



Healthier Solutions

Private Health Insurance

Summary of cover
Renewal Brochure



It's time to renew your Healthier Solutions policy

At Aviva, we've got years of experience in health insurance under our belt. Our expertise and exceptional customer service will give you comprehensive private medical insurance (PMI) cover. When it comes to giving you healthcare cover you can rely on, with all the choice and flexibility you need, it takes Aviva

This guide is a summary of the cover provided by Healthier Solutions. It's important to us that we give you a high level of support, but this means we have to look each year at how much our cover will cost.

Please read this brochure together with the other items included in your renewal documentation. They show the cover you have chosen and any changes that may apply to your policy.

One of these documents is an Insurance Product Information Document (IPID).

It provides a short summary of the key product information in a standardised format, to make it easier for you to compare similar products from across the market and help you make an informed decision.

It must be read alongside this brochure and can be found at aviva.co.uk/health/health-products/health-insurance/

If you'd like to discuss your renewal terms or any aspect of your healthcare cover with us, please call our customer management team on **0800 068 3827** (calls may be monitored and/or recorded).

However if you're happy with the policy you have then you don't need to do a thing and it will renew automatically.

Healthier Solutions is our PMI product, which gives you extensive benefits through its core cover. But because we know everyone is different, we've made sure Healthier Solutions is flexible, letting you set the level of cover to suit your needs and your budget.

It works as a yearly contract, so now's the time to review your options to see if they're still right for you.

Get the most out of your private medical benefit with MyAviva

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

With a whole host of benefits you can:

- check your policy including cover and benefit details
- start a new claim or update us on an existing one
- view your claims summary, update us on what's next and track bills paid against your claim
- keep track of excess and out-patient benefits (if applicable), helping you stay in control
- chat to our Online Assistant where you can get support 24/7. They can help answer your question or direct you to someone who can.

MyAviva is also available to download from the App Store or Google Play. Mobile data charges may apply.

You're in control

With Healthier Solutions, we offer you quality treatment and extensive benefits with your core cover.

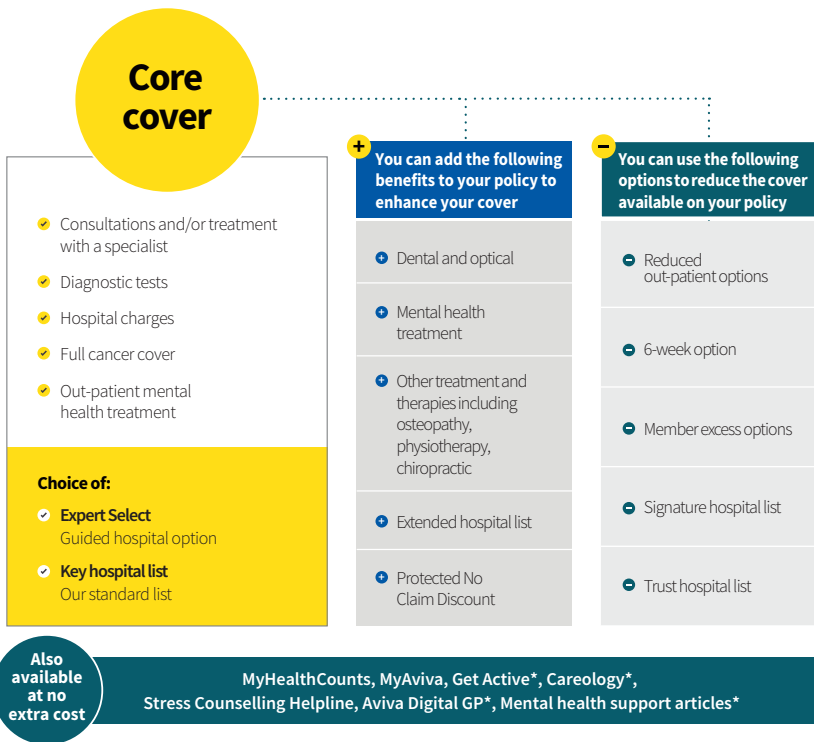
This includes consultations and/or treatment with a specialist for out-patient care including diagnostic tests such as scans or x-rays. We will also cover you should you be admitted to hospital for treatment as a day-patient, so in and out in one day or as an in-patient, where you might require overnight care. Core cover also provides full cancer cover.

1. Start with Core cover, with such a comprehensive range of benefits this may be all you need
2. Depending on your needs and budget, you can choose to either Enhance or Reduce your cover with our range of options.
3. Keep or remove options to build your perfect mix

Additional support with networks

For some conditions, such as cataracts, hips and knees we offer a network of treatment units specialising in providing treatment for specific conditions. Networks are a way of clinically selecting providers who meet our high standards in delivering care for you.

More information on networks can be found at aviva.co.uk/health-network



*These services are non-contractual benefits that Aviva can amend or withdraw at any time

Hospital options

The enclosed documents will show the hospital option you have selected giving you information on where you can currently access treatment.

As part of your policy, you are able to change your hospital option if you think a different one would be more suitable. **Your options are as follows:**

We have two options which are available as part of your core cover.

- **Expert Select** - Our guided approach whereby we use our clinical expertise each time you claim to provide you with a choice of hospitals in your area which give the quality of care we expect.
- **Key Hospital List** - A hospital list may be a good option if you would prefer to choose a specific hospital from your chosen list. The Key list is our standard hospital list option, giving you access to around 200 private hospitals across the UK

Alternatively, you can either enhance or reduce your cover with the following three options:

- **Extended hospital list** - For an extra cost you can upgrade to this list, which gives access to more hospitals, predominantly in the Greater London area.
- **Signature hospital list** - This is a great option if you live in Scotland or Northern Ireland as this list excludes all hospitals in England and Wales. It will also reduce your costs as it has fewer hospitals on the list.
- **Trust hospital list** - This is a cost-saving option that uses the private patient units of NHS Trust and partnership hospitals.

Providers that aren't recognised by us

We only work with providers who meet our quality criteria. All our providers sign up to collecting and sharing clinical outcomes with us and, where applicable, national registries. We won't pay for treatment with providers who aren't recognised by us. This means that if you use a provider that we don't recognise, we won't pay their fees/charges.

Providers includes practitioners, specialists, other healthcare professionals, hospitals, facilities and other treatment centres.

NHS amenity beds

An NHS amenity bed is a bed in a single room or side ward in an NHS hospital where you are receiving NHS inpatient or day-patient treatment and which you pay for. If that treatment would have been paid for by the policy if you'd chosen to receive it as a private patient, we'll reimburse you for the cost of the amenity bed.

Specialist and practitioner fee guidelines

As medical technology and equipment becomes more advanced, more claims are being made each year.

We manage the costs from these claims using a frequently-reviewed set of guidelines which fairly reflect the rates of the listed procedures. They show the maximum amount we'll pay specialists and practitioners (such as physiotherapists, osteopaths, psychiatric therapists).

To view our fee guidelines visit aviva.co.uk/pmifees

If you choose our Expert Select option, we'll settle all eligible bills in full with the treatment provider and guarantee no shortfalls on any eligible hospital or specialist charges for consultations, tests or treatment.



Private Healthcare Information Network

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

Wellbeing services & benefits

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

My HealthCounts

MyHealthCounts is an online tool designed to give you a better understanding of your current state of health and the lifestyle choices that impact it.

The service is provided by a third party and gives you access to a health risk assessment which will generate a Q Score between 1 - 100, based on your current health and lifestyle. The nearer to 100 your score is, the better your associated health risks.

Here's how it works:

- Register an account or login at **myhealthcounts.aviva.co.uk**.
- Complete the online health questionnaire about your health and lifestyle choices. Based on this information your Q Score will be calculated.
- Sign up to a 12-week programme to improve your Q Score, address any identified health risk hotspots and reach your goals.
- To help keep you motivated and on track, you'll receive weekly emails from experts and access to a wealth of information in the resources library.
- By taking the Q Score assessment within your qualifying window, you could receive a discount of up to 15% on your renewal premium.

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

Stress Counselling helpline

The Stress Counselling helpline can be a good place for you to get help with personal or work-related stress issues. Just call **0800 158 3349**.

The service is available to you and your insured children aged 16 or over.

Get Active*

Get Active helps you stay fit and healthy with discounts on online workouts, over 3,000 health and fitness clubs nationwide and a variety of discounted products and services.

You can read the terms and conditions and the privacy policy before signing up.

Mental health support

We want to help you manage and improve your mental health by giving you access to a range of videos, information and articles.

Aviva Digital GP*

Provided by Square Health

The Aviva Digital GP app can give you round-the-clock access to up to five GP video consultations and repeat NHS prescriptions (all NHS England exemptions accepted) at the touch of a button.

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

You can view the terms and conditions and the privacy policy for Aviva Digital GP in-app before signing up. Mobile data charges may apply.

For more information, including details on how to access the wellbeing services, visit **aviva.co.uk/my-wellbeing**

*These services are non-contractual benefits Aviva can withdraw at any time.

What's covered for cancer treatment?

Our cancer pledge

We will do everything we can to support you at every stage of your cancer treatment. Our cancer pledge means we'll cover the cancer treatment and palliative care you need, as recommended by your specialist.

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



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

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

If you have the six week option, we don't pay for treatment as an in-patient or day-patient if it is available on the NHS (including accident or emergency admissions) for the first six weeks from the date your specialist recommends it. The NHS can often treat cancer patients within six weeks, which means that we won't pay for treatment you receive during this time.

Additional support

Dedicated Cancer Claims Team

Our cancer claims team, specially chosen for their patience and empathy, understand what it means to be living with cancer, offering more than just paying medical bills.

Our Cancer Care Guide*

Developed in partnership with Macmillan Cancer Support, our guide makes it simple for you and your loved ones to find information to make life that bit easier.

Careology*

The Careology app offers a simple way for you to record and manage information related to your cancer care, helping you feel a little more in control. Careology is available if you have cancer cover included on your policy, and an eligible cancer claim.

Cancer Care with Get Active*

Offering savings on products and services that could make a small difference if you or someone close to you is living with cancer.

* These services are non-contractual benefits that Aviva can amend or withdraw at any time

Benefits	Amount payable	Notes
Hospital charges for surgery and medical admissions	Including accommodation and meals, nursing care, drugs and surgical dressings and theatre fees	
	With Expert Select: we pay in full for treatment carried out at the hospital confirmed by us	
	If you have a hospital list: we pay in full for treatment carried out at a hospital on your list or a network facility	
Specialists' fees	With Expert Select: we pay in full for treatment carried out by the specialist confirmed by us	
	If you have a hospital list: we pay up to the limits in our fee schedule	
NHS cash benefit for cancer treatment	£100 each day	<p>For NHS cancer treatment that would have been covered by the policy if you'd had it as a private patient, we'll pay £100 for:</p> <ul style="list-style-type: none"> • each day of in-patient or day-patient treatment • each day of out-patient: radiotherapy, chemotherapy, blood transfusions, or surgical procedures • each day of intravenous (IV) chemotherapy at home • each week that you take oral chemotherapy drugs at home. <p>You won't be able to claim more than £100 per day</p>
Post surgery services	In full	Includes specialist services immediately following surgery, such as consultations with a dietician or stoma nurse
Radiotherapy and chemotherapy	In full	Hormone therapy is only covered if you need it to shrink a tumour before you have surgery or radiotherapy
Bone strengthening drugs (such as bisphosphonates)	In full	
Treatment for side effects of chemotherapy or radiotherapy	In full	
Genetic testing to support treatment	In full	To aid a diagnosis or help determine the type of treatment required
Molecular profiling	In full	To determine the most appropriate treatment
Wig	Up to £100	We'll pay towards the cost of a wig if you need one due to hair loss caused by cancer treatment. This is payable once for each member, not every policy year
External prostheses	Up to £5,000	We'll pay towards the cost of the first external prosthesis following surgery for cancer
Stem cell and bone marrow transplants	In full	Includes collection, storage and implantation
Monitoring	In full	We don't pay for monitoring after treatment for non-melanoma skin cancer
Ongoing needs	Up to five years	Such as regular replacement of tubes or drains
Preventative treatment for cancer		Only if you've already had treatment for cancer that we've paid for
End of life care:		
<ul style="list-style-type: none"> • in a hospital if it's medically necessary • donation to a hospice 	<p>In full</p> <p>£100 each night, up to £10,000</p>	Each night you are admitted
<ul style="list-style-type: none"> • donation to a registered charity 	£50 each day, up to £10,000	Each day that you're visited at home by one of their nurses

Ways to enhance your cover

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

Dental and optical

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

- examinations
- fillings
- crowns.

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

Benefit	Amount of cover
Optical benefit	Up to £150
Accidental dental injury	Up to £600
Routine dental treatment	Up to £250

Routine dental treatment and optical benefit each have a £50 excess. If you claim for these benefits, you will pay the first £50 yourself and the benefit amounts shown would then be available to you to claim towards costs.

Other treatment and therapies

This option provides cover for GP referred treatment by a physiotherapist, osteopath, acupuncturist or chiropractor. It could be useful if you suffer an injury such as whiplash, or injure yourself while exercising. It also gives you cover for minor surgery by a GP for procedures appearing on our GP minor surgery list, up to £100 for each procedure.

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

Mental health treatment

We can give you cover for both in-patient and day-patient treatment if you're diagnosed with an acute mental health condition, such as clinical depression.

Benefit	Amount of cover
In-patient and day-patient accommodation and nursing	In full up to 28 days
Specialists' fees for in-patient treatment	Up to the limits in our fee schedule



Protect your no claim discount (NCD)

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

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

- you haven't had any form of cancer, heart disease or stroke in the last five years
- you haven't had any consultations, diagnostic tests or treatment in the last 12 months
- you don't have any consultations, treatment or diagnostic tests pending with a GP, specialist or hospital
- you aren't aware of any conditions that you may need diagnostic tests or treatment for in the next six months, whether or not you have consulted a medical practitioner.

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

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

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

Upgrade your out-patient cover

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

This includes cover for:

- pregnancy and childbirth complications
- surgical procedures on your teeth performed in a hospital, and
- mental health treatment as an out-patient, up to £2,000.

You'll also have full out-patient cover for:

- consultations and treatment with a specialist
- diagnostic tests
- radiotherapy/chemotherapy, and
- specialist referred treatment by a physiotherapist, chiropractor or osteopath.

Ways to reduce your premium

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

Six week option

If you choose the six week option, you will still have the benefit of prompt cover if a GP refers you to a specialist for diagnostic tests or consultations and any subsequent eligible out-patient treatment. However, you will only be covered for in-patient or day-patient treatment if the wait for that treatment is longer than six weeks on the NHS.

If it's less than six weeks you'll need to use NHS facilities as a non paying patient or self-fund any private treatment. If you require emergency treatment, you'll be admitted on the NHS immediately, therefore treatment won't be covered by the policy.

If the waiting time for NHS treatment is longer than six weeks, this benefit kicks in, meaning you can get private treatment as an in-patient or day-patient straightaway. And if you subsequently need eligible treatment as an out-patient, Healthier Solutions covers that too.

If treatment is available on the NHS within six weeks, the NHS cash benefit, the NHS cancer cash benefit and the cost of an NHS amenity bed won't be available.

The six week option isn't available to residents of the Channel Islands or the Isle of Man.

Member excess

With this option, you can choose to reduce your premium by introducing an excess option.

You can choose the level of excess you'd like to set; from £100, £200, £500, £1,000, £3,000 and £5,000, payable for each member, every policy year. You will need to pay the excess in every policy year that you claim before we pay out any benefit.

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

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

If you claim for a benefit that has a limit, the excess will not impact the benefit limit. Say your excess was £200 and the treatment you were claiming had a benefit limit of £500. You'd have to pay the first £200 and you'd still have £500 of your benefit limit remaining for that policy year.

Cancer and the NHS

For cancer treatment, the waiting times for the NHS are often less than six weeks, meaning there will be limited cover for cancer treatment with the six week option. However, this cover gives you access to treatment that isn't funded on the NHS, including the latest drugs and treatments.

Reduced out-patient cover

This option limits out-patient cover to £0, £500 or £1,000 for each member, every policy year.

Even with reduced cover, we still offer a considerable level of insurance. You will still get full out-patient cover for:

- Surgical procedures by a specialist in a clinical, sterile setting - for example, guided injections, surgical treatment and complex diagnostics such as gastroscopy.
- CT, MRI and PET scans at a diagnostic centre recognised by us.
- Radiotherapy and chemotherapy.
- Any costs for pre-admission tests needed within 14 days of admission to check you are fit to undergo surgery and anaesthesia.

Under this option, out-patient consultations, other diagnostic tests, non-surgical treatment, mental health treatment as an out-patient, and specialist referred treatment by a physiotherapist, chiropractor or osteopath are subject to the £0, £500 or £1,000 limit.

- If you choose the £0 option you won't have any cover for out-patient consultations, other diagnostics, non-surgical treatment, mental health treatment as an out-patient, or specialist referred treatment by a physiotherapist, chiropractor or osteopath.
- If you choose any of the reduced out-patient cover options, this also removes the cover for treatment for complications of pregnancy and childbirth and surgical procedures on the teeth performed in a hospital, or any related treatment.

The monetary limit doesn't apply to out-patient cancer treatment received after a diagnosis of cancer.

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



Any questions?

Call us on 0800 092 4590

Need to make a claim?

Call us on 0800 158 3333

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

Stress Counselling helpline

Call us on 0800 158 3349

This benefit is available for members aged 16 and over.

Aviva Digital GP

Aviva Digital GP is powered by Square Health.

For more information on how to access the service,
visit **aviva.co.uk/my-wellbeing**

Need this in a different format?

Please get in touch with Aviva if you would prefer this brochure
(**GEN6906**), in large print, braille or as audio.

 0800 051 7501

 contactus@aviva.com

 aviva.co.uk

Lines are open Monday to Friday from 8.00am – 6.30pm.

Calls may be recorded and/or monitored.

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