

Optimum Referral member guide

Making the most of your
medical benefit



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Welcome to your Aviva scheme

When it comes to giving you access to healthcare you can rely on, It takes Aviva so we're delighted to welcome you and provide you with your member guide.

We want to ensure you've got everything you need to make the most of your company healthcare scheme. In this document you can find a summary of your benefits, details of how to make a claim and 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 scheme, please contact your group administrator.

If you need to contact us for more details, or if you have a query, log on to MyAviva or call the customer service helpline number found in your member documentation. Calls to Aviva may be monitored and/or recorded.

MyAviva

At Aviva, we understand that life is busy. That's why we're all about making things easier for our customers wherever we can.

Our online portal will help you manage your Aviva policies and schemes in one secure and easy-to-use place.

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

- Check your scheme information, including benefit details
- Start a new claim, update us on an existing one and view authorised treatments
- View your claims summary, update us on what's next and track bills paid against your claim
- Keep track of your excess and out-patient benefits (if applicable), helping you stay in control
- Chat to our Online Assistant where you can get support 24/7. They can help answer your question or direct you to someone who can.

MyAviva, available to download from the App Store or Google Play, is safe, secure and tailored to use on most devices. Mobile data charges may apply. MyAviva terms and conditions apply and are available to read in-app before signing up.



What is Optimum Referral?

Your scheme is designed to deliver quality private medical care at the right time, in the right place. You can use a choice of hospitals nationwide, many independently rated as ‘good’ or ‘outstanding’.

If you need private medical support, you’ll need to ask your GP for an open referral. They’ll specify the required area of medicine (the speciality and sub-speciality), but not where you should go for treatment, or who you should see. Instead, we’ll discuss these choices with you based on your condition or symptoms, location and any preferences that you may have. This approach means we can guarantee that your treatment providers meet our quality criteria.

Choice of contact options

Once you’ve got an open referral, you can contact us online via MyAviva or over the phone. If you start your claim online, you simply log the details and request a call back at a time and date to suit you. If you’d prefer, you can call one of our claims consultants.

A member of our claims team will discuss your options and provide you with the information you need to make an informed decision about who you want to see and where. This includes a choice of hospitals and specialists; usually with different options for both in any one local area.

With Optimum Referral, we’ll do all the hard work for you. This includes:

- Seamless transfer of online data to our claims consultants
- Guidance and support every step of the way
- Direct handover to key hospital groups - from initial call
- Eligible bills paid in full and direct to treatment providers if the open referral process is followed.

Quality assured

We choose facilities underpinned by industry quality standards, selecting the majority of hospitals based on Care Quality Commission and Health Improvement Scotland ratings. Patient safety is our key concern, which is why we’ll never actively guide to a hospital rated as inadequate.

We’ll also only recommend specialists who meet the professional standards of the relevant governing bodies, including, but not limited to, the General Medical Council. We’ll only work with specialists who are trusted from a clinical perspective and whose charges are fair and reasonable.

Your questions answered

We're always happy to help, that's why we've created these FAQs. We hope you'll be able to find the answers to the questions that you have about your Optimum Referral scheme here.

How does Optimum Referral work?

Optimum Referral requires you to get an open referral from a GP when making a claim. Once obtained, care is tailored to your needs depending on your symptoms or condition, and the type of clinical referral given. Our claims consultants will discuss a choice of specialists and hospitals with you - all of whom meet our quality criteria - so that you can make an informed choice.

What's an open referral?

An open referral is a recommendation by a GP for medical investigation or treatment, which specifies the required area of medicine without detailing which specialist and hospital. Our claims consultants have a specialist finder tool at their fingertips. The information in the tool is based on quality data combined with information that we collect directly from specialists and private hospitals. We use the tool to select the appropriate specialists and hospitals to meet your medical needs, in your chosen area. This means that there's no need for hospital lists.

How does an open referral affect my treatment?

Your health and wellbeing is essential and getting the right treatment for you is our priority. So you'll be treated by specialists who've been independently verified as being qualified in their field of medical expertise, usually in a hospital that has been hand picked using Care Quality Commission or Health Improvement Scotland ratings.

We promise that if you follow the Optimum Referral claims process, you won't have to pay any additional costs towards hospital charges or specialist fees for eligible treatment.

Must I always get an open referral from my GP?

For musculoskeletal (back, neck, muscle or joint) symptoms or conditions, you should use the BacktoBetter service. You don't need a GP referral, just call the customer service helpline which can be found in your member documentation.

Similarly, if you're struggling with your mental health, there's no need for a GP referral. Just call the customer service helpline and use mental health pathway.

In addition, you won't need an open referral for children aged 15 and under. In this instance please ask your GP for a named referral. A named referral is where your GP specifically details the specialist that should be seen.

For anything else, please obtain an open referral from your GP.

Which medical facilities can I use?

To make an informed decision about who you want to see and where, we'll provide you with a selection of facilities in the area that you've said is convenient.

I'm on a course of treatment that has been previously approved (before I moved to Optimum Referral). Do I need to get approval from Aviva for this too?

If your course of treatment has been previously approved and you've started the treatment plan, just give us a call so we can discuss how things are going and what's eligible under your new scheme.

I've had a break in treatment but need to see my specialist again, can I see the same one?

Contact the customer service helpline and we'll let you know what's eligible and whether or not you need further approval from us. If it's a new treatment i.e. your last treatment was more than three months ago, then you'll be asked to follow our open referral process.

Where can I find out what benefits are available to me?

The enclosed guide provides a summary of your benefits and the exclusions that apply. If required, our advisers will be happy to go through what your benefits provide and what you are not eligible to claim for.

What about networks?

For some conditions, such as cataracts, hip, knee and spine conditions, we offer another level of quality assurance – a network of treatment units specialising in providing treatment for specific issues. Networks are an additional way of clinically selecting providers who meet our high standards in delivering care for you.

More information on networks can be found at [aviva.co.uk/health-network](https://www.aviva.co.uk/health-network)

If we've not answered your question, you can call the customer service helpline or you can contact one of claims experts through Live Chat on MyAviva.

The customer service helpline number can be found in your member documentation.

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 have a number of dedicated claims teams to look after certain conditions such as cancer 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.

Cancer claims

Our Cancer Claims Team are so much more than claims consultants. They're people like you, with families and loved ones. They've been specially chosen for their understanding, patience, and empathy.

With regular training, they've an in-depth understanding of what it means to be living with cancer. They also recognise that everybody's cancer journey is unique. If you are diagnosed with cancer, you'll need a named referral to an oncology specialist. This means that you'll need to ask for a specialist name and treatment unit, in line with our standard criteria.

Your cancer claim may require onward specialist referral (reconstructive surgery, cardiology if relevant etc). If this is the case, we may guide you to a specialist or hospital at this point, unless there's a clinical need for a particular named referral.

In most cases we'll engage our clinical team for advice - and we may request information from the original specialist if it's necessary.

Expert advice and support for musculoskeletal conditions

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

BacktoBetter offers a complete evidence based case management service. It's designed to ensure that you 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.

Members aged 11 or under aren't eligible to use BacktoBetter - a GP referral should be obtained as normal, prior to contacting the customer service helpline.

Mental health pathway

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

Mental health pathway enables us to customise the support you receive - ensuring that your treatment is guided by clinical need.

Members aged 11 or under aren't eligible to use mental health pathway - a GP referral should be obtained, as normal, prior to contacting us.

Our wellbeing services

We're dedicated to helping you live your best life. That means encouraging you to consider your wellbeing in terms of everything you do - what you eat, how active you are and your mental health.

By promoting healthier habits and small, positive shifts in attitudes and actions, we help people make informed, balanced and beneficial lifestyle choices.

Stress Counselling helpline

The Stress Counselling helpline can be a good place for you to get help with personal or work-related stress issues. Talking and sharing can be the first step in helping to work through problems and resolve them.

The Stress Counselling helpline is free to use all year round. Call **0800 092 3189** for a confidential chat with a trained counsellor (available to members aged 16 or over).

Calls may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free.

Get Active, feel the benefits*

Get Active helps you stay fit and healthy with discounts on online workouts, over 3,500 health and fitness clubs nationwide and a variety of discounted products and services to help you and your family get active and keep healthy.

Cancer Care with Get Active offers discounted products and services that can help support the daily living adjustments a cancer diagnosis and treatment can bring, as well as offers on services and experiences that may enhance quality time spent with family and close friends.

For more information on Get Active please visit getactive.aviva.co.uk. Enter the code **HCGLRG** - it's as simple as that. Terms and conditions and the privacy policy can be viewed before signing up.

The sign-up process for some offers, such as health and fitness clubs, means you'll enter a binding contract which may include conditions such as minimum term and monthly fees. Please read the terms and conditions relating to your chosen offers carefully.

Mental health support*

We want to help you when things become too much. If you're experiencing stress, anxiety or poor mental health, it can be difficult to get back on track.

Aviva can help you manage and improve your mental health by providing you with access to helpful information, videos and articles.

For more details on the support available, please visit aviva.co.uk/mental-health-support.

*These services are non contractual and could be changed or withdrawn at any time. To be eligible for Wellbeing services, your employees must be residents of Great Britain, Northern Ireland, the Channel Islands, or the Isle of Man.

How to make a claim

The following is our standard Optimum Referral claims process and outlines how a claim works in three simple steps. Please see the following pages for claims relating to musculoskeletal and mental health conditions.

Members aged 15 and under require a named referral from their GP.

Step 1 - If you're unwell

Please see your GP as usual. If your GP recommends you need to see a specialist for further assessment or treatment, you'll need to ask for an open referral. Alternatively you can get an open referral via Aviva Digital GP, if this service has been selected by your company.

Your GP will usually write a referral letter which will need to contain the following:

- ✓ your medical conditions/symptoms
- ✓ the specialism and sub-specialism of the consultant required.

Step 2 - Starting your claim

You can start your claim through MyAviva, our online portal. Simply log on and click on the 'Make a new claim' button on your Health homepage. You'll be taken through a series of questions which will help us understand and assess your claim.

Alternatively, you can call through to our customer service team, the helpline number is in your member documentation. If you call, please check that you have your scheme number, which can be found in your member documentation, and the name of your company. This will help us confirm your identity.

To help complete your claim, you'll need to know details of:

- ✓ your condition, including symptoms, dates and diagnosis if known
- ✓ the medical specialism and sub-specialism of the specialist you need to see.

Please contact us prior to incurring any costs. Where possible we'll let you know whether your claim is authorised there and then over the phone. In most cases, you'll be given the opportunity to be put straight through to the appointment booking line to make an appointment. If using MyAviva, you'll receive an email by close of business the following day with confirmation including full details of your specialist and agreed treatment centre. If we need any further information following an online claim, we'll call you directly or if you have any queries or concerns, you can contact one of our claims experts through Live Chat on MyAviva.

Step 3 - Diagnosis, treatment or surgery

If your specialist recommends hospital treatment please ask for a description of the treatment and a procedure code (called the CCSD code), if there is one. Please then contact us; you can do this by logging onto MyAviva and selecting the 'Update my claim' button on your Health Homepage or by calling us.

If you need to be admitted to hospital please remember:

- ✓ to ask your specialist to treat you at the hospital recommended by Aviva
- ✓ to call the customer service helpline prior to receiving any treatment to confirm that the treatment you require is eligible on your scheme.

If you receive treatment at a hospital or with a specialist not confirmed by Aviva, it won't be eligible.

BacktoBetter for musculoskeletal claims

If you're suffering from back, neck, muscle or joint pain, follow these simple steps to make a musculoskeletal claim.

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

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

The BacktoBetter service should be your first point of contact, with **no need for a GP referral**. Just call the customer service helpline.

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:

- ✔ your scheme number, which is shown in your member documentation and the name of your company, 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, will provide you with a link to our supplier's online portal. Through the portal, you can either book your own appointment at a convenient time for you or complete a digital assessment. Alternatively, they will arrange for a clinical case manager from our of our third party clinical providers to contact you directly.

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

Step 3 - Clinical assessment

Using evidence-based medical guidelines, a third party clinical case manager will contact you to conduct a thorough assessment by telephone or video consultation and recommend the most effective course of treatment. This step won't be required if you completed your initial assessment digitally.

If clinically appropriate, you may be referred to a physiotherapist approved by the third party clinical case management provider for treatment and/or a specialist for further treatment or diagnostic tests as necessary.

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

Mental health pathway

Follow these simple steps to make a claim for a mental health condition.

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

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 for a GP referral**, just call the customer service helpline.

If you've seen your GP, you must still follow mental health pathway to access the assessment and treatment eligible under your scheme.

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:

- ✔ your scheme number, which is shown in your member documentation and the name of your company, 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 third party 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 talking therapies (telephone or video)
- ✔ face-to-face treatment
- ✔ further assessment and treatment by a psychiatrist or within an in-patient facility, if clinically necessary.

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

Settling bills directly for you

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 scheme 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**

 Or you can email these to: **hcteam1@aviva.com**

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

It's important that you contact us before you undertake any GP referred specialist consultations or receive any private medical treatment.

Please call us so that we can confirm:

- the details of your membership
- the hospitals and specialists available in your area under your Optimum Referral scheme, and
- if there are any limits that apply to your benefit which you should be aware of.

If you don't contact us and you continue with any recommended diagnostics or treatment, you may have to pay the costs for these services if they aren't provided by your healthcare scheme.

To make the process as quick and easy as possible, most claims can be telephone assessed by our experienced claims advisers. This means we can take all the necessary medical information from you over the telephone to assess your claim and no claim form will be required. However, some claims will require more information from your GP or specialist.

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 in your member documentation.

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

8.00am - 6.30pm Monday to Friday

9.00am - 1.00pm Saturday

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

How we can help you

It's likely that following a GP referral 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 select an appropriate specialist and hospital for you and they'll guide and support you throughout your claim. They'll be happy to answer any questions you may have about both the claims process and your scheme.



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 NHS hospital doctor who will need to provide you with an open referral before you contact the customer service helpline. You'll be able to discuss your claim in detail with an experienced adviser, to ensure you've access to the most appropriate facilities when you need them.

Reimbursement for NHS amenity beds

An NHS amenity bed is a bed that you pay for in a single room or side ward in an NHS hospital where you are receiving NHS in-patient or day-patient treatment. If that treatment would've been eligible under the scheme 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

General information about your healthcare scheme

Change of details

Please advise your company immediately should any of your, or any of your dependants' personal details change e.g. your home address, name or if you wish to add new dependants to your family scheme.

You must have the legal right to reside, and be physically living, in the UK for the duration of the scheme year, other than trips abroad totalling no more than six months. You must tell your company as soon as possible if this ceases to be the case, or if, after renewal, you will no longer be able to satisfy this criteria.

If you leave your company or scheme

If you leave your company, have your membership removed by your company or if you decide to leave the scheme, your membership of the scheme may cease immediately or cease on an agreed date between you and your company, even if treatment was pre-authorized by Aviva. However, you may be entitled to benefit from continued private healthcare on an individual policy with no further personal medical exclusions being applied. Benefits, terms and exclusions on an individual policy may be different to this healthcare scheme.

To discuss this further, please contact your group administrator or our sales advice line on **0800 142 142**.

Monday to Friday 9am - 5pm.

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

To qualify for continued benefit, you need to apply within 45 days from the date your previous benefit ceases. If more than 45 days have gone by, you'll need to complete a member health declaration which may affect your underwriting.

What about tax?

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

Insurance Premium Tax, which is a tax applied to the payments you make for your benefits, is included in your premium at the appropriate rate.

Except where specified, this document reflects our understanding of the relevant law (and regulatory guidance) as at May 2025, 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**

 **0800 051 7501**

 **hcqs@aviva.com**

Calls may be recorded and/or monitored.

We've every reason to believe that you will be totally satisfied with your Aviva scheme, 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 and feel that there's additional information that should be considered, you should let us have that information as soon as possible and we'll 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. Its contact details are:

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

 **0800 023 4567**

 **complaint.info@financial-ombudsman.org.uk**

 **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.

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.

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.

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 will 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 will 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 will be investigated by the third-party clinical provider responsible for that therapist network.

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.

Further information is available from: [fscs.org.uk](https://www.fscs.org.uk).



Personal Information

Aviva Health UK Limited and Aviva Insurance Limited are the main companies responsible for your Personal Information (known as the controller(s)).

Personal Information we collect and how we use it

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy) or requesting a copy by writing to us at:

 **The Data Protection Team**
Aviva
PO Box 7684
Pitheavlis
Perth
PH2 1JR.

If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, and to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

We may carry out automated decision making to decide on what terms we can provide products and services, deal with claims and carry out fraud checks. More information about this can be found in the “Automated Decision Making” section of our full privacy policy.



How we share your Personal Information with others

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

Your rights

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the “Data Rights” section of our full privacy policy or by contacting us at dataprt@aviva.com.



Getting in touch

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

8.00am - 6.30pm Monday to Friday

9.00am - 1.00pm Saturday

Closed on bank holidays.

Calls to and from Aviva may be monitored and/or recorded. The cost of calls to 01/02/03 prefixed numbers are charged at national call rates (charges may vary dependent on your network provider) and are usually included in inclusive minute plans from landlines and mobiles. For our joint protection telephone calls may be recorded and/or monitored.

Stress Counselling helpline

To talk to an experienced counsellor phone

 0800 092 3189

This benefit is available for members aged 16 and over.

Need this in a different format?

Please get in touch with Aviva if you'd prefer this brochure (**GEN7044**) in large print, braille, or as audio.

How to contact us

 0800 092 4590

@ contactus@aviva.com

 aviva.co.uk

Lines are open Monday to Friday from 8.00am - 6.30pm.

Calls may be recorded and/or monitored.



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Aviva Health UK Limited acts as agent of Aviva Insurance Limited for the purposes of: (i) receiving premium from our clients; and (ii) receiving and holding claims money and premium refunds prior to transmission to our client making the claim or entitled to the premium refund.

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