



Healthier Solutions

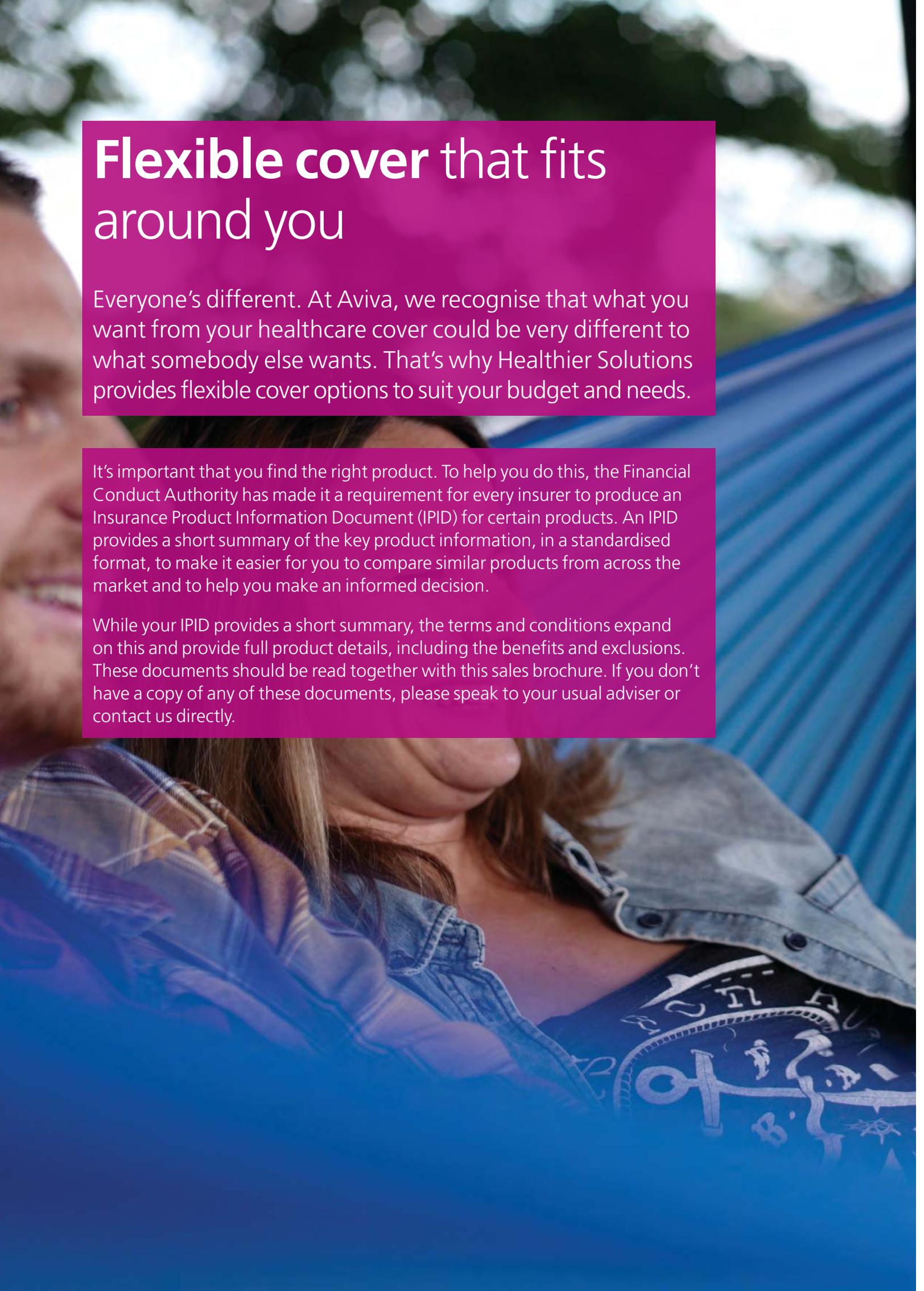
Private health insurance that fits around you

Summary of cover

Sales Brochure

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



A background image of a smiling couple in a boat. The man is on the left, and the woman is in the center, wearing a denim jacket over a dark t-shirt with a white graphic. The boat's blue interior is visible on the right. The background is a blurred view of trees and sky.

Flexible cover that fits around you

Everyone's different. At Aviva, we recognise that what you want from your healthcare cover could be very different to what somebody else wants. That's why Healthier Solutions provides flexible cover options to suit your budget and needs.

It's important that you find the right product. To help you do this, the Financial Conduct Authority has made it a requirement for every insurer to produce an Insurance Product Information Document (IPID) for certain products. An IPID provides a short summary of the key product information, in a standardised format, to make it easier for you to compare similar products from across the market and to help you make an informed decision.

While your IPID provides a short summary, the terms and conditions expand on this and provide full product details, including the benefits and exclusions. These documents should be read together with this sales brochure. If you don't have a copy of any of these documents, please speak to your usual adviser or contact us directly.

What Healthier Solutions gives you

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

Healthier Solutions provides:

- prompt access to private medical treatment at private facilities
- extensive core cover
- options to enhance your cover or reduce your premiums
- the option to protect your no claim discount
- access to a range of NHS and private hospitals across the UK. This includes large networks such as BMI, Nuffield and Spire
- access to a range of added value benefits including Aviva Digital GP, a stress counselling helpline and discounts of up to 25% on membership at a selection of UK health and fitness clubs
- MyHealthCounts – helping you manage your health with the potential to receive a discount at your next renewal
- MyAviva – manage your Aviva policies at the touch of a button.

Family cover

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

- Pay for the eldest child under 20 years of age and all other children under 20 will be covered for free
- Children can even be included if they're temporarily away from home – for example, if they're away at university in term time
- If there's a new addition to your family, your baby will get up to three months' free cover, from their date of birth. If you already have a child covered on the policy then your new child will be covered for free as stated above.

No claim discount

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

If a member needs to make any new claims, their NCD will stay at the same level if the total we pay in a year is £250 or less.

If a member makes any new claims, and the total we pay is more than £250 in a year, their discount will reduce by three levels.

However, the NCD will never reduce by more than three levels in any one year. Plus if you don't make any claims during your next policy year, it will start to build up again.



Healthier Solutions explained

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

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



Healthier Solutions – what's covered?

Healthier Solutions is designed to pay for treatment of acute (short-term) conditions that occur after you've taken out the policy. It won't cover you for treatment of pre-existing or chronic conditions.

Although Healthier Solutions offers comprehensive cover, there are a number of exclusions and these may vary depending on the options you choose. Your IPID lists the standard exclusions that apply to all policies. You can find full details of all the exclusions in the terms and conditions.

Remember, you can also choose options to enhance your cover or reduce your premiums. Details of those options are included on the following pages.

Networks

To help manage costs and drive consistent quality of care, we're developing a number of networks of facilities, specialists and other practitioners for specific conditions. If we've a network for your condition or suspected condition, we'll tell you where you can have treatment which may not be at a hospital on your hospital list. We'll only pay for that treatment if it's carried out within our networks. If you've chosen the extended hospital list you don't have to use our networks. A list of the conditions or suspected conditions that we have networks for can be found at aviva.co.uk/health-network

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 at phin.org.uk

Providers that aren't recognised by us

We work with our providers to ensure that our customers' treatment is clinically suitable, safe and appropriate and in line with current clinical practice. To ensure customers are only treated by providers who meet our requirements for quality and value, we won't pay for treatment with providers who aren't recognised by us. This means that if you use a provider (which includes practitioners, specialists, other healthcare professionals, hospitals, facilities or other treatment centres) that we don't recognise, we won't pay for that provider's fees/charges.

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

Specialist fee guidelines

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

Ways to enhance your cover

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

Dental and optical

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

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

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

Mental health treatment

With this option, we give you cover for both in-patient and day-patient treatment if you're diagnosed with acute psychiatric conditions such as schizophrenia or clinical depression.

Benefit	Amount of cover
In-patient and day-patient accommodation and nursing	In full up to 28 days
Specialists' fees for in-patient treatment	Up to £210 each week

Upgrade your hospital list

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

If you enhance your cover by choosing the Extended hospital list, you won't have to use our networks.

Other treatment and therapies

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

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

Protect your no claim discount (NCD)

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

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

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

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

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

Ways to reduce your premiums

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

Six week option

If you choose this option, we won't pay for in-patient or day-patient treatment, or NHS cash benefit, NHS cancer cash benefit or for the cost of an NHS amenity bed if the treatment's available to you on the NHS within six weeks.

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

Policy excess

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

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

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

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

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

Reduce your hospital list

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

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

Remember, if we have a network for your condition or suspected condition you'll still need to use our network facility for your treatment rather than a hospital on your list.

Reduced out-patient cover

You can choose to reduce your out-patient cover to a limit of £0, £500 or £1,000 to lower your premium. All of these options provide cover in full for CT, MRI and PET scans at a diagnostic centre that we recognise, pre-admission tests carried out within 14 days of an eligible admission to ensure that you're fit to undergo surgery and anaesthesia, and out-patient radiotherapy and chemotherapy treatment.

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

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

- consultations with a fee approved specialist
- diagnostic tests and treatment by a specialist (including hospital fees, equipment charges and anaesthesia)
- specialist referred treatment by a physiotherapist, chiropractor, osteopath
- psychiatric treatment as an out-patient.

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

Whichever reduced out-patient cover option you choose, the following benefits will be removed from your policy:

- limited emergency overseas cover
- surgical procedures on the teeth, and
- treatment for complications of pregnancy and childbirth.

A summary of cancer cover with Healthier Solutions

Our cancer cover is included as core cover with Healthier Solutions.

Our cancer pledge

We understand the importance of providing extensive cover and support at every stage of your cancer treatment. Our cancer pledge means we'll cover the cancer treatment and palliative care you need, as recommended by your specialist.

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



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

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

If you have the six week option, we don't pay for treatment as an in-patient or day-patient if it's available on the NHS (including accident or emergency admissions) within six weeks from the date your specialist recommends it. If you're diagnosed with cancer, this may mean that your treatment will be available on the NHS and we won't pay for most of the treatment that you need.

Benefits	Amount payable	Notes
Hospital charges for surgery and medical admissions	In full	At a facility recognised by us as part of a network, a hospital on your hospital list or an NHS hospital recognised by us
Specialists' fees	In full	Up to the limits in our specialist fee schedule
NHS cancer cash benefit	£100 each day	We pay £100 a day for treatment received as an in-patient or day-patient, £100 for each day you receive out-patient radiotherapy, chemotherapy or blood transfusions or out-patient surgical procedures. £100 for each day you receive intravenous (IV) chemotherapy at home and £100 for each week you are taking oral chemotherapy at home. You won't be able to claim more than £100 in any one day
Post surgery services	In full	Includes specialist services immediately following surgery, such as consultations with a dietician or stoma nurse
Radiotherapy and chemotherapy	In full	
Bone strengthening drugs (such as bisphosphonates)	In full	We pay for bone strengthening drugs when they are being used to treat metastatic bone disease
Treatment prescribed by your specialist for side effects while you are receiving chemotherapy or radiotherapy	In full	
Wigs	Up to £100	We'll pay towards the cost of a wig if you need one due to hair loss caused by cancer treatment. This is payable once each member, not every policy year
External prostheses	Up to £5,000	We'll pay towards the cost of the first external prosthesis following surgery for cancer
Stem cell and bone marrow transplants	In full	Includes collection, storage and implantation
Monitoring	Up to ten years	We don't pay for monitoring after treatment for non-melanoma skin cancer
Ongoing medical needs	Up to five years	Such as regular replacement of tubes or drains
Preventative treatment for cancer		Only if you've already had treatment for cancer that we've paid for. For example, we'll pay for a mastectomy to a healthy breast in the event that you've been diagnosed with cancer in the other breast
End of life care:		
<ul style="list-style-type: none"> in a hospital if it's medically necessary 	In full	
<ul style="list-style-type: none"> donation to a hospice 	£100 each night, up to £10,000	Each night you're admitted
<ul style="list-style-type: none"> donation to a registered charity 	£50 each day, up to £10,000	Each day that you're visited at home by one of their nurses.

Cancer benefits and FAQs

Where will I be covered to have treatment?	<p>At a hospital or other facility from our networks, or if we don't have a network for your condition or suspected condition, or you've chosen the Extended hospital list:</p> <ul style="list-style-type: none"> ● at a hospital on your list that we recognise for your treatment and condition ● out-patient CT, MRI and PET scans will only be covered at a diagnostic centre recognised by us ● at home if your specialist agrees that this is possible – this will depend on the treatment that you need.
Are diagnostic tests covered?	<p>Yes. The policy won't pay for genetic tests to see whether you're likely to get cancer or not. However we'll pay for genomic tests that are needed to see if a particular treatment is suitable for you.</p>
Will I be covered for surgery?	Yes.
Will I be covered for preventative treatment?	<p>We'll pay for surgery to prevent further cancer if you have already had treatment for cancer that we have paid for – for example, we'll pay for a mastectomy to a healthy breast in the event that you've been diagnosed with cancer in the other breast, if it's recommended by your specialist. We won't pay for treatment where you've no symptoms of cancer, for example where you've a strong family history of cancer.</p>
What drug treatment is covered?	<p>We cover in full:</p> <ul style="list-style-type: none"> ● chemotherapy – drugs used to destroy cancer cells ● targeted therapy and biological therapy ● bone strengthening drugs - such as bisphosphonates. <p>We'll also pay for treatment that you need to deal with side effects while you're having chemotherapy or radiotherapy, such as anti-sickness drugs and antibiotics.</p> <p>We'll pay for hormone therapy only if you need it to shrink a tumour before you have surgery or radiotherapy. Hormone treatment isn't covered by the policy at any other time.</p> <p>Your GP will be able to prescribe this or administer it.</p>
Is radiotherapy covered?	Yes.
Will I be covered for palliative care?	Yes, there's no time limit on our cancer cover so we'll continue to provide cover at every stage of the disease.
Will I be covered for end of life care?	Yes. We'll pay for end of life care in hospital if it's medically necessary. If you're admitted to a hospice we'll make a donation to the hospice. We'll also make a donation to a registered charity if you stay at home and are visited by a nurse from that charity.
Will I be covered for routine monitoring when treatment has finished?	<p>Yes, for up to ten years after your treatment has finished. We don't pay for monitoring after treatment for non-melanoma skin cancer.</p> <p>If you've any ongoing medical needs, such as regular replacement of tubes or drains, we'll pay for up to five years after your treatment for cancer has finished.</p>
Are there any other limits on cover?	<p>If you have experimental treatment, we'll pay the equivalent cost of the established treatment that would usually be given for your condition. If there's no equivalent treatment, we won't cover any of the costs of the experimental treatment. If a drug is licensed, but not for the type of cancer that you have, we'll assess your case and if there's clinical evidence to show it's appropriate for your condition, we'll pay in full.</p>
What other benefits and services are available?	<ul style="list-style-type: none"> ● Following surgery, we'll cover a number of different specialist services that you may need, such as consultations with a dietician or a stoma nurse. ● We'll contribute up to £5,000 towards the cost of an external prosthesis following surgery for cancer. ● We'll pay up to £100 towards the cost of a wig if you need one due to hair loss caused by cancer treatment. ● We'll pay for stem cell and bone marrow transplants, including the collection, storage and implantation. ● NHS cancer cash benefit – for treatment that would have been covered by the policy we'll pay £100 for in-patient or day-patient treatment for cancer; out-patient radiotherapy, chemotherapy, blood transfusions or surgical procedures; £100 each day for intravenous chemotherapy at home and £100 each week if you're taking oral chemotherapy drugs at home. You can't claim more than £100 each day.

Healthier Solutions underwriting

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

Full Medical Underwriting

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

Moratorium

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

We don't cover treatment of any pre-existing condition, or any related conditions, if you've had:

- symptoms
- medication
- treatment
- diagnostic tests
- advice

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

However, we'll cover a pre-existing condition if you don't have:

- medication
- diagnostic tests
- treatment
- advice

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

Continued Medical Exclusions

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

We'll apply the same personal medical exclusions to your Healthier Solutions policy that were applied to your previous plan (if any). No new personal medical exclusions will be added.

Continued Moratorium

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

Switch Criteria

If you're switching on continued underwriting terms from another provider you'll need to sign a declaration stating that:

- you haven't had any treatment, tests or consultations in the last 12 months, and
- there are no treatments, tests or consultations pending.

You'll also need to tell us whether in the past 5 years you've had any treatment or advice relating to any:

- cancers
- heart or circulatory problems

and, if you're looking to include the enhanced psychiatric cover option:

- psychiatric condition or mental illness.

How to make a claim – three simple steps

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

If you have any questions, please call the customer service helpline on 0800 158 3333.

Calls may be monitored and/or recorded.

1.

Step 1 – Consult your GP

If you're unwell you'll need to see your GP, where you may be referred for further assessment or treatment.

This could be a named referral, where your GP recommends a particular specialist, or an open referral, where your GP just states which type of specialist you need to see or the type of treatment you need.

It's really important that you get in touch with us before attending any appointments so we can make sure your claim's covered under the terms and conditions of the policy before you incur any costs.

2.

Step 2 – Call the Aviva customer service helpline

After you've been referred by your GP you'll need to call us to set up your claim. You'll find the customer service helpline number in your member documentation.

If we've a network for the treatment you need, unless you've chosen the extended hospital list, we'll let you know where you can have your treatment. Our network facilities may be different to the hospitals on your chosen hospital list.

If we don't have a network or you've chosen the extended hospital list:

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

3.

Step 3 – Diagnosis, treatment or surgery

After attending an appointment, your specialist may recommend hospital treatment – this is where you need to ask for a procedure code.

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.

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:

Aviva Health UK Limited
Bill Payment Team
Chilworth House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire
SO53 5RY

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

What else does Healthier Solutions offer?

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

MyHealthCounts

An online health and wellbeing tool – helping you to understand your health and the lifestyle choices that impact it.

MyHealthCounts is designed to give you a better understanding of your current state of health.

Here's how it works

- Once you buy a Healthier Solutions policy, you can register for MyHealthCounts by going to myhealthcounts.co.uk
- After registering, you will be required to complete an online health questionnaire about your health and lifestyle choices. Based on this information your Q score will be calculated – showing how healthy you are compared to 100 people who are all the same age, race and gender as you.
- Sign up to a 12 week programme to improve your Q Score. There are 5 key areas to choose to get help with – smoking, diet, exercise, weight loss and alcohol. You'll receive weekly emails with information and advice to keep you motivated and on track to reach your goals.
- By improving your Q score and ultimately your health, you could receive a discount of up to 15% on your renewal premium. 17% of members that registered for MyHealthCounts currently receive the full 15% discount at renewal.

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



Manage your policy online with MyAviva

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

With a whole host of benefits at your fingertips, you can:

- view details of your policies online, including cover and benefit information
- track any policy excess and out-patient benefit - helping you stay in control
- start a claim online, update an existing claim, or arrange a callback to speak to us
- check information relating to a claim – including the status or claim and authorisation number
- 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. You should always read the terms and conditions that apply to each product, which can be found on MyAviva. Discount can be amended or removed at any time prior to taking out the new product
- download our smartphone app to manage your policies on the go.

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

Health and fitness club discounts

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.

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.

24 hour access to expert advice

Aviva Digital GP

We know that sometimes you or a member of your family just can't get to see your doctor, or you aren't sure whether or not to bother them with your symptoms. When this is the case, don't spend your time worrying – Aviva Digital GP gives you around-the-clock access to a doctor.

You can:

- access GP video consultations
- choose your GP – by gender and language
- keep the same GP for many appointments
- access repeat NHS prescriptions with free delivery
- use the medication reminder service
- chat to a GP or a pharmacist.

Aviva Digital GP is provided by Now Healthcare Group.

24 Stress counselling helpline

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



Your questions answered

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

No. With Healthier Solutions there's no limit to the number of eligible claims you can make in any policy year, and there's no maximum annual amount or ceiling to your claims for eligible private treatment. There are however limits to specific benefits.

Full details are given in the terms and conditions.

Q. What is a fee approved specialist?

A specialist or other practitioner who is recognised by us and has agreed to our guidelines for consultation fees.

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

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

Q. How is my premium calculated?

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

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

Q. Will the premiums go up?

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

In addition, Healthier Solutions policies are priced using age bands, reflecting the fact that people are more likely to claim as they get older. The age bands are 0–16, then every year until 80+. This means that you could see an age-related increase, in addition to the general review.

Any changes to your no claim discount (NCD) will also affect your premium. You'll be notified of any changes prior to your annual renewal.

Don't forget that by registering for MyHealthCounts and improving your Q score and ultimately your health, you could receive a discount of up to 15% on your renewal premium. In 2017, 22% of members that registered for MyHealthCounts received the full 15% discount.



Choose Healthier Solutions

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

Here's what to do next:

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

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



This brochure is 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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[aviva.co.uk/health](https://www.aviva.co.uk/health)

