

A GUIDE TO  
PERSONAL  
HEALTHCARE

# WE AIM TO MAKE PEOPLE HEALTHIER AND ENHANCE AND PROTECT THEIR LIVES.

That's why we believe that encouraging Better Health and offering Better Care are equally important.

## **BETTER HEALTH**

It's been proven that leading a healthy lifestyle leads to significant reductions in long-term health risk. So we make it easier and cheaper for you to develop and maintain positive lifestyle choices and offer tangible rewards to help you achieve long-term behavioural change.

## **BETTER CARE**

Better Care is about more than quick access to private hospitals. We know the best way to offer the best medical care is to leave it in the hands of medical professionals.

We've therefore developed assets in the healthcare system that not only optimise your access but ensure you receive the highest quality care. All delivered through a doctor-led healthcare journey.

## **SHARED VALUE**

The true power of our approach is the unique integration of Better Health and Better Care which unlocks additional benefits and strives to make you healthier.

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This guide provides a summary of our Personal Healthcare cover that you need to read before deciding on the right plan for you. You can find full details in the terms and conditions document we send you when you join. If you want to see these sooner, please let us know.

# START WITH CORE COVER

All plans start with Core Cover, which has a variety of benefits.

The tables that follow represent a summary of what Core Cover offers. For full details see our terms and conditions which are available on request.

All benefits are per insured member, per plan year, unless stated otherwise. You must be treated at a hospital eligible under your plan.

## IN-PATIENT AND DAY-PATIENT TREATMENT

<b>HOSPITAL FEES</b>	Includes overnight stays, nursing, and any drugs you might need while in hospital. We also cover the costs of intensive care treatment and operating theatre charges.	<b>Full cover</b>
<b>CONSULTANT FEES</b>	As long as your consultant is registered with an accredited body and recognised by us, we pay your in-patient and day-patient fees in full, including your surgeons' and anaesthetists' fees, physicians' fees and other consultant appointments.	<b>Full cover</b>
<b>DIAGNOSTIC TESTS</b>	If you are admitted to hospital as an in-patient or a day-patient, we pay for the diagnostic tests you need - things like blood tests and x-rays. We also pay for any MRI, CT and PET scans if required.	<b>Full cover</b>

## OUT-PATIENT TREATMENT

<b>SURGICAL PROCEDURES</b>	We pay for surgical procedures where you are treated as an out-patient.	<b>Full cover</b>
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## PRIMARY CARE

<b>VITALITY GP</b>	<p>Vitality GP offers you access to a GP at a time and place that suits you. Using our Vitality GP app<sup>1</sup> you'll be able to talk directly to a Vitality GP and have a private GP video appointment<sup>2</sup>. You'll be offered a choice of GPs and have the ability to securely upload images taken with a smartphone for them to view.</p> <p>We understand that there will be cases when a virtual consultation with a GP isn't appropriate. Face-to-Face GP enables every member access to a minimum of two consultations from Vitality's network of Private GPs for only £20 per consultation.</p>	
<b>PRIVATE PRESCRIPTIONS AND MINOR DIAGNOSTIC TESTS</b>	When a private prescription is issued by a Vitality GP, you can choose to have your prescription posted to your home address or to a LloydsPharmacy branch. If you choose to have it delivered to a LloydsPharmacy branch you can pick up your medication at the pharmacy. No excess is payable for a private prescription.	<b>Up to £100 per plan year to use towards Vitality GP referred minor diagnostic tests and most private prescriptions</b>
<b>GP LED TREATMENT PATHWAY</b>	The Vitality GP can refer you for the most appropriate onward treatment meaning you often won't have to make an additional call or online claim.	
<b>WELLNESS PATHWAY</b>	Because the Vitality GP has access to your Vitality Age and Healthcheck results, they can advise you how to get healthier and help manage any long term conditions.	

1 The Vitality GP app is available on Apple (iOS 8 or later) or Android (5.0 or later) platforms only.

2 The video consultation service is available from 0800-1900 Monday to Friday and 0900-1300 Saturdays, excluding bank holidays.

Any claims under Vitality GP will not affect your renewal pricing and no excess will be payable.

## ADDITIONAL BENEFITS

<b>NHS HOSPITAL CASH BENEFIT</b>	If you choose to get treatment on the NHS, rather than being treated privately through your plan, we give you a cash amount.	<p><b>In-patient treatment: £250 per night up to a maximum of £2,000</b></p> <p><b>Day-patient treatment: £125 per day up to a maximum of £500</b></p>
<b>CHILDBIRTH CASH BENEFIT</b>	We'll give you a cash payment following the birth or adoption of a child (the payment following a birth only applies if you have had the plan for at least 10 months). We pay once per child even if both parents are covered on the plan.	<b>£100 per child</b>
<b>HOME NURSING</b>	If your consultant recommends home nursing instead or more in-patient treatment, we pay for it. It can get you back on your feet after a stay in hospital.	<b>Full cover</b>

<b>PRIVATE AMBULANCE</b>	The use of a private ambulance for transfer between hospitals, whether NHS or private, if a consultant recommends it as medically necessary.	<b>Full cover</b>
<b>PARENT ACCOMMODATION</b>	You might have a child under 14 on your plan. If the child needs to stay overnight in hospital, we pay for hospital accommodation so that a parent can stay with them.	<b>Full cover</b>
<b>ORAL SURGERY</b>	We cover surgical removal of impacted teeth, partially erupted teeth causing repeated pain or infections, complicated buried roots, surgical drainage of a facial swelling, removal of cysts of the jaw, and apicectomy.  If you have an accident we can also cover some kinds of dental surgery.	<b>Full cover in specified circumstances</b>
<b>PREGNANCY COMPLICATIONS</b>	We cover in-patient and day-patient treatment if you suffer from ectopic pregnancy, miscarriage, missed abortion, still birth, post partum haemorrhage, retained placental membrane and hydatidiform mole.	<b>Full cover for specified procedures</b>
<b>TALKING THERAPIES</b>	Cognitive Behavioural Therapy or counselling where treatment is agreed as clinically appropriate and arranged through our mental health panel.	<b>Up to 8 sessions of Cognitive Behavioural Therapy (CBT) or counselling</b>
<b>REHABILITATION</b>	We cover rehabilitation treatment following a stroke or serious brain injury.	<b>Up to 21 days immediately following eligible in-patient treatment</b>

<b>LIFESTYLE SURGERY*</b>			
	<b>Procedures Covered:</b>	<b>Eligibility Criteria:</b>	
<b>CORRECTIVE SURGERIES</b>	Removal of port wine birthmarks on the face	Age <5 years - maximum of 10 treatments	<b>Subject to a 25% contribution to the cost of consultations and package of treatment</b>
	Ear reshaping (pinnaplasty)	Age 5-14 years	
	Breast reduction	BMI <27 and under 21 years of age	
	Gynaecomastia	BMI <27 and under 21 years of age	
<b>WEIGHT LOSS SURGERY</b>	<ul style="list-style-type: none"> <li>Gastric bypass</li> <li>Gastric banding</li> </ul>	Surgery will be available to members with a BMI of 35 or greater (with a co-morbidity) or BMI 40+ (with no co-morbidity), subject to clinical approval.	<b>Subject to a 25% contribution to the cost of consultations and package of treatment</b>

\* Treatment will not be eligible under this plan for 12 months following your cover start date

<b>CANCER COVER</b>	
<b>If you are diagnosed with cancer, we cover your in-patient and out-patient costs. This includes:</b>	
<b>RADIO THERAPY, CHEMOTHERAPY AND FOLLOW-UP CONSULTATIONS</b>	<b>Full cover</b>
<b>BIOLOGICAL THERAPIES</b>	<b>12 month limit</b>
<b>HORMONE AND BISPHOSPHONATE THERAPIES</b>	<b>3 month limit</b>
<b>CANCER SURGERY AND RECONSTRUCTIVE SURGERY</b>	<b>Full cover</b>
<b>STEM CELL THERAPY</b>	<b>Full cover</b>

If your cancer is no longer treatable, we pay for you to have care that can relieve your symptoms. This includes pain relief at the end stage of cancer. The limits apply for the whole of the time a member is covered by VitalityHealth, whether under this plan or any other plan with us. Follow-up consultations are covered for a maximum of five years from the last cancer treatment date and assuming you still have a plan with us.

# OUR RANGE OF ADDITIONAL COVER OPTIONS

To create a plan that suits your needs and budget, you can choose to add any of these options.

All benefits are per insured member, per plan year, unless stated otherwise. You must be treated at a hospital eligible under your plan.

## COVER OPTIONS

<p><b>OUT-PATIENT COVER</b></p>	<p>Out-patient Cover pays for out-patient costs, such as consultant appointments, physiotherapy, diagnostic tests (such as blood tests and x-rays) and scans.</p>	<p><b>The costs we cover depend on what you add to your plan:</b></p> <ul style="list-style-type: none"> <li>• Out-patient Cover with a limit. We can pay for out-patient diagnostic tests, consultant appointments and out-of-network physiotherapy up to a set limit. A limit of £500, £750, £1,000, £1,250 or £1,500 can be chosen.</li> <li>• Full Out-patient Cover. We pay for all the out-patient treatment, consultant fees' and diagnostic tests needed.</li> </ul>
<p><b>MRI, CT AND PET SCANS</b></p>	<p>We pay for these scans, as long as you have been referred by a consultant.</p>	<p>MRI, CT and PET scans will be paid in full, and not treated as part of your Out-patient Cover limit.</p>
<p><b>PHYSIOTHERAPY COVER</b></p>	<p>The VitalityHealth physiotherapy network includes over 1,400 accredited physiotherapy clinics across the UK. This means that, more often than not, you will be able to have treatment at a convenient location, less than 10 minutes' drive away from your home or place of work.</p>	<p><b>Cover for a physiotherapist within our network</b> Treatment will be covered in full, and will not form part of the Out-patient Cover limit.</p> <p><b>Cover for a physiotherapist outside of our network</b> Treatment will continue to be deducted from your Out-patient Cover limit and will be limited to £35 per session.</p>
<p><b>OUT-PATIENT DIAGNOSTICS</b></p>	<p>You can choose to add on full cover for diagnostics - you can upgrade your Out-patient Cover so that out-patient diagnostic tests would be covered in full, and only consultant appointments and physiotherapy would be covered by your chosen Out-patient Cover limit.</p>	<p><b>Out-patient diagnostics will be covered in full. Consultant appointments and out-of-network physiotherapy will continue to be covered up to your chosen limit.</b></p>
<p><b>PSYCHIATRIC COVER</b></p>	<p>We pay for consultations and treatment with a psychiatrist or psychologist. If you need it, we can pay for hospital stays. All psychiatric claims are managed on a case-by-case basis.</p>	<p>£15,000 or £20,000 for each plan year. <b>Up to £1,500 of this total can be used for out-patient psychiatric treatment.</b></p>
<p><b>THERAPIES COVER</b></p>	<p>Chiropractic treatment, osteopathy, chiropody/podiatry, acupuncture, homeopathy, and two consultations with a dietician following GP or consultant referral.</p>	<p><b>£350 or Full cover</b></p>

## EXTENDED CANCER COVER

You can choose to add Extended Cancer Cover. If you are diagnosed with cancer, we cover your in-patient and out-patient costs in full. This includes:

<p><b>RADIO THERAPY, CHEMOTHERAPY AND FOLLOW-UP CONSULTATIONS</b></p>	<p>Full cover</p>
<p><b>BIOLOGICAL THERAPIES</b></p>	<p>Full cover</p>
<p><b>HORMONE AND BISP HOSPHONATE THERAPIES</b></p>	<p>Full cover</p>
<p><b>CANCER SURGERY AND RECONSTRUCTIVE SURGERY</b></p>	<p>Full cover</p>
<p><b>STEM CELL THERAPY</b></p>	<p>Full cover</p>
<p><b>END-OF-LIFE HOME NURSING CARE</b></p>	<p>Up to £1,000 per day for a maximum of 14 days</p>
<p><b>WIGS AND RESTYLING</b></p>	<p>Up to £300 per claim</p>
<p><b>SCALP COOLING</b></p>	<p>Full cover</p>
<p><b>MASTECTOMY BRAS AND EXTERNAL PROSTHESES</b></p>	<p>Up to £200 per claim</p>

If your cancer is no longer treatable, we pay for you to have care that can relieve your symptoms. This includes pain relief at the end stage of cancer.

# DENTAL COVER

You can choose between two levels of dental cover, depending on how much you want to spend, and how much cover you want.

**All benefits are per insured member, per plan year unless otherwise stated.**

To get this cover, you need to have had a check-up with your regular dentist and finished any recommended treatment within twelve months before your cover starts. If you haven't done this, then you'll only be covered once you have had a check-up and finished any recommended treatment.

Separate terms, conditions and exclusions apply to our Dental Cover - please speak to your adviser or visit [vitality.co.uk](http://vitality.co.uk) for more information.

	MAJOR DENTAL TREATMENT	MAJOR AND ROUTINE DENTAL TREATMENT
<b>ROUTINE EXAMINATIONS</b> Maximum of two claims per plan year		Up to £30 per claim
<b>ROUTINE SCALING AND POLISHING</b> Maximum of two claims per plan year		Up to £40 per claim
<b>DENTAL X-RAY (RADIOGRAPHY OF THE TEETH OR JAW)</b> Charges for radiography of teeth or jaw Maximum of two claims per plan year		Up to £40 per claim
<b>FILLINGS</b> Maximum of two claims per plan year		Up to £40 per claim
<b>NEW OR REPLACEMENT CROWNS</b>	Up to £300	Up to £400
<b>NEW OR REPLACEMENT INLAYS, ONLAYS AND OVERLAYS</b>		Up to £100
<b>NEW OR REPLACEMENT BRIDGES OR IMPLANTS</b>	Up to £200	Up to £300
<b>ROOT CANAL TREATMENT</b>	Up to £150	Up to £250
<b>APICECTOMY</b>	Up to £100	Up to £150
<b>EXTRACTIONS</b>	Up to £150	Up to £250
<b>NEW OR REPLACEMENT DENTURES</b>	Up to £250	Up to £350
<b>EMERGENCY TREATMENT FROM A SPECIALIST IF YOU HAVE A DENTAL ACCIDENT</b> We can cover up to four claims for each year of your plan	Up to £2,500 per claim	Up to £2,500 per claim
<b>EMERGENCY DENTAL TREATMENT FOR SEVERE PAIN, A HAEMORRHAGE OR AN INFECTION</b> We can cover up to two claims for each year of your plan		Up to £300 per claim
<b>EMERGENCY CALL-OUT FEES</b> We can cover up to two claims for each year of your plan	Up to £50 per claim	Up to £50 per claim

# WORLDWIDE TRAVEL COVER

This covers trips of up to 120 days and includes things like emergency medical expenses to a lost passport. You can apply to include this benefit to cover at the plan start date, or a future renewal date, provided all applicants are aged 64 or under at the time the benefit is included.

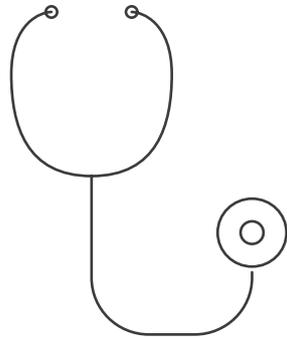
\*You will need to pay a £50 excess on these benefits.

Unless we agree otherwise, the benefits are for one person covered on your plan, per trip. Separate terms, conditions and exclusions apply to our Worldwide Travel Cover – please speak to your adviser or visit [vitality.co.uk](http://vitality.co.uk) to find out more.

<b>OVERSEAS MEDICAL EXPENSES</b>	
<b>MEDICAL COVER IF TAKEN ILL OVERSEAS</b> Including accommodation costs and travel expenses for one person to remain behind with the sick or injured member*	Up to £10 million
<b>REPATRIATION EXPENSES*</b>	
<b>TRANSFER OF BODY OR ASHES BACK TO THE UK</b>	
<b>COST OF BURIAL OR CREMATION OUTSIDE THE UK</b>	Up to £1,000
<b>OTHER TRAVEL EXPENSES</b>	
<b>LOSS OF OR DAMAGE TO PERSONAL BELONGINGS*</b>	Up to £2,000
<b>LOSS OF PERSONAL MONEY*</b>	Up to £1,000
<b>DELAYED DEPARTURE</b>	Up to £100
<b>MISSED DEPARTURE*</b>	Up to £500
<b>CANCELLING THE TRIP OR CUTTING IT SHORT*</b>	Up to £4,000
<b>PERSONAL ACCIDENT</b>	Up to £25,000
<b>PERSONAL LIABILITY</b>	Up to £2 million
<b>LOSS OF PASSPORT*</b>	Up to £250
<b>DELAYED BAGGAGE*</b>	Up to £200
<b>LEGAL EXPENSES</b>	Up to £25,000
<b>WINTER SPORTS COVER (COVER IS LIMITED TO 21 DAYS IN TOTAL EACH PLAN YEAR)</b>	
<b>LOSS OF OR DAMAGE TO SKI OR SNOWBOARDING EQUIPMENT*</b>	Up to £500 per plan year
<b>LOSS OF SKI PASS*</b>	Up to £500 per plan year
<b>PISTE CLOSURE (£30 A DAY)*</b>	Up to £500 per plan year
<b>LOSS OF USE OF HIRED SKIS AND SKI PASS DUE TO ILLNESS OR INJURY*</b>	Up to £500 per plan year

# YOUR TREATMENT CHOICES

Every VitalityHealth plan comes with Consultant Select meaning you have access to a panel of quality assured independently selected consultants should you need to claim. In addition, if it's important for you to be able to choose where you're treated you can add Hospital Select.



## PUT YOUR TREATMENT PATH IN THE HANDS OF THE EXPERTS WITH CONSULTANT SELECT

Consultant Select will ensure that you get referred to the most appropriate consultant in a suitable location to suit your needs without the worry of choosing a consultant yourself. Our panel of consultants are all independently selected and regularly audited to ensure they always offer the highest standards of care.

# CONSULTANT SELECT

## QUALITY-ASSURED PRIVATE HEALTHCARE TREATMENT

We believe that the doctor-patient relationship is fundamental. By choosing Consultant Select as your treatment pathway, you will have access to an independent panel of consultants that ensures you are referred to the most appropriate specialist when needed.

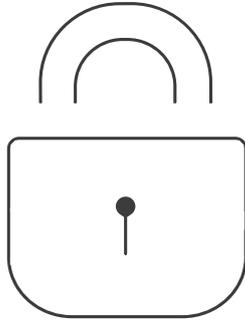
### HOW IT WORKS

Once you get an open referral from your Vitality GP or NHS GP, we pass your details to our independent consultant panel. Based strictly on your medical needs, they choose the best consultant and most convenient for you, leaving you with one less thing to worry about at what can be a stressful time.

### PEER-REVIEWED BY EXPERTS

To guarantee quality of treatment, all consultants are reviewed by an independent panel of their peers. They're also happy to endorse every consultant with the statement 'I would recommend this consultant to treat my family'.

If you want to be treated at a particular hospital, you can also add Hospital Select and choose a hospital list to add to your plan. More information on hospital lists can be found on pages 15 and 16 or visit [vitality.co.uk](https://www.vitality.co.uk).



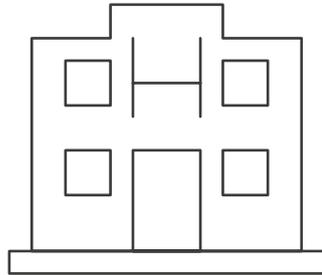
## FULLY PROTECTED BY THE VITALITY PATIENT CHARTER

The Panel will also act on your behalf to uphold The Vitality Patient Charter, our set of quality-assurance principles which say:

1. The chosen consultant has been quality-assured through a consultant peer review process.
2. You will have the right to switch to another Panel approved consultant if you are not happy with the original named consultant – this will have no negative impact on your benefit limits.
3. The Panel will help you find the right consultant for you quickly and conveniently. Excluding exceptional circumstances, no member will wait longer than 10 days, or travel more than 40 minutes (and much shorter in most instances) for a consultation.<sup>1</sup>
4. If your condition is deemed high risk, our Urgent Care Pathway will ensure that you are seen as quickly as is clinically necessary.<sup>2</sup>
5. We will support you in investigating and where appropriate escalating any clinical concerns to the Panel.

1. Exceptional circumstances explained at [www.vitality.co.uk/health-insurance/core-cover/medical-consultant-panel/](http://www.vitality.co.uk/health-insurance/core-cover/medical-consultant-panel/)

2. High risk conditions, such as potential cancer cases, are defined by the VitalityHealth Clinical Operations team



## OR CHOOSE YOUR CONSULTANT WITH HOSPITAL SELECT

Alternatively, you can choose the consultant that treats you, as long as they are recognised by us. Our Local, Countrywide or London Care lists of leading UK hospitals give you as much control and flexibility as you need over your treatment location.

## LOCAL HOSPITAL LIST

### **This hospital list includes:**

- All of the hospitals in the UK's largest hospital groups, including BMI Healthcare, Nuffield Health, Spire Healthcare, and Ramsay Health Care
- A number of select local providers, including Aspen Healthcare and the New Victoria Hospital
- No Central London hospitals

## COUNTRYWIDE HOSPITAL LIST

### **This hospital list includes:**

- All of the hospitals in the UK's largest hospital groups, including BMI Healthcare, Nuffield Health, Spire Healthcare, and Ramsay Health Care
- A number of select local providers, including Aspen Healthcare and the New Victoria Hospital
- The London Clinic, The Hospital of St John & St Elizabeth, King Edwards VII's Sister Agnes Hospital in Central London
- Most other private hospitals outside of London
- All NHS Private Patient Units outside of London
- Some Central London NHS Private Patient Units

## LONDON CARE

Our London Care option gives members unlimited Face-to-Face access to a private GP for only £20 per consultation. Where it's not possible to get a Face-to-Face appointment, members will still be able to arrange a Vitality GP video consultation within 48 hours. This will ensure that members still receive fast access to specialist care when they need it most.

### **London Care also includes:**

- All private hospitals in the UK
- All NHS hospitals with private facilities in the UK

## TREATMENT AT A HOSPITAL NOT ELIGIBLE ON YOUR PLAN

If you use a hospital that isn't eligible on your plan, then you'll need to pay 40% of your treatment costs, excluding the consultants' fees.

If you want to avoid paying this, you'll need to use a hospital that is eligible on your plan. But if you need treatment that the hospitals eligible on your plan can't give you, you can contact us. We will find a hospital and a consultant to give you the treatment you need.

# CHOOSING AN EXCESS

You can choose to pay a fixed sum – an excess – towards your treatment. You can set your excess at zero, £100, £250, £500 or £1,000. Unlike some other health insurers, we won't deduct any excess you pay from your benefit limit.



**ONCE YOU'VE CHOSEN AN EXCESS, YOU CHOOSE WHETHER YOU PAY:**

**Once a plan year** - Even if you make two or more claims in the same plan year, you'll only have to pay the excess once. If your claim carries on into the next plan year, you'll need to pay the excess again. This applies to each person included on your cover.

**Each time you make a claim** - Make two or more claims in the same plan year and you'll have to pay an excess for each claim you make. When you claim for treatment of a particular condition, we consider it a new claim after 12 months. So you'll need to pay the excess again for any treatment after this point. This applies to each person included on your plan.

The excess doesn't apply to some benefits, when making claims for Vitality GP, Face-to-Face GP, Lifestyle Surgery, NHS Hospital Cash Benefit and Childbirth Cash Benefit. This excess would also not be applied to claims made under the Dental Cover option and also the Worldwide Travel Cover option where a different excess may apply. We pay for the rest of your treatment, up to any limits on your plan.

# OUR FAIR AND TRANSPARENT RENEWAL PRICING

Our ABC pricing model will give you full transparency over any premium increases you can expect the following plan year.

We have a unique approach to calculating your renewal premium. **ABC Pricing** calculates all price increases as the sum of three adjustments: **A**ge, **B**ase rate increase, **C**laims and **V**itality status.

#### **AGE**

Your age has a direct effect on your premium - generally, the older you are, the higher the premium. This is because, as a population, we tend to make greater use of healthcare the older we become.

#### **BASE RATE INCREASE**

Any rise in charges made by hospitals and other providers for their services (including the cost of advances in medical technology and drugs) affects premiums, too.

#### **CLAIMS AND VITALITY STATUS**

We also look at the amount paid out in claims over the preceding plan year for everyone on your plan. The lower your total claims, the lower the increase. And, to encourage you to get and stay healthy the more Vitality points you earn and the higher your Vitality status, the lower your premium increase can be.

# YOUR UNDERWRITING OPTIONS EXPLAINED

When we're working out whether we can cover you, what we can cover you for and how much your cover will cost, we go through a process called underwriting.



This just means looking at your age, your medical history and, if applicable, whether you've made any claims before.

Any conditions we can't cover are called personal medical exclusions.

A personal medical exclusion is usually a pre-existing condition or symptom, or a previous illness. If we apply a personal medical exclusion to your cover, we also exclude any related conditions.

A related condition is any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.

There are three different kinds of underwriting that you can choose from.

Which one's right for you depends on whether you've already got a private health insurance plan with someone else and how much information you want to give us.

For more information about the underwriting options, please refer to our terms and conditions document which you will receive when you join. If you'd like to see this sooner please let us know.

### I. FULL MEDICAL UNDERWRITING

If you're happy for us to ask you about your medical history, you can choose Full Medical Underwriting. We might need to exclude some pre-existing conditions from your cover. But we always tell you upfront exactly what you're covered for.

#### How it works

- When you apply to join, we ask you some questions about your health. If we need to know more about your medical history, we might need to get in touch with you or, on some occasions, your GP. You will be informed if this is the case.
- We use this information to decide whether we need to put any personal medical exclusions on your cover.
- If we need to apply any personal medical exclusions, they will be detailed on your certificate of insurance. That way you can be clear from the start what we can and can't cover.
- Your cover starts after we have gone through this process.
- In some circumstances we may be unable to offer cover.

### II. MORATORIUM UNDERWRITING

If you don't want to tell us about your medical history, you can choose Moratorium Underwriting.

Because we don't look at your medical history, we tell you whether you're covered at the time you make a claim.

#### How it works

- When you apply to join, you don't need to fill in a health history questionnaire. This means it's quick to apply and we can cover you straight away.
- Because we don't ask about your medical history when you apply, we can't tell you upfront what personal medical exclusions you may have. Instead, if you need to make a

claim, we tell you whether you're covered or not at that time.

- If, after your cover starts, you need treatment for a medical condition or symptom that you've never had before, we will cover it subject to the terms and conditions of the plan. The same goes for any medical conditions that you've had more than five years before your cover start date with us.
- But if you've had any conditions in the five years before your cover start date with us, we usually won't cover them. We can only cover conditions like these if, after your cover has started, you go for two continuous years without having any treatment, medication or advice for these pre-existing conditions or any directly related conditions.
- That does mean we probably won't ever be able to cover long term conditions like heart problems or psychiatric conditions - that's because you probably won't go for two continuous years without having treatment, medication or advice.

### III. CONTINUED PERSONAL MEDICAL EXCLUSIONS UNDERWRITING (CPME/ SWITCH)

If you have already got a private health insurance plan with someone else, you could choose Continued Personal Medical Exclusions (Switch) Underwriting.

#### How it works

- When you apply, you don't need to fill in a medical questionnaire. Instead, we ask you some questions about your health and any recent claims made, and we ask to see a copy of your current insurance certificate. If we need to know more about the medical history provided, we might need to contact you further, and on some occasions we may need to get in touch with your GP. You will be informed if this is the case.

- We use this information to work out if we need to apply any additional personal medical exclusions to your cover with us. Any existing personal medical exclusions are carried over from your previous plan. If your current plan has a moratorium clause applied for pre-existing conditions, we'll apply our own moratorium rules, which may differ from your current insurer, but will be backdated to the date the clause originally commenced, as detailed by your current insurance certificate.
- We are unable to offer you this type of underwriting if you haven't been covered under private health insurance for a minimum of nine months continuously. The number of years that you have been insured and the number of 'relevant' claims you've made are also considered when determining if this type of underwriting is available.
- Sometimes, we may be unable to offer cover, so please don't cancel your current plan until we tell you we can accept you.

# SWITCH TO US FOR LESS

If you join on switch underwriting you may be able to get a lower price depending on your claims history. And you can switch with no break in cover providing you don't cancel your existing plan before we've accepted your application.

# IMPORTANT INFORMATION

This guide provides a summary of our Personal Healthcare plan that you need to read before you make decisions on what is the right cover for you.

For full details, please refer to our terms and conditions which you receive when you join. If you want to see these sooner, please let us know.

Your Personal Healthcare plan is an annual contract. That means we review your premiums and the terms and conditions each year. But we'll always give you reasonable notice if we're going to change anything.

No private health insurance plan covers every single person or every single medical condition. If it did, it would be too expensive. As long as you're eligible to take out a plan with us, you can apply for cover.

There are some conditions and treatments that we can't cover. These are called exclusions. We list any personal medical exclusions on the certificate of insurance we give you when your cover commences. General plan exclusions are listed in the terms and conditions document which we give you when you join.

#### **WHO CAN APPLY FOR COVER?**

You, the main applicant, can apply for cover providing you are aged between 18 and 79 at the start date of the plan.

Your husband, wife or partner can also apply for cover if they live at the same address as you and are aged between 16 and 79 at their cover start date.

Your children, including adopted children, can apply to be covered as long as they are aged 25 or under when their cover starts.

The exception to this is if you are applying on a Continued Personal Medical Exclusion (Switch) basis, when the child can be aged 26 or over if they are already included on your, the main applicant's, insurance policy as at the plan start date and as evidenced by your current insurance certificate.

Once they are accepted for cover, eligible dependent children can remain covered on that basis. If they are aged 21 or over when they first join, they will be charged an adult rate immediately. Otherwise, it will apply from the renewal date following their 21st birthday.

All applicants must live in the UK for at least 180 days in each plan year. By this we mean Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man.

All applicants to be covered must have the same benefits, excess level and hospital option.

If you choose Worldwide Travel Cover, we can cover you and your dependants as long as you are all aged 64 or under.

#### **Whilst we won't decline cover due to the occupation or pastimes of any applicant, we will not pay claims relating to the following:**

- treatment for any condition or injury arising from working offshore in the extraction / refinery of natural / fossil fuels
- treatment for any condition or injury arising from working in the armed forces (including the Armed Forces Reservists)
- treatment for any condition or injury arising from participation in professional or semi-professional sports, unless we have agreed in writing to cover you

- treatment for injuries arising from participation in high risk activities such as mountaineering or rock climbing, parachuting, hang gliding, potholing, bungee jumping, racing of any kind, skiing or snowboarding off the designated course (off-piste) or scuba diving, unless you have the recognised diving qualifications or are accompanied by someone with them. This list is not exhaustive, so please contact us if you need more information.

**Please be aware that on application, you will be asked to inform us if any applicant is employed in any of the following occupations:**

- professional or semi-professional sports
- working offshore in the extraction / refinery of natural / fossil fuels
- armed forces (including the Armed Forces Reservists)

### **WE CAN'T COVER CHRONIC CONDITIONS**

We cover eligible acute conditions - in other words, diseases, illnesses or injuries that happen after your plan has started, and that are likely to respond quickly to treatment. While we can't cover long-term chronic conditions, whether they start before or after you take out cover, we can cover you when you first become ill. We will pay for any consultant appointments and diagnostic tests covered by the plan that are needed to find out the cause of the symptoms. We will also pay for any initial hospital treatment you require in order to stabilise your condition.

However, there may come a point when the kind of treatment you are receiving appears only to be monitoring your state of health or keeping symptoms of your condition in check rather than actively curing it. When such circumstances arise, we will contact your GP or consultant to obtain further information about your condition and treatment and will advise you of the outcome. We will always take into account your own specific circumstances and we will never withdraw cover for that condition without giving you plenty of time to make alternative arrangements.

**You may have a chronic condition if at least one of the following is true:**

- You need ongoing or long-term monitoring for your condition, through consultations, check-ups and/or tests
- You need ongoing or long-term control or relief of your symptoms
- You need rehabilitation, or special training to cope with the condition
- The condition continues indefinitely
- The condition has no known cure
- The condition comes back, or is likely to come back

Often, medicines and preventative treatments can help with chronic conditions. These are usually available from the NHS.

## WE CAN'T COVER SOME OTHER TREATMENTS AND CONDITIONS

### Unfortunately we can't ever cover:

- Any treatment received outside the UK, unless you've selected the Worldwide Travel Cover option
- Any emergency treatment or visits made to a GP
- Normal pregnancy and childbirth, and most related conditions
- Organ transplants
- Any treatments or practices that are experimental, unproven or unregistered
- Any treatment for learning difficulties, delayed speech disorders and other developmental problems

Full details of these and our other exclusions are in the terms and conditions we give you when you join. Please let us know if you'd like to see these details sooner.

## WE CAN STILL HELP WITH CHRONIC CONDITIONS

**While we can't pay for all the treatment, we can still help with some of the costs. Here are some examples of how we can do this:**

### EXAMPLE 1 - ALAN

**Alan has been with VitalityHealth for many years. He develops chest pain and is referred by his GP to a consultant. He has a number of investigations and is diagnosed as suffering from angina. Alan is placed on medication to control his symptoms.**

*We cover Alan's initial consultations and tests and advise him that we will cover further consultations with his consultant until his symptoms are well controlled.*

**Two years later, Alan's chest pain recurs more severely and his consultant recommends that he has a heart bypass operation.**

*We confirm to Alan that we will cover this operation as it will substantially relieve his symptoms and stabilise the condition. We also advise him that we will cover his post-operative check-ups for one year to ensure that his condition has been stabilised.*

### EXAMPLE 2 - BOB

**Bob has been with VitalityHealth for three years when he develops hip pain. His GP refers him to an osteopath who treats him every other day for two weeks and then recommends that he return once a month for additional treatment to prevent a recurrence of his original symptoms.**

*As Bob's plan includes cover for alternative therapies, we pay for two weeks of treatment as this helps stabilise his symptoms. We also tell him that we cannot cover his regular monthly treatments, as these are designed just to keep the symptoms in check but that if his symptoms worsen he should contact us again.*

*If Bob's condition did deteriorate significantly and his consultant recommended a hip replacement, VitalityHealth would cover the cost of this. As the operation would replace the damaged hip and thereby cure Bob's problem, we would pay for all the costs relating to this operation.*

### **PAYMENT OF PREMIUM**

You must pay us premiums for you and any insured dependants who are covered under the plan.

### **YOUR PREMIUM CAN CHANGE**

Lots of things can affect your premium each year. For instance, the older we get, the more likely we are to claim - so, your premiums rise each year in line with how old you are. We also review your premiums to reflect increases in the charges made by hospitals and other providers, as well as medical advances in drugs and technology. The amount of claims made on your plan and your Vitality status will also have an affect on your premium.

### **WE SEND YOU ALL THE DETAILS ABOUT YOUR PLAN**

As soon as your Personal Healthcare plan starts, we send you a welcome pack. This pack contains all the terms and conditions of your plan, your certificate of insurance, your membership number and all the details you need to get started with our health and reward partners.

### **WE MAKE IT QUICK AND EASY TO CLAIM**

If you need to make a claim, you can contact our customer services team or make a claim online at [vitality.co.uk](http://vitality.co.uk). More details about how to claim are in your welcome pack, and in the Member Zone.

### **WE WANT TO KNOW IF YOU'RE NOT HAPPY**

We hope you will be happy with your plan. But if you're not, please let us know - we'll do everything we can to put things right. You can write to us at VitalityHealth Customer Services, Sheffield S95 1DB or give us a call on 0800 096 6322. Calls may be recorded/monitored to help improve customer service. Call charges may vary.

A copy of our complaint handling procedures is included in the plan terms and conditions document and is also available on our website.

**We're covered by the Financial Ombudsman Service. If you're not satisfied with our response to your complaint, you can contact them at:**

**The Financial Ombudsman Service**

**Exchange Tower**

**London E14 9SR**

**T: 0800 023 4567**

**E: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)**

**[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)**

The Financial Ombudsman Service is an independent body that will investigate complaints if you need them to, at no extra cost to you. You still have a right to legal action if they investigate and you're not happy with the outcome.

Your plan is bound by English Law and comes under the jurisdiction of the UK courts.

### **YOUR RIGHTS UNDER THE FINANCIAL SERVICES COMPENSATION SCHEME**

As a member of a VitalityHealth plan, you will be protected by the Financial Services Compensation Scheme. This will pay you compensation should VitalityHealth, as your insurer, be unable to pay your claim because we have become insolvent or gone out of business.

For more information call 0800 678 1100 or go to [www.fscs.org.uk](http://www.fscs.org.uk)

## CANCELLING YOUR PLAN

### In the first 14 days

If you change your mind about your Personal Healthcare plan, you can cancel it:

- Within 14 days of the start date, or
- Within 14 days of the date you received your terms and conditions

whichever is the later.

You don't have to give us a reason for cancelling. We'll give you a full refund of the premiums you've paid, as long as no claims have been made on your plan during this time. These cancellation rights also apply every time you renew your plan.

### After the first 14 days

If for any reason you decide to cancel your plan after the 14 day period, please let us know either by telephoning, emailing or writing to the customer services team that administers your plan. We will refund any premiums you have paid that relate to the period after your cancellation date. Please note that we will not backdate cancellation or pay for any treatment that takes place after your last day of cover. If you cancel your plan prior to the end of the 12 month term your plan covers, we reserve the right to charge an administration fee of £40.

**This brochure is intended to provide you with a summary of the benefits of our Personal Healthcare plan. However it does not describe in full the plan terms and conditions which you receive when you join us. If you would like to see these sooner, please ask us for a copy or speak to your adviser.**

**For an independent guide on what to look for when choosing a plan, we recommend you download the Guide to Buying Private Medical Insurance by the Association of British Insurers.**

## IMPORTANT REGULATORY INFORMATION

VitalityHealth is a trading name of Vitality Health Limited and Vitality Corporate Services Limited. Vitality Health Limited, registration number 05051253 is the insurer that underwrites this insurance plan. Vitality Corporate Services Limited, registration number 05933141 acts as an agent of Vitality Health Limited and arranges and provides administration on insurance plans underwritten by Vitality Health Limited. Registered office at 3 More London Riverside, London, SE1 2AQ. Registered in England and Wales.

Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority. Vitality Health Limited is authorised by the Prudential Regulation Authority and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

## FIND OUT MORE

For more information visit our  
website [vitality.co.uk](http://vitality.co.uk)