

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 full details and other important information about this plan please refer to the plan documentation and terms and conditions, which will be available to you as part of the purchase or renewal.

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 includes the Vitality Programme which helps them 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?

CORE COVER

In-patient and day-patient treatment

- ✓ Hospital fees - full cover
- ✓ Consultant's fees - full cover
- ✓ Diagnostic tests and scans (MRI, CT,PET) - full cover
- ✓ NHS Hospital Cash Benefit - £250 per night up to a total of £2,000 for in-patient treatment. £125 per day up to a total of £500 for day-patient treatment

Out-patient treatment

- ✓ Surgical procedures - full cover

Advanced Cancer Cover

- ✓ Comprehensive treatment and support following diagnosis, including biological therapies - full cover

Primary Care

- ✓ Private GP consultations - access to video consultations and 24 hour telephone access through Vitality medical helpline
- ✓ Up to £100 per plan year towards private prescriptions and minor diagnostic tests

Mental Health

- ✓ Up to 8 sessions per plan year of cognitive behavioural support or counselling

Additional benefits

- ✓ Home nursing following an admission to hospital
- ✓ Private ambulance costs
- ✓ Specific weight loss, corrective and oral surgeries
- ✓ Accommodation charges for the parent of an insured child patient
- ✓ Specific pregnancy complications
- ✓ Childbirth cash benefit
- ✓ Rehabilitation treatment

OPTIONAL COVER

- Out-patient Cover - consultations, consultants' fees, physiotherapy and diagnostic tests are covered up to a chosen limit or in full. In-network physiotherapy and consultant referred MRI/CT/PET scans are covered in full regardless of the chosen limit
- Mental Health Cover - in-patient, day-patient and out-patient mental healthcare
- Therapies Cover - full cover for chiropractic treatment, osteopathy, acupuncture, homeopathy, podiatry/chiropody and up to two consultations with a dietician
- Optical, Dental and Audiological Cover - dental check-ups and treatment, sight and hearing tests, and new prescription glasses and hearing aids
- Employee Assistance Programme - up to six face-to-face counselling sessions and unlimited access to a confidential telephone advice service, 24 hours a day, 365 days a year
- Overseas emergency medical expenses and emergency repatriation
- 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.

Benefit limits may apply where not stated.

Other options available

(These can help control your premiums)

Hospital options to choose from:

- Consultant Select, Local hospital list, Countrywide hospital list, London Care

Choose an excess, which can help to reduce your premiums:

- There are a range of excess options which you can choose to have applied once per plan year or per claim
- Status-linked excess - when an employee improves their Vitality status, their excess amount will reduce

For full details of these options please refer to the Guide to Business Healthcare.



What is not insured?

- ✗ Monitoring of, and routine treatment for, long-term (chronic) conditions
- ✗ Emergency treatment within the UK
- ✗ Cosmetic treatment
- ✗ Most preventative treatment
- ✗ Self-harm, alcohol abuse and drug abuse
- ✗ Normal childbirth, birth control and infertility
- ✗ Planned treatment that takes place outside 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, face-to-face private GP consultations, and some dental treatment (if you choose the Optical, Dental and Audiological Cover option).



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.
- ✓ We will reimburse members of the plan for the cost of emergency treatment taken place abroad and emergency repatriation.



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.
- Ensure you, and any person on your plan, are registered with a UK GP.
- 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 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 your 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.