

PRIVATE MEDICAL INSURANCE

INSURANCE PRODUCT INFORMATION DOCUMENT

COMPANY: VITALITY HEALTH LIMITED

PRODUCT: BUSINESS HEALTHCARE

VitalityHealth is a trading name of Vitality Health Limited and Vitality Corporate Services Limited, both registered in the UK. Vitality Health Limited is authorised by the Prudential Regulation Authority and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 400057). Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority (FRN 461107).

This is a summary of our insurance plan. For a complete list of benefits and exclusions please refer to the latest Terms and Conditions documents, which will be available to you as part of the purchase or renewal of your plan.

WHAT IS THIS TYPE OF INSURANCE?

Our Business Healthcare plan is designed for employers who want to insure their UK-based employees against the costs of unexpected private medical treatment. It helps their employees to get healthier by offering discounts at a range of health partners, and incentivises them to stay healthy through a programme of rewards.



WHAT IS INSURED?

- ✓ Private GP consultations and private prescription charges
- ✓ Counselling and cognitive behavioural therapy
- ✓ In-patient and day-patient hospital treatment
- ✓ Cancer treatment
- ✓ Out-patient surgical procedures
- ✓ Home nursing following an admission to hospital
- ✓ Private ambulance costs
- ✓ Pregnancy complications
- ✓ Caesarean section in specified circumstances
- ✓ Accommodation charges for the parent of an insured child patient
- ✓ Rehabilitation costs
- ✓ Specific weight loss, corrective and oral surgeries
- ✓ Cash payments for eligible treatment that does not take place privately.

Optional Cover

- Out-patient consultations, diagnostic tests and physiotherapy
- In-patient and day-patient mental healthcare
- Chiropractic treatment, osteopathy, acupuncture, homeopathy, podiatry/chiropody and consultations with a dietician
- Overseas emergency medical expenses and emergency repatriation
- Helplines for debt counselling and legal and financial advice
- A personal health fund for a range of regular healthcare costs, such as dental check-ups and treatment, sight tests, glasses, contact lenses, and health screens.



WHAT IS NOT INSURED?

- ✗ Monitoring of, and routine treatment for, long-term (chronic) conditions
- ✗ Cosmetic treatment
- ✗ Preventive treatment
- ✗ Self-harm, alcohol abuse and drug abuse
- ✗ Normal childbirth, birth control and infertility
- ✗ Planned treatment that takes place outside the UK
- ✗ Emergency treatment within the UK.



ARE THERE ANY RESTRICTIONS ON COVER?

- ! Members of the plan must live in the UK (Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man) for at least 180 days in each plan year
- ! Conditions that members of the plan had prior to joining us may not be covered immediately
- ! Some conditions they had prior to joining us may never be covered
- ! Members of the plan will need to make a contribution to the cost of weight loss and corrective surgeries, and face-to-face private GP consultations.



WHERE AM I COVERED?

- ✓ Members of the plan are covered for treatment taking place in the United Kingdom, Channel Islands and Isle of Man only
- ✓ If you have chosen the overseas emergency medical expenses option, we will reimburse members of the plan for the cost of emergency treatment that takes place abroad.



WHAT ARE MY OBLIGATIONS?

- Provide us with all information we ask for, and take reasonable care to answer any questions truthfully and in full
- Pay all premiums by the time they are due
- Inform us if any person on your plan moves house or otherwise changes their contact details
- Inform us if any person on your plan is no longer resident in the United Kingdom
- Inform us when any person on your plan needs to be taken off cover
- Make your employees aware of any changes to the plan that we communicate to you.



WHEN AND HOW DO I PAY?

You may pay monthly, quarterly or annually, by Direct Debit, or quarterly or annually by electronic funds transfer. Following your application, we will let you know how much your regular payment will be and when it will be collected.



WHEN DOES THE COVER START AND END?

The cover begins on the date stated on your quotation, and lasts for 12 months. Towards the end of the period of cover, we will provide you with terms to renew the cover for a further 12 months.



HOW DO I CANCEL THE CONTRACT?

You may cancel your cover by contacting us by telephone, email or letter. If you cancel within the first 14 days in any plan year then, providing that no claims have been made, we'll refund any money you have paid to us in respect of that plan year. You may also cancel at any annual renewal date.