Solutions
policy update

AVIVA

In the Autumn 2016 Statement, the government increased the rate of Insurance Premium Tax (IPT) from 10% to 12% from 1st June 2017.

Please be aware that your renewal premium will include the increased rate of IPT.

For policies with 2-99 members - please note that we have recently reviewed our premiums and from 1st January 2017 annual payers will no longer receive the annual payment discount of 5%. The removal of the discount means that however you choose to pay your premium you will pay the same yearly amount.

At Aviva we are constantly reviewing our products to ensure they continue to meet your needs. We are making a number of changes to your Solutions policy that will apply from your renewal date so please read the information below carefully.

Full details of all the changes listed here can be found in the policy wording booklet. If you have any questions about these changes, please contact the customer management team if your policy is direct, or your usual healthcare intermediary.

Networks

We will be introducing a number of networks for diagnosis of, or treatment for, specified medical conditions. A network is a specified group of facilities and/or specialists or other practitioners that are the only providers we recognise to provide the treatment required for a particular condition.

If a member requires treatment for a condition or suspected condition for which we have a network, we will only pay for that treatment if it is carried out at a facility and/or under the care of a specialist (or other practitioner) recognised by us as part of that network. Networks apply to out-patient treatment as well as in-patient and day-patient treatment.

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

Hospital charges benefit term and NHS hospitals

We no longer recognise all NHS hospitals under your Solutions policy. This means that if we don't have a network in place for the treatment a member requires, they may still have their in-patient or day-patient treatment at a hospital on your hospital list but if they're planning to have their treatment in an NHS pay-bed, they should check that we recognise the NHS hospital so that we will pay the hospital costs in full.

If a member receives their in-patient or day-patient treatment at a hospital that isn't on your list, or at an NHS hospital that we don't recognise we will calculate the average cost of equivalent treatment across all hospitals on your list and that average cost is the maximum we will pay. This could leave the member with a shortfall that the policy does not cover.

Consultation fees

We're working with specialists and other treatment providers to ensure that our customers have fast access to the appropriate treatment at a sustainable price. Your Solutions policy includes cover in full for consultations with specialists or other practitioners who are recognised by us and who have agreed to our guidelines for consultation fees. We call these specialists/practitioners 'fee approved'.

If a member has an eligible consultation with a specialist or other practitioner who is fee approved then we will pay in full. However, if they have an eligible consultation with a specialist/practitioner who isn't fee approved we will only pay up to the limits we pay our fee approved providers. This could leave the member with a shortfall that the policy does not cover.

BacktoBetter

We have made some changes to BacktoBetter. The excess, if one has been selected, will now apply to physiotherapy received through the BacktoBetter process. The out-patient limits, if selected, continue to be unaffected by physiotherapy received through BacktoBetter. We have also enhanced the claims journey for a number of clinical pathways where members have taken medical advice before contacting the BacktoBetter service. Please see the step by step claims journey in the member guide or the 'BacktoBetter' benefit term for further information.

Pregnancy complications

We have reviewed the list of conditions covered under the pregnancy complications benefit and removed pre-eclampsia and gestational diabetes. The change reflects our intention to cover treatment in relation to acute medical situations requiring intervention for the safety of the mother and baby rather than standard monitoring or normal delivery.

Cover is still available for caesarean sections in specific clinical circumstances which could include medically necessary operative delivery for pre-eclampsia and cephalopelvic disproportion created by gestational diabetes.

Experimental treatment

We have reviewed and updated the experimental treatment exclusion in order to clarify the limited cover available under your Solutions policy. The updated exclusion outlines the clinical evidence that we will require in order to consider a member's claim. Please see the 'Experimental treatment' exclusion.

Removal/replacement of implants after cancer treatment

We have updated the 'Cosmetic treatment' exclusion in your policy to clarify the cover available for the removal and replacement of implants following cancer treatment.

If a member has an implant as a result of cancer treatment, we will pay for the removal/replacement of the implant at the end of its lifespan providing that the member was covered under the policy when the cancer treatment took place and have had no break in cover since that time.

Skin tags

We have updated your Solutions policy to confirm that we do not cover treatment for skin tags. Please see the 'Warts/verrucas/skin tags' exclusion.

Who can be a member?

We have made a change to policy condition '1. Who can be a member?' that applies to policies with 2-99 members. Members must permanently live in the UK to be covered on the policy.

Definitions

We have made some changes to the definitions of 'Policyholder/Company' and 'Group Member(s)' as well as adding a new definition of 'Employee'. Please read the relevant definitions carefully.

GEN5236 03/2017 REG001