



Solutions

Super-flexible Private Medical Insurance
for companies covering 2-249 employees



Choose the Private Medical Insurance package that suits you best

When it comes to providing Private Healthcare, who's to say your company will need exactly the same package as the next? Everyone is different; your employees are all individuals, and your unique business requirements warrant something that allows you to hand-pick the cover that fits your needs.

We believe Solutions is the most flexible Private Medical Insurance product on the market for businesses covering 2-249 employees; read on and see what you think.

Contents

About Solutions	1
Added Value Benefits	3
- Personal Health Manager	4
- Health and Fitness Club Membership	8
Policy Summary	9
- Solutions - super flexible	10
- What is covered - summary	11
- What is not covered - summary	15
- Underwriting options	16
- Your questions answered	18
Making a claim	19
- Claiming is easy	20
Further information	22
Additional cover available with Solutions	23
- Travel cover	24
- Employee Assistance Programme	26
How to find out more	28



About Solutions

Solutions is one of the most versatile company healthcare products on the market, offering you and your employees real choice.

Solutions is different because its pricing structure enables us to offer competitive premiums, plus the benefit flexibility usually associated with larger group schemes. Solutions offers not only a range of extensive core benefits, but also the option to pick-and-choose the benefits you need from one product. What's great is that it enables you to choose Additional Cover or Cost Containment Options, allowing you to adapt the product to suit your needs and budget.

Altogether better for you and your employees

Your company may already provide Private Medical Insurance for its employees – but could it work harder and cost you less? With Solutions from Aviva, not only can you provide exactly the cover you want at a price you can afford – but you can also help keep your workforce healthy with additional added value benefits like Personal Health Manager, while getting them back to work faster if they do become ill.

Modular means more choice

Rather than restrict you to a product that provides benefits you don't want and feel you may never need, Solutions offers you a wide range of options you can pick and choose from, to create affordable healthcare that's as individual as your employees and your business. It's a different approach with some obvious advantages:

- **Simple**
One product satisfies a wide range of healthcare needs
- **Extensive**
A wide range of Core Cover
- **Flexible**
Select from a wide choice of healthcare options
- **Cost-effective**
You choose the cover required for you and your employees.

It's easy to see what makes us so different

With Solutions, you have a product that's as different as you want it to be. It's modular, so you can choose the cover you want for your employees and not feel that you're paying for something that won't be used or valued. It's flexible, so you can choose the most appropriate benefits for your employees and your business needs. It's simple to use and understand.

About Solutions

Flexible Solutions

With Solutions you can mix-and-match cover to suit up to three different categories of staff. All we ask is that all staff within a defined category have the same benefits and there must be at least three group members within each category.*

For example, managers could have Core Cover with Options 1 and 2 and all other staff could have Core Cover.

*For companies with 2-5 group members only 1 category can be chosen.

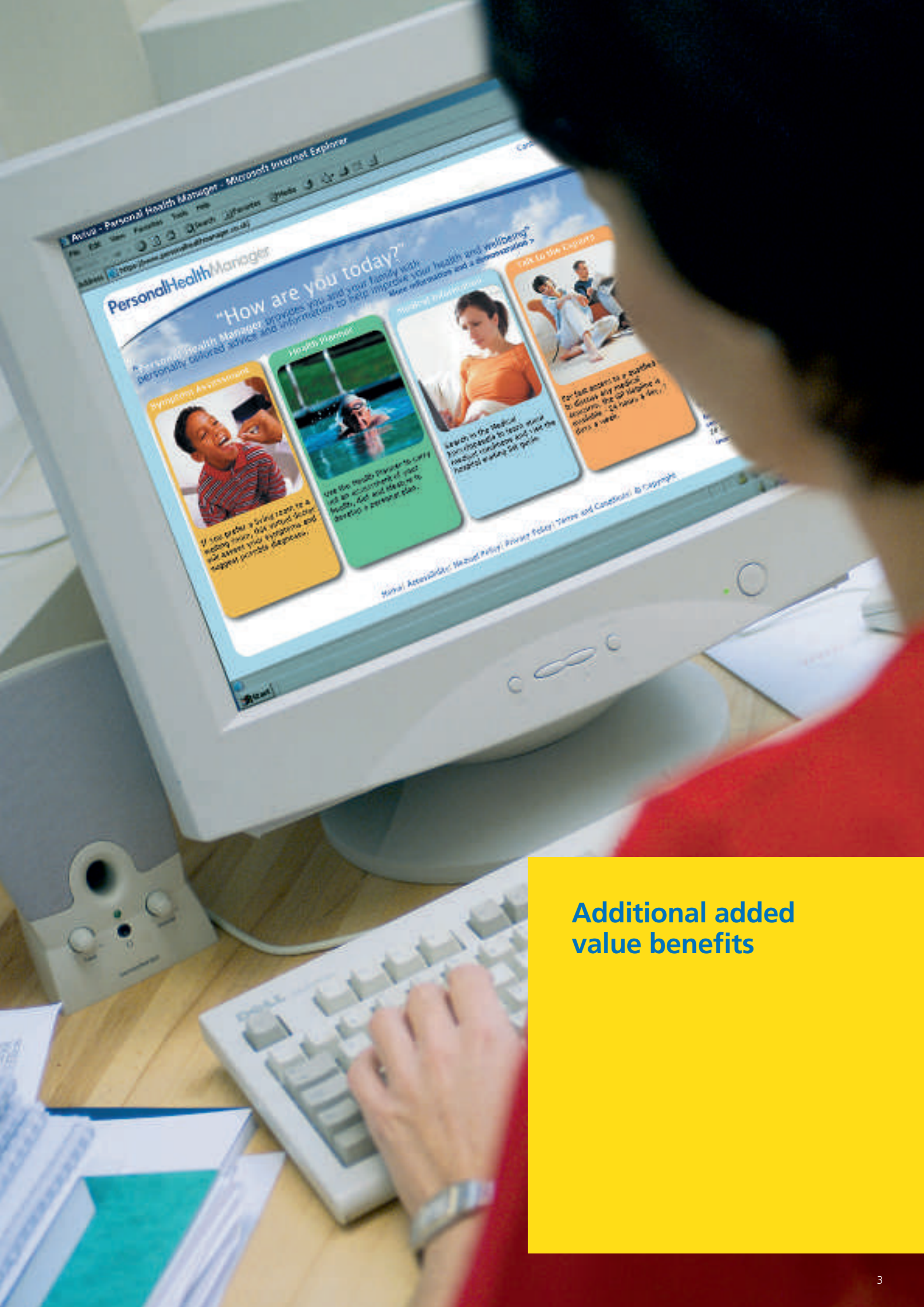
Larger Schemes

Solutions has been designed for companies covering 2-249 group members.

However, companies with 250 or more employees will be offered **Optimum**. Optimum has been designed for larger schemes, to ensure that they receive a comprehensive proposition, with benefits and services tailored to their needs.

For full details contact your usual Healthcare Sales Consultant.





**Additional added
value benefits**

Personal Health Manager

Before Personal Health Manager, corporate Private Medical Insurance was all about illness, with cover only really taking effect when an employee fell ill. At Aviva we believe that health insurance should be about helping to prevent illness in the first place, keeping employees healthy, motivated and effective. Personal Health Manager is fundamental to the holistic, preventative approach to employee well-being that sets us apart from the crowd.

How does it benefit you?

This innovative online and telephone-based health management tool provides employees and their families with advice, support and information to help ensure that illness, including stress, can be addressed before it leads to time away from work. Personal Health Manager can help employers manage absence more efficiently, by attacking the root of absence problems, rather than waiting for illness or stress to strike and then managing the resultant fallout on service levels, workloads and staff morale.

Personal Health Manager is available as a standard benefit on all Aviva Health UK Limited Private Medical Insurance policies and unit-rated Group Income Protection schemes.

Health insurance, not illness insurance

Personal Health Manager allows individuals to take a proactive role in managing their own health. Employees can search for and receive medical advice, without having to see a doctor, although a doctor is always on hand, if needed, via the 24 hour GP Helpline. A Health Planner also lets individuals assess their lifestyle, suggesting a personalised plan for making changes to lead a healthier life.

Many of the features of Personal Health Manager are explained opposite, but to have a full demonstration, please call one of our Sales Consultants.



Personal Health Manager's features include:

24 hour GP Helpline – expert advice, available via the GP Helpline, 24 hours a day, 365 days a year (please see page 6 for more information).

24 hour Stress Counselling Helpline – expert advice to help employees recognise the symptoms of, and combat, stress (please see page 7 for more information).

Symptom Assessment – a virtual 'doctor' that will assess users' symptoms without having to visit a doctor, and make recommendations for a course of action. The information is based on knowledge from leading, evidence-based international medical databases, medical literature and expert opinion.

Health Planner – this creates health profiles for employees and their families, while providing comprehensive and realistic action plans to improve long-term well-being, so reducing the risk of illness.

There is also a comprehensive Medical Information section which includes:

Medical Encyclopaedia – over 1,000 pages of medical information sourced from Dorling Kindersley's *Complete Family Health Guide* on a range of medical terms and conditions.

Stress-Free Living Guide – taken from the book *Stress Free Living* by Dr Trevor Powell, this section is dedicated to helping people deal with stress and signs and symptoms of stress, from insomnia to excessive smoking and drinking.

The **Health Planner** and **Symptom Assessment** are both linked to the **Medical Encyclopaedia**, so your employees can cross-reference any information to help them stay in control of their health and wellbeing.

Further details including standard contract terms and a free trial are available on request. Please contact your usual Aviva Sales Consultant.



Personal Health Manager

Talk to the Experts

GP Helpline

We provide a 24 hour GP Helpline, 365 days a year to assist with your employees' healthcare queries.

When your employees need medical advice or information, they can simply call our GP Helpline at any time of the day or night. Two extremely valuable services are available on this Helpline.

First, in the event of illness, they may speak to a General Practitioner who will give them a consultation over the telephone.

This service will benefit all your employees in different ways. Those who are feeling ill at work but have busy working schedules can call for advice and a consultation, rather than waiting for an appointment to speak to their doctor. Employees whose children are unwell at night (and are covered by the scheme) need not wait until the next morning for GP advice. All employees can enjoy access to a friendly and sympathetic GP, for a relaxed and unhurried telephone conversation.

Secondly, for general healthcare information, trained nurses are available to answer any queries your employees may have.



There is no limit to the number of calls your employees may make to the GP Helpline and Stress Counselling Helpline, which are free from UK landlines.

Personal Health Manager

Talk to the Experts

Stress Counselling Helpline

Stress is a growing cause of absence. According to the Health and Safety Executive, work-related stress accounts for over one third of all new incidences of ill health. Each case of work-related stress, depression or anxiety related ill health leads to an average of 30.2 working days lost.*

Occasionally everyone feels under stress from the pressures of everyday life. We may feel that we cannot cope and need some help to deal with our problems. That's why we also offer our 24 hour Stress Counselling Helpline, available to your employees 24 hours a day, 365 days a year with experienced counsellors providing counselling as well as advice and information on how to overcome stress.

Your employees can call our Stress Counselling Helpline at any time of the day or night. They can talk for as long as they wish – there will be no pressure to bring the call to an end.

The counsellors are always ready to listen, help and advise when things seem too much.

The terms applicable to these benefits are set out in the policy wording and in the case of Personal Health Manager, on the site itself.



A total of 13.8 million working days were lost to work-related stress, depression and anxiety in 2006/7.*

*HSE, www.hse.gov.uk/stress/why.htm. Reproduced under the terms of the OPSI Click-Use License.

Health and Fitness Club Membership

Encouraging employees to lead healthier and more active lifestyles is an important part of helping to prevent them becoming ill in the first place. When employees are fit and healthy they are less likely to feel run down and more likely to have more energy and think more positively, which can directly impact on their productivity at work and reduce the total days of sickness absence.

As Aviva is committed to providing added-value benefits, we now offer all our client's employees access to cheaper Health Club membership as part of their Private Medical Insurance.

Working with Health Force

Aviva is working with Health Force, a company specialising in negotiating discounts on health and fitness club membership, taking the hassle away from employers in offering discounts for their employees.

As an independent company, Health Force has negotiated discounts, saving up to 40%, with a UK wide network of health and fitness clubs on our behalf. This includes Bodysense, Kinetika and Fitness Express health clubs as well as a number of independent clubs.

Our network of national chains and independent clubs are continually expanding so visit www.aviva.co.uk/getactive for further information on our current offers.

How it benefits employers

- Gives employers an extra benefit for employees at no additional cost
- No hassle of administering a corporate health club offer in-house
- Encourages employees to stay fit and healthy
- Demonstration of commitment to employees' wellbeing.

Benefits for employees

- Employees can save up to 40% on membership fees
- Helps them stay healthy
- Offers employees a wide choice of health and fitness clubs and great savings.





Policy Summary

Solutions

Private Medical Insurance from Aviva, for companies covering 2-249 employees

Solutions – super flexible

keyfacts®

Private Medical Insurance from Aviva

This Policy Summary has been designed to provide you with the key information about the product, and it is important that you read this section. The Policy Summary does not, however, contain the full standard terms and conditions that apply to the product. These are contained in the Policy Wording, a specimen copy of which is available on request. Non-standard terms may apply.



Extensive Core Cover designed to benefit everybody

Solutions offers you an extensive range of cover all as standard.

Should a GP recommend a visit to a Specialist, Solutions provides access to a consultation, diagnostics, and eligible treatment as an out-patient. Furthermore, should a Specialist advise it, Solutions will also provide cover for prompt access as a day-patient or in-patient for eligible treatment at one of the appropriate hospitals on your chosen hospital list.

There is also cover for eligible treatment as an in-patient or day-patient at NHS pay-beds, although we cannot guarantee immediate access to NHS hospitals.

Some insurance companies offer set limits on private hospital accommodation costs. With Solutions, there are no such limits on accommodation costs at a Select Hospital and no overall restriction on how often a person can claim for eligible treatment. We pay all Specialists' fees in accordance with our own Guidelines. A specimen copy of these Guidelines is available on request.

What is covered – summary

Core Cover

It is important to note that this benefit table is intended to provide you with only a summary of the Core Cover benefits offered by Solutions.

Benefits	Solutions	Notes
In-patient or day-patient treatment of acute conditions of brief duration at a hospital on the Key Hospital List that we recognise for your treatment or condition or in an NHS pay-bed		
Hospital charges	✓	Including accommodation, meals, nursing care, drugs and dressings
Specialists' fees	✓	Subject to Aviva's fee guidelines for Specialists
Diagnostic tests	✓	Including pathology, X-rays, physiological tests such as ECGs; CT, MRI and PET scans
Radiotherapy/chemotherapy	✓	
Out-patient treatment of Acute Conditions of brief duration		
Consultations with a Specialist	✓	Any procedures included are subject to Aviva's fee guidelines for Specialists
Diagnostic tests	✓	Including pathology, X-rays and physiological tests such as ECGs. Out-patient CT, MRI and PET scans will only be covered at a diagnostic centre that we recognise
Radiotherapy/chemotherapy	✓	
Physiotherapy, chiropractic, osteopathy	✓	On Specialist referral
Psychiatric treatment	Up to £1,000	Per person per policy year; on GP referral to a psychiatric therapist or to a Specialist
Additional benefits		
Nursing at home	✓	Immediately following eligible in-patient or day-patient treatment on Specialist recommendation
Private ambulance	✓	Reasonable charges
Parent accommodation when staying with a child covered by the policy	✓	Child under 12 undergoing eligible treatment - one parent only
Hospice care	£70 per day	Donation to the hospice; up to 10 days' care maximum
NHS cash benefit	£100 per night	For eligible NHS in-patient treatment up to 25 nights per person per policy year
Maternity cash benefit*	£100 per child	For each child born to an insured person who is the mother of a newborn child
Emergency overseas cover	✓	Emergency treatment and evacuation when temporarily abroad for a period of up to 90 days per policy year.
Treatment for complications of pregnancy and childbirth*	✓	
Investigation into the causes of infertility*	✓	Reasonable costs of investigation into the cause of infertility
Oral surgical procedures	✓	Subject to Aviva's fee guidelines for Specialists
GP Helpline	✓	Unlimited number of calls
Stress Counselling Helpline	✓	Unlimited number of calls
Personal Health Manager	✓	Unlimited use

✓= Benefit available

*For groups between 2-49 employees the following restrictions apply:

- Maternity cash benefit is subject to a ten month qualifying period.
- Treatment for complications of pregnancy and childbirth is subject to a ten month qualifying period.
- Investigations into the causes of infertility are subject to a two year qualifying period.

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

What is covered – summary

In addition to the Core Cover, you can choose from the following options to either enhance the healthcare benefits you provide for your employees or help to contain cost.

Choose Additional Cover Options

We have a range of Additional Cover Options which can be added to your product to enhance the cover for your employees. Choose from Psychiatric Cover (in-patient and day-patient), GP Referred Services and Dental & Optical Benefits.

Choose Cost Containment Options

These Options can help you manage the cost of your policy, while still offering your employees extensive cover. Choose from Six Week Option, Member Excess, Selected Benefit Reductions and Reduced Out-Patient Cover.

Choose your hospital list

Solutions' flexibility extends to its choice of hospitals. Solutions' Key Hospital List is part of your Core Cover and provides access to a wide range of UK private hospitals which offer high quality medical facilities and accommodation, many of which bill us direct – all your employees have to do is sign the bill.

We will also pay in full for eligible treatment received at NHS pay-beds, although these hospitals may not settle bills direct with us.

With Solutions, you can also choose to extend your Hospital List to include additional hospitals, restrict your hospitals to those in Scotland and Northern Ireland, opt for a hospital list that incorporates some of the largest private hospital providers or opt for a hospital list that utilises the private patient units of NHS Trust and Partnership Hospitals.*

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

*The Trust Care Hospital List is not available to policies with 50 or more employees.



Choose from eight healthcare options within one product

Option 1: Psychiatric Cover

If you feel you want to complement the out-patient psychiatric benefit available under Core Cover, you can choose to add in-patient and day-patient treatment to your scheme. Your plan can provide a maximum of either 28 or 45 days' combined in-patient and day-patient treatment per person per policy year.

Option 2: GP Referred Services

Overall benefit limit of £1,000 per insured person per one year period of cover.

As with most insurance policies, our Core Cover excludes long-term treatment. However, with Solutions you can choose to cover routine Specialist consultations and tests for non-acute conditions. In addition, we recognise that more and more people want to use complementary and alternative treatments and want to be able to access diagnostic services with one visit to their GP.

The Option includes the following benefits:

- GP referred physiotherapy, chiropractic, osteopathy and acupuncture¹
- GP referred chiropody, podiatry and homeopathy
- GP referred radiology/pathology
- GP minor surgery²
- Specialists' fees for consultations and tests for non-acute conditions.

1. Up to 10 sessions in combined total per condition per person per policy year.

2. Up to £70 per procedure (payable to GP).

Option 3: Hospital Lists

As part of your core cover you have access to our **Key** Hospital List, and the additional options to upgrade your cover or contain costs are:

- The **Extended** Hospital List - an upgrade which gives access to more hospitals
- The **Signature** Hospital List - an option to contain costs for companies whose employees are solely based in Scotland or Northern Ireland
- The **Trust Care** Hospital List - a cost saving option that uses the excellent private patient units of NHS Trust and partnership hospitals
- The **Fair+Square** Hospital List - uses a network of hospitals from some of the largest private hospital providers in the country. It offers cost saving options compared to our **Key** Hospital List for those living outside London and surrounding areas, and to our **Extended** Hospital List for those living within London and surrounding areas[†].

[†] Please contact your usual Healthcare Consultant for our district ratings.

NB The Trust Care Hospital List is not available to policies with 50 or more employees.

Option 4: Dental & Optical

Although our Core Cover provides benefit for oral surgical procedures and ophthalmic procedures, as with most insurance policies, cover for routine dental treatment and optical expenses is excluded.

With Solutions this needn't be the case – our Dental & Optical Option can provide the following benefits:

- £300 Routine Dental Benefit
- £600 Accidental Dental Benefit
- £200 Optical Benefit

A £50 excess applies separately to both the routine dental benefit and optical benefit.

Choose from eight healthcare options within one product

Option 5: Six Week Option

Perhaps you feel that while your company would benefit from the advantages of Solutions you may prefer a lower cost option.

If you choose the Six Week Option, your employees will still have the benefit of prompt cover should a GP refer a group member to a Specialist for a consultation. And, if subsequent eligible treatment as an out-patient is required, that is covered too. The difference is that if the NHS delay for any in-patient or day-patient treatment is less than six weeks they will need to use NHS facilities as a non-paying patient or self-fund any private treatment.

However, your employees will still be able to avoid long NHS waiting lists because if there is an NHS delay of six weeks or more for the treatment required, there is cover for prompt access to a hospital on the relevant Hospital List.

Option 6: Member Excess

Another way you can reduce your premium is by choosing a £50, £100, £150 or £200 member excess. We apply our excess once per person per policy year, irrespective of the number of claims made during that policy year.

Option 7: Selected Benefit Reduction

You may feel that you require cover for only in-patient, day-patient and out-patient costs and not the less essential extras. That's why Solutions includes the Selected Benefit Reduction Option, which excludes costs associated with infertility, complications of pregnancy, oral surgical procedures and emergency overseas cover.

Option 8: Reduced Out-patient Cover

Another cost saving option is to reduce your out-patient cover. This Option provides cover in full for CT, MRI and PET scans at a diagnostic centre that we recognise, and also out-patient radiotherapy and chemotherapy treatment. All other out-patient treatment is limited to £1,000 per person per policy year.

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

What is not covered – summary

Solutions does not cover you for the following:

- Long term or chronic conditions (except as provided for under Option 2 - 'Specialists' fees for other consultations and tests')
- Treatment for pregnancy or childbirth (although certain complications may be covered)
- Infertility treatment (except as provided for under the benefit for investigations into the causes of infertility)
- HIV/AIDS and related conditions
- Alcoholism, alcohol abuse, solvent abuse, drug abuse and other addictive conditions
- Health hydros or similar establishments
- Treatment undertaken without GP referral to a Specialist
- Psychiatric or mental illnesses (except as provided for under benefit 'out-patient psychiatric treatment' and in Option 1 - Psychiatric Cover)
- Treatment by a General Practitioner (except as provided for in Option 2 - GP Referred Services)
- Kidney dialysis
- Cosmetic treatment
- Out-patient drugs and dressings
- Surgical or medical appliances such as neurostimulators (e.g. cochlear implants) and crutches
- Professional sports injuries

- Experimental treatment
- Self-inflicted injury
- Treatment required as a result of a war, terrorism or criminal activity or contamination by radioactivity or chemicals
- Routine medical examinations (except as provided for in Option 4 - Dental & Optical).

There are also certain occupations which we are not able to cover under Solutions.

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

Solutions underwriting options

Private Medical Insurance is designed to cover new and unexpected medical conditions. Solutions offers a wide choice of underwriting options. The standard underwriting offered is dependent on the number of employees covered under your group policy. Full details are set out below.

Full Medical Underwriting means that we ask your members questions about their past health and their pre-existing medical conditions and related conditions will be excluded unless we agree to accept them.

Full Medical Underwriting is offered as standard to all previously uninsured businesses with between 2-49 employees.

Companies with between 50-249 employees wishing to contain costs can also opt to be fully medically underwritten.

Moratorium replaces filling out a health questionnaire; an automatic exclusion applies to any disease, illness or injury (whether or not diagnosed) or any related condition if:

- your member had symptoms or medication or treatment for, or advice about such a disease, illness or injury within five years before joining Solutions and
- there has not been a clear two-year period after joining during which your members have been free of medication for, treatment for, and advice about such a disease, illness or related condition.

Continued Medical Exclusions can be chosen if your company is transferring from an existing fully medically underwritten medical insurance plan. With this option we will accept the existing health of your members, applying the same personal medical exclusions to Solutions that were applied to the previous plan.

No new personal medical exclusions will be added. Continued Medical Exclusions underwriting is available to all group sizes (2-249).

Please note, if loadings have been applied by your previous insurer instead of exclusions, these members will have to complete an application form and may need to be fully underwritten.



Continued Moratorium your company can apply to transfer from an existing medical insurance plan which is underwritten on a moratorium basis. We apply our moratorium wording with effect from each member's original moratorium start date.

Continued Moratorium underwriting is available to all group sizes (2-249 employees).

For both continued underwriting options proof of previous terms will be required.

Medical History Disregarded means that any pre-existing medical conditions your members have had will be covered providing they fall within the terms and conditions of the policy.

Medical History Disregarded is offered as standard for all companies with 50-249 employees. However, these companies may opt for Full Medical Underwriting if preferred.

Companies with 20-49 employees may also opt for Medical History Disregarded, however a premium loading will apply.

Declaration for companies with 2-49 group members

Aviva is committed to customer growth and retention through offering competitive, value for money premiums. In order to help us achieve our aim, we have reviewed our new business selection criteria and brought them in line with many other major players in the market.

This means that we require any company with between 2-49 employees taking out a Solutions policy to notify us of any past, present and future claims for certain medical conditions that they are aware of at the out-set of the policy. Failure to notify us may result in a change in the policy terms, the level of premium charged or we may cancel the policy.

The declaration (on the Company Application Form) will apply to all switch business irrespective of the underwriting.

Your questions answered

Making a claim

Once a GP has recommended that a member sees a Specialist, all they need to do is call our Customer Service Helpline on 0800 158 3333.

Calls may be recorded and/or monitored.

Further details can be found in the 'Making a Claim' section of this brochure.

Are there any cancellation rights?

The policy can be cancelled by the policyholder. There is no cooling off period.

What is the duration of the policy?

This Private Medical Insurance policy is a one year contract.

If you have any cause for complaint

Our aim is to provide a first class standard of service, and to do everything we can to ensure you are satisfied. However, should you ever feel that we have fallen short of this standard and that you have cause to make a complaint, please contact your usual Healthcare Consultant in the first instance.

If you remain dissatisfied, please write with full details to:

The Customer Relations Team
Aviva Health UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire
SO53 3RY.

In the unlikely event that the matter is not resolved, then your complaint can be referred to the Customer Experience Manager at the same address. It is very rare that matters cannot be resolved amicably.

If you are still unhappy with the outcome, you may ask the Financial Ombudsman Service to investigate by writing to:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR.

Telephone: 0845 080 1800

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Please note that the Financial Ombudsman Service will be unable to consider your complaint until you have given us the opportunity to resolve the matter directly with you.

We have every reason to believe that you will be totally satisfied with your Aviva cover, and with our service. Nevertheless, we have provided the above information to assist you should you ever feel that you have cause to make a complaint.

The Financial Services Compensation Scheme (FSCS)

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

Where they are entitled to claim, insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from:

Financial Services Compensation Scheme
7th Floor, Lloyds Chambers
Portsoken Street
London E1 8BN
Website: www.fscs.org.uk



Making a claim

Claiming is easy

Claiming should be easy, which is why the Aviva Customer Service Helpline is an essential part of your company's Solutions policy. The Helpline is run by a dedicated team of friendly customer service staff, ready to answer your employees' questions and assist in any way they can.

If one of your employees needs to visit a Specialist, they must ensure that their GP refers them to a Specialist who works out of a hospital on your company's chosen Hospital List. To help facilitate this, we recommend that they take their hospital list with them when they visit their GP.

Your employees should call the Customer Service Helpline as soon as their GP refers them to a Specialist. We will:

- explain what needs to happen at every stage
- assess their claim and where possible, authorise it there and then over the phone. If not, we'll send them a claim form and if necessary will help them to complete it
- settle claims directly with the hospitals once the course of treatment is finished.

Is there a maximum amount that can be claimed in any one year?

No. With Solutions there is no limit to the number of times your employees 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. However, some benefits do have specific limits. Full details of standard cover are set out in the Policy Wording. Non-standard terms may apply.

Back problems:

- back pain will affect 80% of us at some point in our lives*
- one in six working days lost in the UK is due to back pain*
- an estimated 4.5 million working days were lost in the previous 12 months due to work-related musculoskeletal disorders which mainly affected the back.*

*HSE www.hse.gov.uk/press/2006/e06107.htm



Claims management initiative

Aviva, in conjunction with the hospital and the Specialist, has the facility to case manage potentially high cost claims, complex treatment episodes and long stay cases. Case management helps ensure the length, type and cost of the proposed treatment is appropriate – which can assist in the containment of future premiums.

Psychiatric Case Management

Where Option 1 (Psychiatric Cover) has been selected, our Psychiatric Case Management team, supported by highly experienced external psychiatric consultants, offer the opportunity to carefully manage claims for in-patient or day-patient care, ensuring the treatment is eligible and appropriate.

All cases are identified at the pre-notification stage by our Claims Assessors and referred to an experienced psychiatric nurse. All psychiatric hospitals also know that admissions must be pre-authorised by Aviva and therefore call to check eligibility and discuss the proposed treatment plan before proceeding with an admission. Detailed discussion takes place between all interested parties to ensure that the benefits available are used to best effect. This has the dual benefit of controlling claims costs and giving peace of mind to the insured member.



Further information

About Aviva

The Financial Services Authority (FSA) is the independent watchdog that regulates financial services. It requires us to give you this information. 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, SO53 3RY is authorised and regulated by the Financial Services Authority. Our FSA registration number is 308139. Our permitted business is advising on, arranging and administering general insurance and pure protection contracts. You may check this on the FSA's website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

Aviva Health UK Limited is a wholly owned subsidiary of Aviva Plc, which includes within its group a number of insurers.

Aviva offers a range of products. You may have your own insurance Intermediary who will provide you with information about their permitted business and the range of products they offer.

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

What happens if an employee leaves the scheme?

For employees who leave your employment, and hence your Solutions policy, we offer the facility to take out an individual UK policy. We will supply details of this facility to the Group Administrator upon issue of the policy.

Could the Terms and Conditions of the policy change?

From time to time changes will occur to the terms and conditions of your policy as Aviva continues to make improvements and add new benefits to our products. Private Medical Insurance is an annual contract so these changes will usually be communicated to you prior to the renewal date of your policy.

Will my premiums change?

For all scheme sizes there will be a general premium review each year, to reflect the overall cost of claims and medical inflation. This can be influenced by factors including the availability of new treatments and medical technologies.

In addition, Solutions policies with 2-49 employees are priced using age bands, to reflect the fact that people are more likely to claim as they get older. The age bands are 0-16, 17-19 and then every five years until 80+. This means that every year if an employee moves into a higher age band you will experience an age-related increase in premium for that employee in addition to the general review.

Schemes with 50-249 employees do not experience an age band increase until an employee reaches the age of 65. We will also take into account your scheme's own membership profile and any changes to the Options chosen when calculating the premium.

For all schemes (2-249 employees) each group's specific claims experience may be taken into account when calculating the premium. On average the larger the group size the greater the relevance of the claims experience.

Law

This policy is governed by and shall be construed in accordance with the Laws of England and shall be subject to the exclusive jurisdiction of the courts of England and Wales.



**Additional cover available
with Solutions**

Travel cover with Solutions

Available to companies covering 50 - 249 employees on a Solutions policy

Our travel policy provides key cover that can be chosen to complement the Solutions package for you and your staff. It's comprehensive, flexible and easy to set up. And it can save you time too.

Rather than having to shop around for cost effective cover every time someone travels, this policy provides just one annual contract, which means that you have much less research and administration to do.

As well as covering your employees for business travel, the policy also has the added advantage of covering your employees and their dependants for leisure travel.

The flexibility to meet your needs

The travel policy can be added to your healthcare package and covers a variety of European and Worldwide destination zones. It's available for businesses covering 50 – 249 members on their healthcare scheme, and you might be surprised at just what it covers you for as part of the standard package. From go-karting to parasailing, or emergency medical cover to delayed baggage expenses, our insurance will provide a welcome financial safety net should things go wrong.

There's also the option to add winter sports, covering dry slope skiing to sledging and snowmobiling, allowing you to tailor the cover to match your employees' lifestyle. Travel insurance for family members can even be included if required, providing they are covered on the Solutions package, so you can see just how versatile this policy is.

An umbrella of cover

In fact, this policy is so flexible that it even covers you and your employees for trips in the UK, providing that two or more consecutive nights in commercially run accommodation have been pre-booked. Take a look at the table to get a brief idea of what else it could protect against.

- Medical treatment can be very expensive and this policy can help cover those costs
- Getting staff immediate medical attention at the time can save you the added cost of having to hire replacement employees for long periods to cover their workload
- If you or a member of staff is too ill or injured to travel and arrangements have already been made, you can recoup some of the travel and accommodation costs rather than losing out
- See the table opposite for additional ways that this option could save your business money

The Travel Insurance will be underwritten by Aviva Insurance Limited.



Employees working overseas

If your employees are living and working abroad on a long term basis they will require international Private Medical Insurance.

Aviva has a policy designed to cover your expatriate employees. Living and working overseas can have many benefits, but entitlement to access high quality medical treatment without costs is unlikely to be one of them.

The cost of paying privately for even the most routine medical treatment can be prohibitively expensive, so it is important to have suitable cover.

To find out more about the benefits of international cover ask your usual Insurance Adviser.

Travel cover at a glance

Cover	Policy limits for each Insured Person per trip	Excesses for each Insured Person
Cancellation Charges	£5,000	£50 (£10 loss of deposit), up to a maximum of £100 per trip
Emergency Medical and associated expenses (outside the UK)	£5,000,000 including: emergency dental fees - £350 overseas funeral expenses - £5,000 repatriation of mortal remains - £7,500	£50
Hospital benefit (outside the UK)	£25 for each 24 hour period (£1,000 maximum)	Nil
Abandonment	£5,000	£50, up to a maximum of £100 per trip
Personal Accident	£30,000 (£1,000 death benefit if aged under 18 £15,000 Permanent Total Disablement benefit if aged over 70)	Nil
Personal Liability	£2,000,000	£100 for claims arising from occupation of temporary holiday accommodation. Nil for all other claims
Delayed Departure	£25 for each 12 hour period (£250 maximum)	Nil
Abandonment after a 24 hour delay	£5,000	£50, up to a maximum of £100 per trip
Missed Departure	£1,000	Nil
Legal Expenses and Advice	£25,000	Nil
Hijack and Mugging	£50 for each 24 hour period you are in hospital or delayed (£1,000 maximum)	Nil
Loss of Passport	£350	Nil
Personal Money	£500 (£300 limit for cash) (£100 limit for cash if aged under 16)	£50
Delayed Baggage	£150 after a 12 hour period	Nil
Baggage	£1,500 (£300 single article limit and £400 total valuables limit)	£50

Winter sports cover at a glance (The following sections only apply if this option has been selected by you)

Winter Sports Equipment	£500 for your equipment £400 for hired equipment £200 for hire of replacement equipment £200 loss or theft of lift pass	£50
Delay due to avalanche	£200	Nil
Piste Closure	£20 for transport to another site, or £30 compensation for each day (£300 maximum)	Nil
Ski Pack	£300	Nil
Inability to take part in winter sports activities	£20 for each day (£200 maximum)	Nil

This is a summary of the benefits, the full list of standard definitions, benefits, conditions and exclusions are set out in the Travel Insurance Policy Wording, a specimen copy of which is available on request. For further information please contact your usual Healthcare Consultant.

(If you choose Travel Insurance, it has to be taken for all members covered under the Solutions policy. This cover cannot be purchased as a stand alone product. If chosen, this cover replaces Solutions Emergency Overseas Cover benefit.)

Employee Assistance Programme

Support for your employees when they need it most

Available to companies with 2+ employees.

In today's hectic environment at one time or another many of us will experience a few of life's ups and downs. Many of them are work-related, but we often experience many other challenges from legal issues to financial concerns or relationship difficulties, that can affect our health and well-being and ultimately our ability to work.

Through Aviva's Employee Assistance Programme (EAP) employees have access to a 24 hour telephone support and personal assistance service, 365 days a year. At any time of the day or night they can also talk to a qualified counsellor about what's on their mind – helping them to focus during working hours on delivering results for your business.

Working in association with one of the UK's leading specialist operators, our EAP offers professional counselling, face-to-face and over the telephone, as well as expert advice and information on a whole range of issues, including:

- Money
- Personal life
- Legal issues
- Relationships
- Work
- Family crises
- Personal crises
- Illness

Because we realise that every business is different, our packages are flexible to suit your needs and budget:

Option 1

Full EAP package - offering a 24 hour Advice and Counselling telephone service providing access to counselling, information and advice on issues including, legal, financial consumer and personal matters. Also included are 6 face-to-face counselling sessions per person covered, where necessary.

Option 2

Telephone EAP - offering a 24 hour Advice and Counselling telephone service providing access to counselling, information and advice on issues including, legal, financial consumer and personal matters. Face-to-face counselling sessions can be purchased as and when your employees' need them, or in bundles of 25 (any counselling sessions not used can be carried over to the subsequent contract term).

Additional added value benefits:

- Management Support Service - designed to provide managers with access to a personal adviser to discuss staff issues and team management. Management Support focuses on how to get the most from your staff and can assist managers to understand particular behaviours or situations and respond sympathetically and effectively.
- Telephone Based Critical Incident Service - available 24/7 providing support to employees in the immediate aftermath of a critical incident to help minimise the risk of post trauma stress.
- Online Services - in addition to the help and support available from the helpline, EAP members also have access to a website full of invaluable information. Online Services is a web-based information and support resource designed to assist client's employees and their families with the challenges of daily life. As well as providing information and support, the website also provides easy to follow step-by-step programmes to help employees examine aspects of their life and coach themselves in reaching specific goals in their personal life, at work or concerning their health and wellbeing.

Complementary Services:

Additional services to purchase to complement EAP:

- Critical Incident Support Services
- Management Training
- Performance Coaching
- Employee Workshops
- Mediation Service
- Ethics Line
- Smoking Cessation.



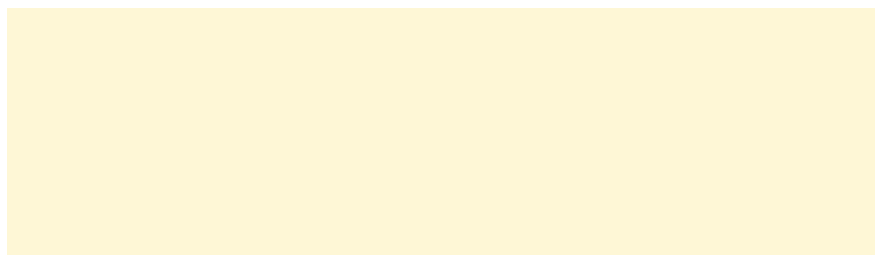
Choose Solutions today

Here's what to do next:

- Carefully read through all the information you have been given to make sure that you are confident that this is the right policy for your company
- Contact your Insurance Adviser who will:
 - Prepare a personalised illustration for your company
 - Talk you through the underwriting options available for your company (this will explain how we can account for employees pre-existing medical conditions)
 - Take you through the simple application process.

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**.

Your Insurance Adviser is:



Alternatively, contact your usual Healthcare Sales Consultant at:

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

visit: www.aviva.co.uk/business

Calls and emails 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. The data controllers are Aviva Health UK Limited, Aviva Insurance UK Limited and Aviva Life & Pensions UK Limited.

Aviva Health UK Limited. Registered in England Number 2464270. Registered Office 8 Surrey Street Norwich NR1 3NG.
This insurance is underwritten by Aviva Insurance UK Limited. Registered in England Number 99122,
Registered Office 8 Surrey Street Norwich NR1 3NG.
Authorised and regulated by the Financial Services Authority.
Aviva Health UK Limited, Head Office: Chilworth House Hampshire Corporate Park Templars Way Eastleigh Hampshire SO53 3RY.
www.aviva.co.uk/health

