



Member guide

Making the most of your medical insurance

Effective from October 2018

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About Aviva

Aviva is the largest insurer in the UK and has strong businesses in selected markets, providing 33 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 diagnostic tests 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 contains information about your policy.

We want to ensure you've everything you need to make the most of your healthcare policy. In this document you can find details of:

- how you can make a claim
- where to find your hospital list.

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, 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 in your policy documentation.



Aviva are proud winners of:

Health Insurance Awards

Health Insurance Company of the year

2010, 2011, 2012, 2013, 2014, 2015, 2016 and 2017

Best Group Private Medical Insurance Provider

2010, 2011, 2012, 2013, 2014, 2015, 2016 and 2017

Best Customer Service Provider

2012, 2013, 2016 and 2017



Defaqto 5 Star rating

Rated 5 Star for quality of cover by independent financial researcher Defaqto.



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

Providing you with a high quality service

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

Most claims can be telephone assessed by experienced claims advisers – making the process as quick and easy as possible. This is to minimise the disruption to you and ensure you receive your recommended treatment as quickly as possible.

Support for specialist conditions

We believe that it's important to offer you consistency of support and advice when dealing with certain conditions. That's why we've developed a number of dedicated claims teams to look after specialist conditions such as cancer, heart conditions and mental health.

Each of these teams offer guidance from highly trained advisers, who are able to provide support throughout the course of your treatment. This ensures you can progress from one stage of treatment to the next as seamlessly as possible.

Where you can find out what you're covered for

The enclosed cover guide provides an overview of your cover and the exclusions that apply. If required, our advisers will be happy to go through the cover your policy provides and what's excluded under the terms of your policy.

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 member documentation.** 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 the customer service helpline to request further details.

Expert advice and support for musculoskeletal pain

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

The BacktoBetter service offers a complete evidence based case management service. It focuses on ensuring that if you suffer with back, neck, muscle or joint pain you'll get easy access to the most clinically appropriate support and treatment - helping you recover as quickly as possible. The BacktoBetter service could help reduce the time you need to take off work by putting in place a suitable treatment plan built around you.

BacktoBetter gives you early and convenient access to high quality support and treatment.

Members aged 11 and under are unable to use the BacktoBetter service, a GP referral should be obtained, as normal, prior to contacting us.

Mental health pathway

As we're all unique, with individual needs, we believe that mental health treatment should be tailored to your personal requirements. That's why we've introduced a clinical results-driven approach to mental health treatment.

Our innovative mental health pathway enables us to tailor the support you receive - ensuring that your treatment is guided by clinical need.

Members aged 11 and under are unable to use the mental health pathway, a GP referral should be obtained, as normal, prior to contacting us.

Customer service helpline

The 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 policy documentation. Our team of advisers are available to take your calls from:

8am – 8pm Monday to Friday

8am – 1pm Saturday

Closed on bank holidays

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

How we can help you

It's likely that following a referral from your GP you'll have a number of questions about what to do next. This isn't unusual, and our advisers are here to help.

Experienced advisers will be available to guide and support you throughout your claim. They'll be happy to answer any questions you may have about the claims process and your Aviva healthcare policy.

24 hour stress counselling helpline

If you're stressed and just want someone to talk to, whatever the reason, call the **stress counselling helpline on 0800 158 3349**. It doesn't matter what's on your mind – work issues, relationships, social strains, bereavement, money worries, anything at all. Experienced counsellors are there for you 24 hours a day, 7 days a week.

The stress counselling helpline is available to members aged 16 and over.



How to make a claim

When you feel unwell, the last thing you want to face is a difficult claims journey. So we've made ours as easy and hassle free as possible.

BacktoBetter for musculoskeletal claims

Members aged 11 and under are unable to use the BacktoBetter service, a GP referral should be obtained, as normal, before contacting the customer service helpline.

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

Step 1 – If you're unwell with any back, neck, muscle or joint pain

The BacktoBetter service is your first port of call with **no need to contact your GP**. Just call the customer service helpline.

If you've already seen your GP, you can move to step 2 of the standard claim process if:

- your GP has recommended osteopathy or chiropractic treatment, or
- your condition doesn't relate to your back or neck (spine), and
- your GP has recommended radiology, pathology, or referral to a specialist.

Otherwise you can continue to follow the BacktoBetter pathway.

Step 2 – Call the customer service helpline

You'll find the customer service helpline number in your member documentation.

Before you make this call, please check that you have to hand:

- your policy number, which is detailed in your member documentation and company name, this will help us to confirm your identity
- details of your symptoms and when they started.

One of our advisers will assess your claim and if eligible, arrange for a clinical case manager from one of the independent providers to contact you at a convenient time to assess your symptoms.

In some instances we may require more information before confirming cover but we'll talk this through with you when you call.

Step 3 – Telephone clinical assessment

Using evidence-based medical guidelines, a 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 an approved physiotherapist from one of the clinical case management providers' networks, for treatment within two working days and/or onward referral to a specialist.

The 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.

Mental health pathway

Members aged 11 and under are unable to use the mental health pathway, a GP referral should be obtained, as normal, before contacting the customer service helpline.

The following outlines how a claim for a mental health condition works in three simple steps:

Step 1 – If you need some support for your mental health

If you're worried about your mental wellbeing, our clinical case management approach can help. There's **no need to contact your GP**, just call the customer service helpline.

If you've seen your GP, you must still follow the mental health pathway to access assessment and treatment covered by your policy.

Step 2 – Call the customer service helpline

You'll find the customer service helpline number in your member documentation.

Before you make this call, please check that you have to hand:

- your policy number, which is detailed in your member documentation and company name, this will help us to confirm your identity
- details of your symptoms and when they started.

One of our advisers will transfer you to our independent clinical provider, where a therapist will conduct a thorough assessment with you. Or, if you prefer, we can arrange a suitable time to call you back.

Step 3 – Telephone clinical assessment

From a range of treatment options, the therapist will agree what's the most appropriate help for you, these options include:

- self-directed online services
- remote therapy (telephone or video link)
- face-to-face treatment
- further assessment by a psychiatrist, if clinically necessary.

All treatment is led by experienced mental health therapists working in conjunction with our independent clinical provider. At the end of treatment you'll be provided with a plan to help manage your symptoms in the longer term.

For all other claims

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

Step 1 – If you're unwell

If you feel unwell, go and see your GP in the usual way. If your GP recommends you need to see a specialist for further assessment or treatment, they'll give you a referral. This may either be:

- a named referral – where the GP recommends a particular specialist and/or hospital
- an open referral – where the GP just states which type of specialist you need to see or the type of treatment you need, without stating a specialist's name or hospital.

All claims have to be authorised in advance by Aviva.

Payment of bills

All eligible 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 this to:

Bill Payment Team
Aviva Health UK Limited
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire
SO53 3RY

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

Step 2 – Call the customer service helpline

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

- your policy number, which is detailed in your member documentation and company name, this will help us to confirm your identity
- details of your condition, including symptoms, dates and diagnosis if known
- medical specialism and sub-specialism of the specialist you need to see.

If we've a network for your condition or suspected condition, unless your company has chosen the extended hospital list, we'll tell you where you can have your treatment. This may or may not be at a hospital included on your hospital list. If we don't have a network in place or you have the extended hospital list:

- if you've been given a named referral, we'll check to make sure the specialist's recognised by us, or
- if it's an open referral, we'll use our specialist finder database to select an appropriate specialist and/or hospital.

To view our fee guidelines for specialists visit aviva.co.uk/pmifees. Where possible we'll let you know whether your claim's authorised, there and then over the phone. The more information you're able to give us at this point, the easier it'll be for us to make the decision.

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.

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 we've a network in place for your condition or suspected condition
- 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.

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 aren't covered by your healthcare policy.

To make the process as quick and easy as possible, most claims can be telephone assessed by 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. However, some claims will require more information from your GP or specialist.

Step 3 – Diagnosis, treatment or surgery

If your specialist decides you need treatment, please call and tell us the procedure code (called the CCSD code) provided by your specialist.

Once you've called us with these details, we can confirm whether or not your treatment's covered and provide information about where you can receive treatment, whether this is through our networks, at a hospital on your list or at other facilities recognised by us.

Welcome to MyAviva

Manage your policy online with MyAviva

MyAviva brings together the products that help our customers protect their life health, loved ones, future and possessions in one secure and simple-to-use online place.

There's a whole host of benefits available at your fingertips:

- view your Aviva policies, including cover and benefit information
- keep track of any excess or outpatient benefit – helping you stay in control
- check your hospital list
- start a new claim or update an existing claim
- check information relating to your claim – including the status of your claim and the authorisation number
- live chat with a claims handler or arrange a call back at a time to suit you
- access useful online tools, frequently asked questions, helpful guidance and contact information when you need them most
- enjoy a 20% existing customer discount on selected new Aviva products. T&Cs apply and can be found on MyAviva. Discounts can be amended or removed at any time prior to taking out the new product

Log in to MyAviva today at aviva.co.uk/myaviva – safe, secure and tailored to use on all devices.

Helping you stay healthy



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.

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.





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 accident and emergency department of your nearest NHS hospital. The NHS is best placed to offer emergency treatment and facilities which aren't 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've access to the most appropriate facilities when you require them.

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've been covered by the policy if you'd chosen to receive it as a private patient, we'll reimburse you for the cost of the amenity bed.

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: phin.org.uk.

Networks

These are the specified group of facilities, specialists or other practitioners that we recognise to provide the treatment for particular conditions or suspected conditions. If we've an appropriate network for your condition or suspected condition, we'll tell you where you can have your treatment which may not be at a hospital on your chosen list. If your policy has the extended hospital list, you won't have to use our networks.

Unless you have the extended hospital list, we'll only pay for that treatment if it's carried out within our networks.

A list of the conditions or suspected conditions for which we have networks in place can be found at aviva.co.uk/health-network.



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 as soon as possible.

If you leave the company

If you leave your company, your membership of the policy will cease immediately. However, having been a member of a company policy, you're entitled to benefit from continued private healthcare on an individual policy with no further personal medical exclusions being applied. Benefits, exclusions, terms and conditions on an individual policy may be different to those on this 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 Friday 9am - 5pm.

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

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.

Tax

Under current UK tax rules, the contribution that's paid to us for your inclusion on the policy arises from your employment and is therefore a taxable benefit. Please contact your group administrator if you require further information.

Insurance Premium Tax is included in the premium at the appropriate rate.

Except where specified, this document reflects our understanding of the relevant law (and regulatory guidance) as at October 2018, which is subject to change.

If you've 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 051 7501](tel:08000517501) Email: hcqs@aviva.com

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

be able to take your case to the Financial Ombudsman Service to investigate. Their contact details are:

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

Telephone: [0300 123 9123](tel:03001239123) or [0800 023 4567](tel:08000234567)

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

Website: financial-ombudsman.org.uk

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

Clinical complaints

Clinical services or providers aren't regulated by the Financial Conduct Authority (FCA) and aren't subject to our complaint process, set out above.

Clinical complaints relating to the conduct or competency of your specialist or the facilities at which they practise, need to be directed to the specialist and hospital/clinic directly.

For your information, the responsibility for investigating and responding to clinical complaints is as follows:

- if your complaint is about a hospital/clinic or specialist, whether through a network or otherwise, it'll be investigated in accordance with the complaints process in force at the relevant hospital/clinic.
- if your complaint relates to a third party clinical case manager, it'll be investigated by the clinical provider who employs that case manager.
- if your complaint is about a network therapist (e.g. physiotherapist, counsellor, psychologist) it'll be investigated by the independent clinical provider responsible for that therapist network.

Once you've contacted the provider who's responsible for investigating and responding to your clinical complaint, they should advise you of the full complaints process which will also include any escalation details, should you require these.

While Aviva don't have a role in investigating and responding to clinical complaints, Aviva record clinical complaint volumes and investigation outcomes. If you'd like to inform us of a clinical complaint outcome please contact us using the contact details above.

The Financial Services Compensation Scheme (FSCS)

We're covered by the FSCS. You may be entitled to compensation from the scheme if we can't meet our obligations. This depends on the type of business and the circumstances of the claim. Where you're 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: fscs.org.uk

Telephone: [020 7741 4100](tel:02077414100) or [0800 678 1100](tel:08006781100).

Use of personal information

We collect and use personal information about you so that we can provide cover for your company private medical insurance policy. This notice explains the most important aspects of how we use your information but you can get more information about the terms we use and view our full privacy policy at aviva.co.uk/privacypolicy or request a copy by writing to us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD

The data controller(s) responsible for this personal information is Aviva Insurance Limited as the insurer of your company's policy. Additional controllers are Aviva Health UK Limited who administers the policy and your company's intermediary (if applicable), who are responsible for the sale and distribution of the policy and any applicable reinsurers.

Personal information we collect and how we use it

We'll use your personal information:

- to provide you with the benefit of your company's insurance cover: we need this to decide if we can offer insurance and if so on what terms and, also to administer the policy, handle any claims and manage any renewal;
- to support legitimate interests that we have as a business: we need this to manage arrangements we have with reinsurers, for the detection and prevention of fraud and to help us better understand our customers and improve our customer engagement (this includes marketing, customer analytics and profiling);
- to meet any applicable legal or regulatory obligations: we need this to meet compliance requirements with our regulators (e.g. Financial Conduct Authority), to comply with law enforcement and to manage legal claims; and
- to carry out other activities that are in the public interest: for example, we may need to use personal information to carry out anti-money laundering checks.

As well as collecting personal information about you, we may also use personal information about other people, for example your eligible dependants who you wish to benefit from your company's policy. **If you're providing information about another person we expect you to ensure that they know you are doing so. You might find it helpful to show them this privacy notice and if they've any concerns please contact us in one of the ways described below.**

The personal information we collect and use will include name, address, date of birth, current state of health and any existing conditions of each person included in the application. If a claim is made we'll also collect personal information about the claim from you and any relevant third parties. We recognise that information about health is particularly sensitive information. Where appropriate, we'll ask for consent to collect and use this information.

If we need your consent to use personal information, we'll make this clear to you when you complete an application or submit a claim. If you give us consent to using personal information, you're free to withdraw this at any time by contacting us. Please note that if consent to use information is withdrawn we may not be able to continue to process your claims and we may need to cancel your benefit under the policy.

Of course, you don't have to provide us with any personal information, but if you don't provide the information we need we may not be able to proceed with your application or any claim you make.

Some of the information we collect may be provided to us by a third party. This may include information already held about you within the Aviva group, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

How we share your personal information with others

We may share your personal information:

- with the Aviva group, our agents and third parties who provide services to us, your company's intermediary (if applicable) and other insurers (either directly or via those acting for the insurer such as loss adjusters or investigators) to help us administer our products and services;
- with clinicians, including hospitals, and third-party case managers from whom you and others covered under the policy receive insured treatment or who manage your care or treatment pathway;
- with regulatory bodies and law enforcement bodies, including the police, e.g. if we're required to do so to comply with a relevant legal or regulatory obligation;
- with other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes;

Some of the organisations we share information with may be located outside of the European Economic Area ("EEA"). We'll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

How long we keep your personal information for

We maintain a retention policy to ensure we only keep personal information for as long as we reasonably need it for the purposes explained in this notice. We need to keep information for the period necessary to administer your insurance and deal with claims and queries on the policy. We may also need to keep information after our relationship with you has ended, for example to ensure we've an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we're required to do so for legal, regulatory or tax purposes.

Your rights

You've various rights in relation to your personal information, including the right to request access to your personal information, correct any mistakes on our records, erase or restrict records where they're no longer required, object to use of personal information based on legitimate business interests, and data portability. For more details in relation to your rights, including how to exercise them, please see our full privacy policy or contact us.

Contacting us

If you've any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Team by either emailing them at dataprt@aviva.com or writing to the Data Protection Officer, Level 4, Pitheavlis, Perth PH2 9NH.

If you've a complaint or concern about how we use your personal information, please contact us in the first instance and we'll attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time.

And finally...

If you've any queries, please contact us using the customer service helpline number in your member documentation.

Notes

Getting **in touch**

The customer service helpline number can be found on your policy documentation.

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

8am – 8pm Monday to Friday

8am – 1pm Saturday

Closed on bank holidays

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

Stress counselling helpline

To talk to an experienced counsellor, phone

0800 158 3349

This benefit's available for members aged 16 and over.

This brochure's also available in braille, large print and audio format.

If required, please contact us on **0800 051 7501** to request a version in a format more suitable for you.

| Retirement | Investments | Insurance | **Health** |

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Registered Office: Pitheavlis, Perth, PH2 0NH. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 202153.

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

aviva.co.uk/health