



Member guide

Making the most of your medical insurance



MyHealthClaim app

Download now – see page 4 to find out more



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About Aviva

Aviva are the largest insurer in the UK and have strong businesses in selected markets, providing over 34 million customers with insurance, savings and investment products worldwide.

Your private medical insurance cover with Aviva provides you with the peace of mind that you'll receive prompt access to diagnosis and eligible private medical treatment, should you need it. Along with your comprehensive healthcare cover, we also provide you with additional benefits to help you look after your health and wellbeing.

Welcome to your Aviva policy

We're delighted to welcome you to Aviva and provide you with your member guide, which gives a summary of the cover you can enjoy.

We want to ensure you've everything you need to make the most of your healthcare policy. Your member literature provides details of:

- Your cover – which includes a **policy summary**
- Your membership card
- How you can make a claim – page 4
- Where to find your hospital list – page 8.

If you'd like a copy of the policy wording containing full details of the definitions, benefit terms, conditions and exclusions that apply to your cover, then please contact your group administrator.

Should you need to contact us for more details, or if you've a query on your healthcare policy, please call the customer service helpline number, which can be found on your membership card.

Aviva are proud winners of:

Health Insurance Awards

- Health Insurance Company of the Year 2010, 2011, 2012, 2013 and 2014
- Best Group Private Medical Insurance Provider 2010, 2011, 2012, 2013 and 2014
- Best Use of Marketing to Intermediaries 2012 and 2014
- Best Customer Service 2012 and 2013
- Most Innovative New Product: GuideWell 2014

Corporate Adviser Awards

- Winner – Best Healthcare Provider 2013

Money Marketing Awards

- Winner – Best Healthcare Provider 2012

Cover Excellence Awards

- Winner – Best Group PMI Provider 2014

How you make a claim

If you have back, neck, muscle or joint (musculoskeletal) pain you don't need to see a GP before contacting us – call us straight away on our customer service helpline number to access our clinically led BacktoBetter service.

For all other conditions it's important that you contact the customer service helpline before you undertake any specialist consultations or receive any private medical treatment on referral from your GP.



MyHealthClaim app

Download our app for on the go information on how to start your claim, use with your GP to search for a specialist and click to call access to our claims teams.

Download it now.



The following outlines how a claim works in three simple steps:

Back, neck, muscle or joint pain

Step 1 – If you're unwell

For back, neck, muscle or joint pain our BacktoBetter service should be your first point of call with **no need to contact your GP**.

Just call the customer service helpline.

Step 2 – Calling our customer service helpline

You'll find the customer service helpline number on your membership card. Before you make this call, please check that you have to hand:

- Your policy number, which is detailed on your membership card
- Details of your symptoms and when they started.

One of our advisers will arrange for a clinical case manager from our BacktoBetter team to contact you at a convenient time to assess your symptoms.

Any other symptoms

Step 1 – If you're unwell

Visit your GP, if they refer you for further assessment or treatment please get a referral by either:

- Using the MyHealthClaim app whilst with your GP to search for a specialist, or;
- Asking your GP for an open-referral – a referral letter that lists the specialism and sub-specialism required, but does not name a specific specialist or hospital, or;
- Asking your GP for a named referral.

When you have your referral letter please call us to discuss the details of your claim and to check that the costs will be covered under your healthcare policy.

Step 2 – Calling our customer service helpline

You'll find the customer service helpline number on your membership card. Before you make this call, please check that you have to hand:

- Your policy number, which is detailed on your membership card
- Details of the symptoms and when they started
- What your GP has told you
- Information relating to your referral – either the name of the specialist on the letter, or where it is an open-referral; the required specialism and sub-specialism.

Please call us so that we can confirm:

- The details of your membership
- The treatment you require is covered under the terms of your policy
- If there are any limits that apply to your cover which you should be aware of; or
- For symptoms requiring GP referral, that your recommended specialist and hospital are recognised by us.

Step 3 – Telephone clinical assessment

Using evidence-based medical guidelines your clinical case manager will conduct a thorough assessment of your problem and recommend the most effective course of treatment. If clinically appropriate, this will include being referred to one of our BacktoBetter approved physiotherapists for treatment within two working days and/or onward referral to a specialist.

Your clinical case manager will provide advice to help you manage symptoms and pain, how best to remain active with a tailored home exercise programme and will continue to monitor your progress throughout your claim.

Step 3 – Diagnosis, treatment or surgery

If your specialist decides you need treatment for a diagnosed condition, they'll arrange this with you. It's important you call us to let us know:

- Where you'll be treated
- When you plan to have your treatment
- The procedure code (called the CCSD code), which your specialist will provide to you.

If you don't contact the customer service helpline and continue with any recommended diagnostics or treatment, you may have to pay the costs for these services if they're not covered by your healthcare policy.

In order to make the process as quick and easy as possible, most claims will be telephone assessed by our experienced claims advisers. This means we can take all the necessary medical information from you over the telephone to confirm your cover and no claim form will be required.

Private Healthcare Information Network

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

Payment of bills

At the end of your claim all bills will be settled by us, directly with the treatment provider. If you do receive a bill for your treatment, please send us a copy, together with your policy number, so that we can arrange payment. Please send it to:

Bill Payment Team
Aviva Health UK Limited
Chilworth House, Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire
S053 3RY

We'll contact you to advise if you need to pay any part of the bills – for example, if you have an excess.

Customer service helpline

How we can help you

Our customer service helpline is managed by experienced claims advisers who provide confidential support and reassurance and will guide you through every step of the claims process.

The customer service helpline number can be found on your membership card.

Our team of advisers are available to take your calls from:

8am – 8pm Monday to Friday

8am – 1pm Saturday

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

Where you can find out what you're covered for

The enclosed policy summary provides an overview of your cover and the exclusions that may apply. If required, our advisers will be happy to go through in more detail the treatment your cover provides and what is excluded under the terms of your policy.

Please note, by calling the customer service helpline you agree that your personal and medical details may be processed (including by computer) for the following purposes:

- Administration
- Claims assessment
- Validation and fraud prevention

of your Aviva private medical insurance product and that your personal details may be shared with other Aviva Group Companies for administering other Aviva products you benefit from.

This processing may be done by Aviva Health UK Limited, an Aviva Group Company or other relevant third parties (which may include disclosure to the employer/policyholder and relevant intermediaries and medical service providers). Processing may be in any part of the world.



What happens in an emergency?

If you require emergency treatment as a result of an accident or illness, you'll normally be taken to the casualty or emergency department of your nearest NHS hospital. The NHS is best placed to offer emergency treatment and facilities which are not normally available at private hospitals.

If you need further care after the initial treatment and are considering private facilities, please discuss this with your hospital doctor and contact the customer service helpline. You'll be able to discuss your claim in detail with one of our experienced claims advisers, to ensure you have access to the most appropriate facilities when you require them.

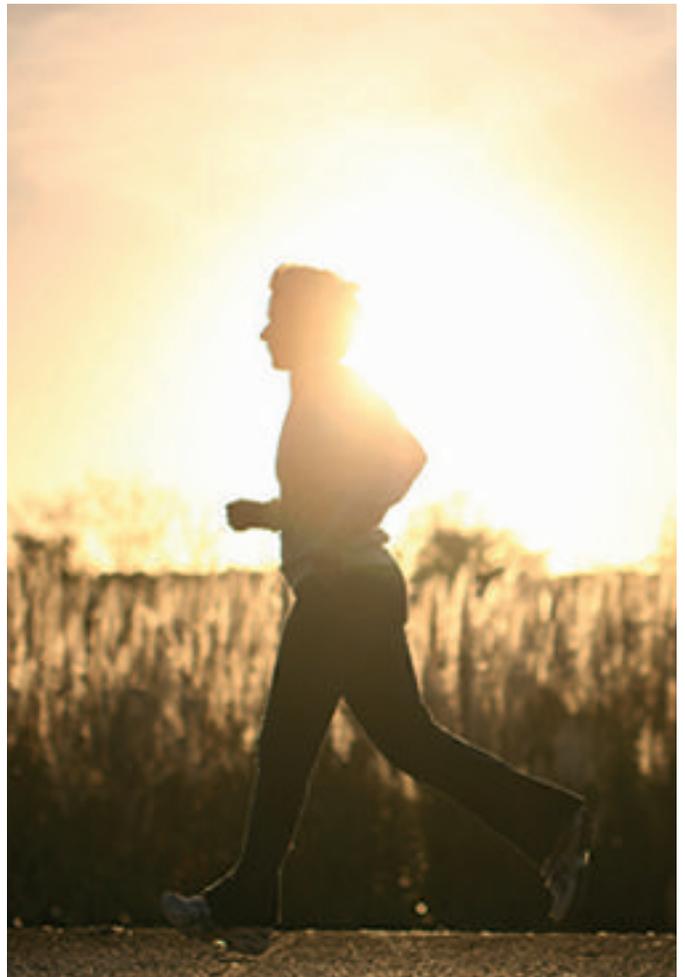
Where to find your hospital list

We offer a range of hospitals that are conveniently located and offer access to top-class facilities. Our hospital lists are updated frequently, as we work to ensure we get the best possible service for our customers. **The hospital list that applies to your policy is detailed on your membership card.** We recommend you check your hospital list before you see your GP, so you know which hospitals you can be referred to. Details of the hospitals available to you under the terms of your healthcare policy are provided online at aviva.co.uk/hospital-lists Alternatively you can call our customer service helpline to request further details.

Remember if you're claiming under BacktoBetter your clinical case manager will arrange this for you.

NHS Amenity Beds

If you receive treatment as an NHS in-patient or day-patient whilst occupying an NHS amenity bed (a bed paid for by you in a single room or side ward in an NHS hospital where you receive NHS in-patient or day-patient treatment), and that treatment would have been covered by the policy if you had chosen to receive it as a private patient, we'll reimburse you for the cost of the amenity bed.



Providing you with high quality care

Our aim is to ensure you receive high quality treatment at all times.

That's why we offer you a choice of where to receive your diagnosis, consultation and treatment. Most claims are telephone assessed by specialist claims advisers – making the process as quick and easy as possible. This is to minimise the disruption to you and to ensure you receive your recommended treatment as quickly as possible.

Dedicated one-to-one support for specialist conditions

We believe that it's important to offer you a consistency of support and specialist care when dealing with certain conditions. That's why we have developed a number of dedicated claims teams to look after specialist conditions such as cancer, women's health, heart conditions, psychiatric and back, neck, muscle or joint pain.

Each of these teams offer guidance from highly trained claims experts, who understand your condition and the treatment required. They're able to provide dedicated one-to-one support and remain with you throughout the course of your treatment. This ensures you have consistency and can progress from one stage of treatment to the next as seamlessly as possible.

Healthy Discounts for members

Did you know that because your company has private medical insurance through Aviva, you could save on your first year's home, car and annual travel insurance when you buy direct from us.

To find out more about car, home and annual travel insurance visit [aviva.co.uk/healthy-discount](https://www.aviva.co.uk/healthy-discount)

Expert advice and support for musculoskeletal pain

If you experience back, neck, muscle or joint pain, our BacktoBetter service should be your first point of contact.

Our BacktoBetter service offers you a complete evidence based case management service which is endorsed by expert clinicians. It focusses on ensuring that anyone with back, neck, muscle or joint pain, gets quick and easy access to the most clinically appropriate support and treatment and aims to help you recover as quickly as possible. Our BacktoBetter service reduces the time you may need to take off work by putting in place a suitable treatment plan built around you.

The Chartered Society of Physiotherapy (CSP) and Aviva have a joint objective to help the UK's work force become fitter and healthier.

We're promoting the benefits of early and convenient access to high quality support and treatment.

in association with



24 hour access to specialist helplines

GP and stress counselling helplines

As much as you try to prevent yourself from becoming ill, there are times when you become run-down and sometimes sick. Often your first port of call is your GP, but sometimes you may find it difficult to get a suitable appointment. To ensure you always have access to specialist advice and support, we provide you with access to a 24 hour GP helpline with qualified GPs, who offer help and guidance when you need it most. You can rest assured that you have access to medical advice to ensure you receive the most appropriate guidance.

Our 24 hour GP helpline is available seven days a week and can also provide more generalist healthcare advice and guidance on areas such as travel vaccinations or childhood conditions.

Alternatively, if you're feeling a little stressed and would like someone to talk to, we offer a 24 hour stress counselling helpline seven days a week. Our experienced counsellors offer support and guidance on a variety of issues from money problems to personal relationships.

To contact one of our specialist helplines, please call:

24 hour GP helpline

0800 158 3112

Calls to the GP helpline may be recorded for quality and training purposes.

24 hour stress counselling helpline

0800 158 3349

This benefit is available to members aged 16 and over.

Helping you stay healthy

In addition to providing you with access to comprehensive private healthcare under your policy, we also provide a range of additional benefits to help keep you healthy. These include:

Home of Health

Aviva's Home of Health is a health and wellbeing website that offers you a wealth of information, tools and regular news and updates. It's designed to offer you convenient access to health and lifestyle information when you need it, and doesn't require a log-in or password. It gives you access to:

- Health advice on a range of issues, from giving up smoking to combating stress
- Doctor and hospital information
- Nutrition centre offering help and advice on healthy eating
- Tools and calculators including BMI, calorie counter, and smoking and pregnancy calculators
- Fitness centre giving you advice on getting and staying fit.

To find out more, visit Home of Health at aviva.co.uk/health-insurance/home-of-health

Health and fitness club membership

We love looking after your health and wellbeing. After all, when you're fit and healthy, you're far less likely to feel run-down. That's why we've teamed up with some of the UK's leading health and fitness clubs to offer you up to 25% off gym membership.

To find out more visit aviva.co.uk/getactive and enter your details to find a deal near you. Enter the code HCGLRG to sign up – it's as simple as that.

Please note, the sign-up process means you'll enter a binding contract with the health and fitness club, which will include conditions such as minimum term and monthly fees. Please read the terms and conditions relating to your chosen health and fitness club carefully.

General information about your healthcare policy

Change of details

If for any reason you need to change your details e.g. your home address, name or if you wish to add new dependants to your family cover, please notify your group administrator in writing as soon as possible.

If you leave the policy

If you leave your company, your cover will cease immediately. However, having been a member of a company policy, you are entitled to benefit from continued cover on an individual policy.

If you'd like to discuss this further, please contact your group administrator or our sales advice line on [0800 142 142](tel:0800142142).

Lines are open Monday to Thursday 8:30am – 8pm
Friday 8:30am – 6pm and
Saturday 9am – 1pm

Calls to and from this number may be monitored and/or recorded.

Please note that to qualify for continued cover, you need to apply within 45 days from the date your previous cover ceases. If more than 45 days elapse, then you'll be required to complete a member health declaration which may affect your underwriting. The terms of the individual plan may differ from those of this policy.

Income tax liability

The premium that is paid to us on your behalf is a taxable benefit if you're a director or employee earning £8,500 a year or more. Under current UK tax rules, this means that the premium for your policy will be subject to tax as part of your income from your employer. Please contact your group administrator if you require further information.

If you have any cause for complaint

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

Our contact details are:

Aviva Health UK Ltd, Complaints Department
PO Box 540, Eastleigh SO50 0ET

Telephone: [0800 015 1024](tel:08000151024) Email: hccomp@aviva.co.uk

We've every reason to believe that you'll be totally satisfied with your Aviva policy, and with our service. It's very rare that matters cannot be resolved amicably. However, if you're still unhappy with the outcome after we've investigated it for you and feel that there's additional information that should be considered, you should let us have that information as soon as possible so that we can review it. If you disagree with our response or if we've not replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate. Its contact details are:

The Financial Ombudsman Service, Exchange Tower,
London E14 9SR

Telephone: [0300 123 9123](tel:03001239123) or [0800 023 4567](tel:08000234567)
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

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

The Financial Services Compensation Scheme (FSCS)

We're covered by the FSCS. You 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. Further information is available from:

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

Website: www.fscs.org.uk
Telephone: [020 7741 4100](tel:02077414100) or [0800 678 1100](tel:08006781100).

And finally...

If you've any queries, please contact us using the customer service helpline number on your membership card.

Getting in touch

Our aim is to make it as easy as possible to get all you need from your Aviva healthcare policy. If you do want to access any of our helplines, here's a reminder of the numbers you need to call:

The customer service helpline number can be found on your membership card. Our team of advisers are available to take your calls from:

8am – 8pm Monday to Friday

8am – 1pm Saturday

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

To speak to a qualified GP

24 hour GP helpline

0800 158 3112

Calls to the GP helpline may be recorded for quality and training purposes.

To speak to an experienced stress counsellor

24 hour stress counselling helpline

0800 158 3349

24 hours a day, 7 days a week

This benefit is available to members aged 16 and over.

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www.aviva.co.uk/health

