



# Healthier Solutions

Private health insurance that fits around you



# Flexible cover that fits around you

Everyone's different. At Aviva, we recognise that what you want from your healthcare cover could be very different to what somebody else wants. Healthier Solutions is private health insurance to suit you.

## Contents

3	<b>What Healthier Solutions gives you</b>
4	<b>Healthier Solutions explained</b>
	<b>What else does Healthier Solutions offer?</b>
5	MyHealthCounts
6	Aviva Get Active
6	24-hour telephone helplines
	<b>Policy summary</b>
7	What is covered
8	Ways to enhance your cover
10	Ways to reduce your premium
11	What isn't covered
12	A summary of cancer cover
15	Underwriting
16	<b>Your questions answered</b>
18	<b>Providing the help and support you expect</b>
19	<b>What else you need to know</b>
20	<b>Choose Healthier Solutions today</b>

This policy is insured by Aviva Insurance Limited and administered by Aviva Health UK Limited



# What Healthier Solutions gives you

Healthier Solutions is flexible, giving you the ability to choose which benefits are important to you from a range of options. This means you can tailor your health insurance to suit your own requirements.

Healthier Solutions provides:

- Prompt access to private medical treatment at a hospital that's convenient to you
- Extensive core cover
- Options to increase or decrease your cover
- The option to protect your no claim discount
- Access to a range of NHS and private hospitals across the UK. This includes large networks such as BMI, Nuffield and Spire
- Access to a range of added value benefits including GP helpline and UK health and fitness club membership discounts
- MyHealthCounts – helping you manage your health with the potential to receive a discount at your next renewal.

## Family cover

You, your spouse and your children can all be covered by Healthier Solutions if you permanently live in the UK.

- Pay for the eldest child under 20 years of age and all other children under 20 will be covered for free
- 24 hour GP helpline to cover all members of the family even if they're not on the policy
- Children can even be included if they're temporarily away from home – for example, if they're away at university in term time.
- If there's a new addition to your family, your baby will get up to three months' free cover.

## No claim discount

Each member on the policy has their own no claim discount (NCD). With 15 levels each member's discount increases by one level each year they don't claim, up to a maximum of 75%.

If a member needs to make any new claims, their discount will remain unchanged if the total we pay in a year is £250 or less.

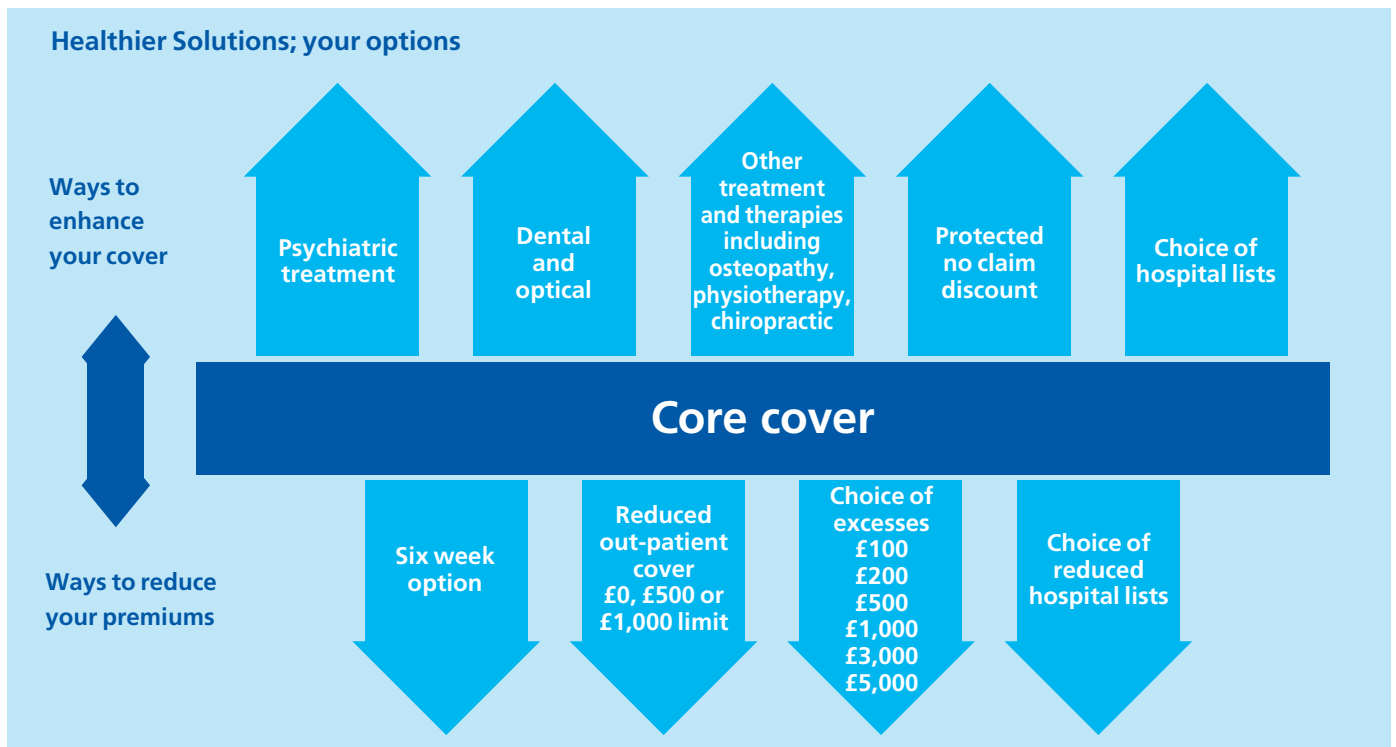
If a member makes any new claims that total more than £250 in the year, their discount will reduce by three levels. However, the NCD will never reduce by more than three levels in any one year. Plus if you don't make any claims during your next policy year, it will start to build up again.



# Healthier Solutions explained

Healthier Solutions gives you the flexibility to choose the cover containing the benefits you want – no more, no less. This is important not only for your peace of mind but also for your pocket.

You can choose the options you want from Healthier Solutions to enhance or reduce your cover. By choosing to enhance your cover your premiums will increase.



# What else does Healthier Solutions offer?

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.

## MyHealthCounts

The more you understand about your health, the healthier you'll be.

We realise that many people would like to understand their current state of health better. Many of us don't know our cholesterol levels, or even our blood pressure and resting heart rate. Having a good understanding of your health can help you to avoid developing serious problems in the future.

So, if you'd like to find out how healthy you really are and if you'd like to save money off future premiums, you can do both with our great new health programme MyHealthCounts. It's completely optional and also free to join for all Healthier Solutions policyholders.

## Here's how it works:

- Once you become a Healthier Solutions policyholder you'll be sent details of MyHealthCounts. You'll then be able to complete the online health assessment giving you a Q Score - showing how healthy you are compared to one hundred people who are all the same age, race and gender.
- Your Q Score will also enable you to see how your current lifestyle affects your health and your risk of developing serious health conditions in the future, such as heart disease or diabetes.
- We will help you to identify any areas you should focus on and our online health coach will offer advice on how to tackle any potential problems.
- By managing your Q Score your premiums could get better too. You could save up to 15% off next year's premium.
- You'll also get immediate access to a range of discounts and offers.



# What else does Healthier Solutions offer?

## 24-hour telephone helplines

We know that sometimes you or a member of your family just can't get to see your doctor, or you're not sure whether or not to bother them with your symptoms. When this is the case, don't spend your time worrying – just call our 24 hour GP helpline, and you'll be put through to a qualified GP. Or if you just want some general healthcare information, like what sort of jabs you'll need before going on holiday, then you can always talk to one of our trained nurses.

If you're a little stressed and just want someone to talk to, whatever the reason, you can call our stress counselling helpline. Experienced counsellors are there for you 24 hours a day, seven days a week. This benefit is available to members aged 16 and over.

## Health and fitness club discounts

Aviva has teamed up with some of the UK's leading health and fitness clubs, to offer you discounts to help keep you fit, happy and healthy.

- Save up to 25% on membership for a range of top UK health clubs
- Choose from a nationwide network of health and fitness clubs
- Top-notch membership comes with great facilities – many of the clubs have a swimming pool.

Our network of national chain and independent chains are continually expanding, so visit [www.aviva.co.uk/getactive](http://www.aviva.co.uk/getactive) for further information on our current offers.



# Healthier Solutions – what is covered?

This is a summary of the Healthier Solutions policy. It's important that you read this section.

This is a summary of the benefits available for this policy. Full terms and conditions are available on request. You will be required to complete an application to determine the final terms of your policy.

The table below is designed to show at-a-glance what's in Healthier Solutions' core cover. Remember, you can also choose options to upgrade or downgrade your cover. Details of those options are included on the following pages.

Benefits		Notes
In-patient or day-patient treatment of acute conditions at a hospital on the Key hospital list or in an NHS pay-bed.		
Hospital charges	✓	Including accommodation, meals, nursing care, drugs and dressings
Specialists' fees	✓	Up to the limits in our specialist fee schedule
Diagnostic tests	✓	Including blood tests, X-rays, scans, ECGs
Radiotherapy/chemotherapy	✓	
NHS cash benefits	£100 per night	Up to 30 nights per person per policy year
<b>Additional benefits</b>		
Home nursing	✓	Immediately following treatment as an in-patient or day-patient that is covered by the policy; on specialist recommendation
Private ambulance	✓	
Parent accommodation when staying with a child covered by the policy	✓	Child of 15 or under receiving treatment that is covered by the policy. One parent only
Hospice donation	£70 per day	Donation to the hospice; up to 10 days' maximum
GP referred speech therapy for children	Two sessions	Per child
Baby bonus	£100 per baby	For each baby born to or adopted by a member, subject to a 10 month qualifying period
Treatment for complications of pregnancy and childbirth	✓	Subject to a 10 month qualifying period
Surgical procedures on the teeth performed in a hospital	✓	Specialists' fees are covered up to the limits in our fee schedule
Limited emergency overseas cover	✓	Limited emergency treatment when temporarily abroad for a period of up to 90 days. This is not travel insurance.
Specialist referred physiotherapy, osteopathy and chiropractic treatment	✓	
Psychiatric treatment as an out-patient	Up to £2,000	
GP helpline	✓	Unlimited number of calls
Stress counselling helpline. This benefit is available to members aged 16 and over	✓	Unlimited number of calls
<b>Out-patient treatment of acute conditions</b>		
Consultations with a specialist	✓	
Treatment by a specialist as an out-patient	✓	Specialists' fees are covered up to the limits in our fee schedule
Diagnostic tests	✓	Out-patient CT, MRI or PET scans will only be covered at a diagnostic centre. For example, ECGs, blood tests
Pre-admission tests	✓	
Radiotherapy/chemotherapy	✓	

# Ways to enhance your cover

For an additional cost you can add any of these options to your core cover and enhance the benefits available from Healthier Solutions.

## Dental and optical

Our core cover already includes surgical procedures. This option gives you additional cover for routine dental treatment. It also includes cover for optical expenses.

Benefit	Amount of cover
Optical benefit	Up to £200
Accidental dental injury	Up to £600
Routine dental treatment	Up to £300

A £50 excess applies separately to both the optical benefit and routine dental treatment. The £50 excess applies to each person each policy year.

## Psychiatric treatment

With this option, we give you cover for both in-patient and day-patient treatment if you're diagnosed with a psychiatric condition such as schizophrenia or 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 or day-patient treatment	Up to £210 per week





## Upgrade your hospital list

We offer you the choice of hospital list so you can choose one that suits you. Healthier Solutions core cover includes the Key hospital list. You can then choose to upgrade to the Extended hospital list to increase the number of hospitals you can use.

## Other treatment and therapies

If you suffer an injury such as whiplash or a sports injury, your GP may refer you to an osteopath, acupuncturist, physiotherapist or a chiropractor.

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

## Protect your no claim discount (NCD)

For a small additional premium you can protect your no claim discount.

The NCD protection takes effect if you make claims that would have caused you to drop three levels down the NCD scale. Instead of your NCD reducing, it will stay at the same level, but your protection will be lost. That 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.

If you are switching to us from another insurer, or want to add the protection at a future renewal, you can only take this option as long as you:

- have not had any form of cancer, heart disease or stroke in the last five years
- have not had any consultations, diagnostic tests or treatment in the last 12 months
- have no consultations, treatment or diagnostic tests pending with a GP, specialist or hospital, and
- are not aware of any conditions for which you may need diagnostic tests or treatment in the next six months, whether or not you have consulted a medical practitioner.

# Ways to reduce your premiums

If reducing your premiums would help meet your budget, Healthier Solutions gives you the opportunity to add these cost reducing options to your policy.

## Six week option

If you choose this option, we will not pay for in-patient or day-patient treatment, or NHS cash benefit, if the treatment is available to you on the NHS within six weeks.

Should you just need out-patient treatment e.g. consultations, tests or an out-patient procedure, this is unaffected by the six week rule, so we will pay for you to go privately regardless of the NHS wait. If your out-patient treatment leads to an in-patient or day-patient procedure, then the six week rule will apply to that procedure. If there is an NHS wait of six weeks or more, there is cover for prompt access to a hospital on your chosen list. If it's found that you require emergency treatment, you'll be admitted on the NHS within six weeks therefore treatment will not be covered by your policy.

## Policy excess

Another way to reduce your premiums is to add an excess to your policy. An excess is an amount, agreed in advance, that you or each person on your policy pays towards the cost of your claims bill. You can choose from £100, £200, £500, £1,000, £3,000 or £5,000, and the excess only applies once per person, per policy year.

For example, if you choose a £5,000 excess and your treatment in a policy year costs £10,000, you'll pay the first £5,000 and we'll pay the rest. If the treatment carries on into the next policy year, another excess will apply, so you will again pay the first £5,000 of treatment received in that policy year.

If you claim for a benefit that has a limit, and you have not already paid your excess for that policy year, the excess will count towards the benefit limit.

So if, for example, your excess is £200 and the treatment you are claiming for has a benefit limit of £500, you would have to pay the first £200 and we would only pay up to a further £300 for that benefit in that policy year.

If the treatment you are claiming for has a benefit limit of £200 and your excess is again £200, then you would have to meet the full cost yourself and we would not pay any claims for that benefit for the remainder of the policy year. However your excess would be paid and would not apply to any other claims in that policy year.

## Reduce your hospital list

You can choose the hospital list that suits you best. In its core cover, Healthier Solutions includes the Key hospital list. But you can choose to downgrade to one of the following lists:

- The Signature hospital list offers private hospitals in Scotland and Northern Ireland only.
- The Trust hospital list includes mostly private patient units of NHS Trust and Partnership hospitals. Please note that you must live within the catchment area of a Trust hospital to qualify for this list.

## Reduced out-patient cover

You can choose to reduce your out-patient cover to a limit of £0, £500 or £1,000 to lower your premium. All of these options provide cover in full for CT, MRI and PET scans at a diagnostic centre that we recognise, pre-admission tests and out-patient radiotherapy and chemotherapy treatment.

If you choose the £0 option, these will be the only out-patient benefits available on your policy.

If you choose either a £500 or £1,000 limit, the following benefits are covered up to your chosen limit per person per policy year:

- specialist consultations
- diagnostic tests
- specialist referred treatment by a physiotherapist, chiropractor, osteopath
- psychiatric treatment as an out-patient

The reduced out-patient limits do not apply to treatment for cancer. If you choose to reduce your out-patient cover to a limit of either £0, £500 or £1,000, we won't apply the limits to cancer treatment received after you have been diagnosed with cancer.

Which ever option you choose, the following benefits will be removed from your policy:

- Surgical procedures on the teeth
- Emergency overseas cover
- Treatment for complications of pregnancy and childbirth.

# Healthier Solutions

## - what is not covered?

Healthier Solutions has a number of exclusions, although these may vary slightly depending on the options that you choose.

### Whichever options you choose, Healthier Solutions does not cover you for:

- pre-existing conditions (unless we have expressly included treatment relating to them).
- long term or chronic conditions. This exclusion does not apply to treatment for cancer
- HIV/AIDS and related conditions
- treatment for pregnancy or childbirth, although depending on the options you choose, some complications are covered provided the mother has been on the policy for at least ten months
- diagnostic tests and treatment for infertility
- surgical or medical appliances such as neurostimulators (for example cochlear implants) and crutches
- charges by a GP, medical practitioner or specialist for completion of a claim form
- alcoholism, alcohol abuse, drug abuse, solvent abuse and other addictive conditions
- treatment undertaken by a specialist without GP referral
- psycho-geriatric conditions
- kidney dialysis
- cosmetic treatment (except following an accident or surgery for cancer)
- take-home drugs and dressings
- professional sports injuries
- experimental treatment (limited benefit may be available – please contact us)
- treatment required as a result of war, terrorism or contamination by radioactivity or chemicals
- self inflicted injury
- sexual dysfunction
- sleep disorders and sleep problems such as snoring or sleep apnoea
- treatment for warts or verrucas
- varicose veins of the leg, unless they meet the criteria detailed in the policy wording
- weight loss surgery.

This is a summary of the exclusions on this policy. Full terms and conditions are available on request. You will be required to complete an application to determine the final terms of your policy.

# A summary of cancer cover with Healthier Solutions

## Our cancer pledge

We understand the importance of providing extensive cover and support 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 wigs.

The tables below provide a summary of the cancer cover available on Healthier Solutions. Full terms and conditions are available on request.

If you choose the reduced out-patient cover, the monetary limit for out-patient treatment will not apply to cancer treatment received after you have been diagnosed with cancer.

In-patient and day-patient treatment is covered at a hospital on your hospital list.

If you have the six week option, we do not pay for treatment as an in-patient or day-patient if it is available on the NHS within six weeks from the date your specialist recommends it. If you are diagnosed with cancer, this may mean that your treatment will be available on the NHS and we will not pay for most of the treatment that you need.



Benefits		Notes
Hospital charges for surgery and medical admissions	✓	
Specialists' fees	✓	Up to the limits in our specialist fee schedule
Post surgery services	✓	Includes specialist services immediately following surgery, such as consultations with a dietician or stoma nurse
Radiotherapy and chemotherapy	✓	
Bisphosphonates (bone strengthening drugs)	✓	We pay for bisphosphonates when they are being used to treat metastatic bone disease
Treatment prescribed by your specialist for side effects while you are receiving chemotherapy or radiotherapy.	✓	
Wig	Up to £100	We will pay towards the cost of a wig if you need one due to hair loss caused by cancer treatment. This is payable once per member, not per policy year
External prostheses	Up to £5,000	We will pay towards the cost of the first external prosthesis following surgery for cancer
Stem cell and bone marrow transplants	✓	Includes collection, storage and implantation
Monitoring	Up to ten years	
On-going needs, such as regular replacement of tubes or drains	Up to five years	
Preventative treatment for cancer		Only if you have already had treatment for cancer that we have paid for. For example, we will pay for a mastectomy to a healthy breast in the event that you have been diagnosed with cancer in the other breast
End of life care:		
<ul style="list-style-type: none"> <li>In a hospital if it is medically necessary</li> </ul>	✓	
<ul style="list-style-type: none"> <li>Donation to a hospice</li> </ul>	£100 per night, up to £10,000	Each night you are admitted
<ul style="list-style-type: none"> <li>Donation to a registered charity</li> </ul>	£50 per day, up to £10,000	Each day that you are visited at home by one of their nurses.

Where will I be covered to have treatment?	<ul style="list-style-type: none"> <li>● At a hospital on your list that we recognise for your treatment and condition.</li> <li>● Out-patient CT, MRI and PET scans will only be covered at a Diagnostic Centre.</li> <li>● At home if your specialist agrees that this is possible – this will depend on the treatment that you need.</li> </ul>
Are diagnostic tests covered?	<p>Yes.</p> <p>The policy will not pay for genetic tests to see whether you are likely to get cancer or not. However we will pay for genomic tests that are needed to see if a particular treatment is suitable for you.</p>
Will I be covered for surgery?	Yes.
Will I be covered for preventative treatment?	<p>We will pay for surgery to prevent further cancer if you have already had treatment for cancer that we have paid for – for example, we will pay for a mastectomy to a healthy breast in the event that you have been diagnosed with cancer in the other breast, if it's recommended by your specialist. We will not pay for treatment where you have no symptoms of cancer, for example where you have a strong family history of cancer.</p>
What drug treatment is covered?	<p>We cover in full:</p> <ul style="list-style-type: none"> <li>● Chemotherapy – drugs used to destroy cancer cells.</li> <li>● Targeted therapy and biological therapy.</li> <li>● Bisphosphonates – drugs used to strengthen bones.</li> </ul> <p>We will also pay for treatment that you need to deal with side effects while you are having chemotherapy or radiotherapy, such as anti-sickness drugs and antibiotics.</p> <p>We will pay for hormone therapy only if you need it to shrink a tumour before you have surgery or radiotherapy. Hormone treatment is not covered by the policy at any other time.</p> <p>Your GP will be able to prescribe this or administer it.</p>
Is radiotherapy covered?	Yes.
Will I be covered for palliative care?	Yes, there is no time limit on our cancer cover so we will continue to provide cover at every stage of the disease.
Will I be covered for end of life care?	<p>Yes.</p> <p>We will pay for end of life care in hospital if it is medically necessary. If you are admitted to a hospice we will make a donation to the hospice. We will also make a donation to a registered charity if you stay at home and are visited by a nurse from that charity.</p>

<p>Will I be covered for routine monitoring when treatment has finished?</p>	<p>Yes, for up to ten years after your treatment has finished. We do not pay for monitoring after treatment for non-melanoma skin cancer.</p> <p>If you have any ongoing medical needs, such as regular replacement of tubes or drains, we will pay for up to five years after your treatment for cancer has finished.</p>
<p>Are there any other limits on cover?</p>	<p>If you have experimental treatment, we will pay the equivalent cost of the established treatment that would usually be given for your condition. If there is no equivalent treatment, we will not cover any of the costs of the experimental treatment. If a drug is licensed, but not for the type of cancer that you have, we will assess your case and if there is clinical evidence to show it is appropriate for your condition, we will pay in full.</p>
<p>What other benefits and services are available?</p>	<ul style="list-style-type: none"> <li>● Following surgery, we will cover a number of different specialist services that you may need, such as consultations with a dietician or a stoma nurse.</li> <li>● We will contribute up to £5,000 towards the cost of an external prosthesis following surgery for cancer.</li> <li>● We will pay up to £100 towards the cost of a wig if you need one due to hair loss caused by cancer treatment.</li> <li>● We will pay for stem cell and bone marrow transplants, including the collection, storage and implantation.</li> </ul>

# Healthier Solutions underwriting

Health insurance is designed to cover new and unexpected medical conditions. Healthier Solutions offers a choice of underwriting options.

## Full Medical Underwriting

This means we ask you questions about your past health and any pre-existing conditions and related conditions will be excluded unless we agree to accept them.

## Moratorium

Instead of filling out a health questionnaire, an automatic exclusion applies.

We do not cover treatment of any pre-existing condition, or any related conditions, if you have had:

- symptoms
- medication
- treatment
- diagnostic tests
- advice

relating to that condition in the five years before you join the policy.

However, we will cover a pre-existing condition if you do not have:

- medication
- diagnostic tests
- treatment
- advice

relating to that condition during a continuous two year period after you join the policy.

## Continued Medical Exclusions

You can apply for Healthier Solutions on this basis if you are transferring from an existing fully medically underwritten medical insurance plan.

We will apply the same personal medical exclusions to your Healthier Solutions policy that were applied to your previous plan. No new personal medical exclusions will be added.

## Continued Moratorium

You can apply for Healthier Solutions on this basis if you are transferring from an existing plan which is written on a moratorium basis. We apply our moratorium wording with effect from the commencement date of your existing policy.

## Switch Criteria

If you are switching on continued underwriting terms from another provider you will need to sign a declaration stating:

- you have not had any treatments, tests or consultations in the last 12 months
- you have not had any form of cancer, heart disease or stroke in the last 5 years
- confirm that there are no treatments, tests or consultations pending
- and you are not aware of any conditions for which you may require diagnostic tests or treatment in the next six months, whether or not you have consulted a medical practitioner.

# Your questions answered

## Q. Can the policy be cancelled?

After your application is received and accepted by us, you will receive policy documents and notice of the right to cancel. You will then have 14 days (known as the 'cooling-off' period) in which to change your mind and cancel the policy.

After your policy has renewed you will have 14 days in which to change your mind and cancel the policy, running from the first day of your new policy year.

If you decide to cancel the policy, any money you have already paid during the 14 day 'cooling off' period will be refunded, provided no claims have been made during this period.

If you decide to cancel the policy, you must notify our Customer Service Department at:

**Aviva Health UK Limited,  
Chilworth House,  
Hampshire Corporate Park,  
Templars Way, Eastleigh,  
Hampshire SO53 3RY.**

If you decide not to cancel the policy your cover for eligible treatment will continue until the renewal date and we will continue to collect any applicable premium.

## Q. 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.

## The Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. You may be entitled to compensation from the FSCS if we become insolvent and cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Where you are entitled to claim, insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about compensation scheme arrangements is available from:

**Financial Services Compensation Scheme  
10th Floor, Beaufort House  
15 St Botolph Street  
London  
EC3A 7QU**

**Website: [www.fscs.org.uk](http://www.fscs.org.uk)  
Telephone: 0800 678 1100 or 020 7741 4100**

## If you have any 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 have fallen short of this standard and you have 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 015 1024  
E-mail: [hccomp@aviva.co.uk](mailto:hccomp@aviva.co.uk)**

We have every reason to believe that you will be totally satisfied with your Aviva policy, and with our service. It is very rare that matters cannot be resolved amicably. However, if you are still unhappy with the outcome after we have investigated it for you and you feel that there is 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 have not 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  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR**

**Telephone: 0300 123 9123  
Email: [complaint.info@financialombudsman.org.uk](mailto:complaint.info@financialombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)**

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



## Q. Will the premiums go up?

We review premiums annually to reflect the overall cost of claims and medical inflation. This can be influenced by factors such as the availability of new treatments and medical technologies.

In addition, Healthier Solutions policies are priced using age bands, reflecting the fact that people are more likely to claim as they get older. This means that you could see an age-related increase, in addition to the general review.

Any claims you make will also affect the level of no claim discount (NCD) that you receive. You will be notified of any changes prior to your annual renewal.

## Q. Can I make changes to my cover once I've taken it out?

Depending on your policy and our available product range, you may be able to increase or decrease your cover. We can do this during your 14-day 'cooling-off' period or at your next renewal, subject to underwriter approval.

## Q. What do I commit to doing when I sign the application form?

You agree to the declaration you have signed on the application form and the information the application form contains. You also agree to the policy terms and conditions, and to obtain authorisation from us before incurring medical costs and other charges. All policies are for a one year period.

## Q. What are our fee guidelines for specialists?

Our guidelines are based on factors such as the complexity and duration of each medical procedure, and clearly state the maximum amount we'll pay for specialists' fees. If your specialist charges outside these guidelines, your claim will not be met in full. As this means you would be liable for any shortfall, we do advise you to contact us prior to incurring any costs with a specialist.

## Q. What could go wrong?

- If you don't provide all the information which is likely to influence the acceptance of your application, your policy may be invalid.
- If you fail to pay your premiums when they are due, your entitlement to benefits will end.
- If you don't obtain authorisation from us before incurring medical costs and other charges you will have to pay these yourself if you later find out they are not a benefit on your policy.

## Q. Is there an overall maximum amount that can be claimed in any one year?

No. With Healthier Solutions there is no limit to the number of times you can make eligible claims in any policy year, and there is no maximum annual amount or ceiling to your claims for eligible private treatment at a hospital on your chosen hospital list. There are however limits to specific benefits.

Any claims you make will also affect the level of no claim discount (NCD) that you receive. You will be notified of any changes prior to your annual renewal. However, don't forget that some claims do not affect your no claim discount. Full details are given in the terms and conditions.

## Q. How can I pay?

You have a choice of payment method:

- annually by Direct Debit or credit card
- monthly by Direct Debit or credit card which is an easy and convenient way to spread the cost over the year.

## Q. How is my premium calculated?

The premium you pay is based on the following variables; your age, the postcode where you live, plus the benefit options you have chosen.

When switching from another provider, your claims history may also affect the premium you pay.

# Providing the help and support you expect

## Policy advice

We're here to help. If you need more information on your policy or want to make a claim, just pick up the phone and call a member of our customer service helpline. The telephone number will be printed on your membership card.

You'll find professional and friendly service available even during the evenings and at weekends. When you call, it would be helpful if you could let us know your policy number - we can then answer your questions more promptly.

## Specialist fee guidelines

We want to contain claim costs wherever possible, to minimise the impact on our policyholders' premiums. But because medical technology and equipment is becoming more advanced, more claims are being made each year. So we aim to manage the costs arising from these claims according to a frequently-reviewed set of guidelines. We believe these guidelines reflect reasonable rates of remuneration for the procedures listed, and show the maximum amount we will pay. To view our fee guidelines visit [aviva.co.uk/pmifees](http://aviva.co.uk/pmifees).

## Making a claim

If you need to visit a specialist, please ask your GP to refer you to a specialist working from a hospital on your hospital list. It may be useful to take your hospital list with you, when you first visit your GP.

As soon as you are referred to a specialist, you should call the customer service helpline. Our team will:

- Explain what happens at every stage of the claims' process.

- Assess your claim and, where possible, authorise it there and then over the phone. If that's not possible, we'll send you a claim form. Just let us know if you need help to complete it.
- Settle claims directly with the hospital once your course of treatment has finished.

**To make a claim call**

**0800 158 3333**

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

## Open Referral

If your GP recommends that you need to see a specialist for further assessment or treatment, they will give you a referral. This may either be in the form of an open referral or a named referral.

- An open referral is where the GP just states which type of specialist you need to see or the type of treatment you need, without giving you a specific named specialist.
- A named referral is where the GP recommends a particular specialist.

If you have an open referral, our claims team will help you find a specialist and hospital. In most cases, we'll also connect you directly with the hospital to book your appointment.

If you have a named referral, you will need to ring us to confirm whether the named specialist is recognised by us and whether they work out of a hospital on your list. However, even if your GP provides a named referral, we can still offer you the open referral option when you call us, as this may provide more choice and convenience for your particular circumstance.



# What else you need to know

## Language

This document and all future documents and letters will be written in English.

## About Aviva

The Financial Conduct Authority is an independent watchdog that regulates financial services. It requires us to give you this document. Use this information to decide if our services are right for you. Aviva Health UK Limited, Chilworth House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, S053 3RY. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 308139. Our permitted business is advising on, arranging and administering general insurance and pure protection contracts. You may check this on the FCA's website [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting the FCA on 0800 111 67 68.

Aviva Health UK Limited is a wholly owned subsidiary of Aviva Plc, which includes a number of insurers within its group. Aviva Health UK Limited offers a range of products from Aviva. You may have your own financial adviser who will provide you with information about their permitted business and the range of products they offer.

You only need to pay the premium. Otherwise, you do not have to pay us for our services to you.

# Choose Healthier Solutions today

Buying a Healthier Solutions policy is easy, so you and your family can start enjoying the peace of mind that private health insurance can bring.

## Here's what to do next:

- In order to obtain an illustration of your Healthier Solutions premium speak to your insurance adviser or call us on **0800 42 42 42**. Advice given on this number will only relate to Aviva Health UK Ltd products.
- If you are happy with the illustration provided you will then be asked to complete an application form.
- As soon as your application is accepted by us, you will be covered and we will send you your welcome information and policy schedule.
- Please note you will have 14 days after your policy begins to change your mind and cancel the policy.

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

Details you supply may be processed in order to tell you from time to time (by post, telephone, email, fax or other means) about products or services which may be of interest from Aviva Group and connected providers. Any person not wishing to receive such contact may write to: Aviva, FREEPOST, Mailing Exclusion Team, PO Box 6412, Derby, DE1 1SB.

If you are deaf or hard of hearing and have a textphone, you may call us free of charge via BT Typetalk on 18001 0800 959 598.



# Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---





## Braille, large font, audio material

You can order our literature in Braille, large font or audio.

Just call **0800 092 4590** or email **hcprint@williamslea.com** and tell us:

- the format you want
- your name and address
- the name or code of the document. The code is usually in the bottom left hand corner on the back of most documents.

The Customer Call Centre is open Monday to Friday, 8 am to 8 pm, and Saturday from 8.30 am to 5 pm.