be in their member documentation.



Further **information**

If you have cause for complaint

Our aim is to provide a first class standard of service to our customers, and to do everything we can to ensure you are satisfied. However, if you ever feel we've fallen short of this standard and you've cause to make a complaint, please let us know. Our contact details are:

Aviva Health UK Ltd
Complaints Department
PO Box 540
Eastleigh, SO50 0ET
Telephone: 0800 051 7501
Calls may be monitored and/or recorded.
Email: hcqs@aviva.com

We've every reason to believe that you'll be totally satisfied with your Aviva policy, and with our service. It's very rare that matters can't be resolved amicably. However, if you're still unhappy with the outcome after we've investigated it for you and you feel that there's additional information that should be considered, you should let us have that information as soon as possible so that we can review it.

If you disagree with our response or if we haven't replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate. Their contact details are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR
Telephone: 0300 123 9123 or 0800 023 4567
Email: complaint.info@financial-ombudsman.org.uk
Website: financial-ombudsman.org.uk

Please note that the Financial Ombudsman Service will only consider your complaint if you've given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman won't affect your legal rights.

Financial Services Compensation Scheme

We're members of the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from this scheme if we can't meet our obligations, depending on the type of insurance and the circumstances of your claim.

Further information about the scheme is available from the FSCS website: fscs.org.uk.

Our regulators

We're authorised and regulated by the Financial Conduct Authority:

The Financial Conduct Authority
12 Endeavour Square
London
E20 1JN

The Financial Conduct Authority is an independent watchdog that regulates financial services.

Law

The law of England and Wales will apply to this contract unless:

- the policyholder and we agree otherwise, or
- at the date of the contract, the policyholder is a resident of (or, in the case of a business, the registered office or principal place of business is situated in) Scotland, Northern Ireland, Channel Islands or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.

If we decide to waive any term or condition of this policy, we may still rely on that term or condition at a later time.

All correspondence relating to this policy will be written in English. We'll always speak to you in English.

What's next?

It's time to find out just how flexible Optimum is, and how this policy could help you provide quality employee healthcare cover tailored to suit your business perfectly.

For more information, you could visit our website or email us. But we'd like you to call our healthcare sales consultants or speak to your usual financial adviser, so we can start shaping a policy to suit your needs.

We can:

- prepare an initial policy specification based on the benefits you'd like to include
- discuss underwriting and available options
- take you through the application process, which should be easy and stress-free.

Contact us

You can either come directly to us, or through your usual financial adviser, to find out more and apply for an Optimum policy.

To speak with us directly:

call: [0800 0014 272](tel:08000014272)

email: hcnd@aviva.com

visit: aviva.co.uk/business/health



If you are deaf or hard of hearing and have a textphone, you may call us free of charge via BT Typetalk on 0800 959 598.

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



**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. Calls may be monitored and/or recorded.

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[aviva.co.uk/health](https://www.aviva.co.uk/health)

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