



A Guide to Personal Healthcare



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 more information on each Insurance Product Information Document (IPID). This provides a short summary of the key product information so you can make an informed decision. You can find full details in the terms and conditions document we send you when you join. 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.

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Why private medical insurance?

Private Medical Insurance (PMI) gives you fast access to high-quality private medical facilities and medical treatments, at a time and place that suits you. It also plays an equally important role in helping fund the cost of early diagnosis and treatment of acute conditions.

✓ Fast access to private medical treatment

✓ Flexible cover to suit your needs

✓ Access to a wide range of hospitals

✓ Access to the latest drugs and treatment

✓ Choice of consultant

✓ Comfort and privacy at a time when you need it most



Why Vitality?

We take a unique approach to healthcare - responding to the full spectrum of our members' healthcare needs. This spans from promoting a healthy lifestyle, to providing digital tools to help you navigate the healthcare system, and delivering comprehensive cover for onward treatment when you need it.

As well as offering 5 Star Defaqto rated healthcare, our product is underpinned by the Vitality Programme, the world's largest health promotion programme linked to insurance. By incentivising you to get healthier, we generate value for all stakeholders. You benefit from improved health and financial value through our rewards; Vitality as an insurer benefit from reduced healthcare costs; and society benefits from a reduced burden on healthcare. We call this Shared Value Insurance.

Already got private medical insurance with another provider?


Depending on your medical history and your answers to our lifestyle questions, we could beat your renewal premium when you switch to Vitality.

Speak to your financial adviser to find out more.

Award-winning private medical insurance

We believe it's the way insurance should be



 **Plus, clear, easy-to-understand renewal pricing**

We use a simple A, B, C formula of Age, Base inflation of medical costs and Claims to work out your annual price change. A, B, C pricing also gives you more control over future premiums, by rewarding you for healthy habits. The higher your Vitality status, the lower your price change, whether you make a claim or not.

5 reasons to choose health insurance from Vitality



1 Full Cover Promise

We want you to have the peace of mind that you are covered in full. As part of our Core Cover, we promise to pay for recognised consultants' and anaesthetists' fees in full for in-patient and day-patient treatment. This means that you will never be faced with a shortfall, provided your treatment is eligible.



2 Digital Care Access

When you are seeking care, we empower you to access the support and treatment you need through a range of primary and digital care services. Vitality GP provides access to virtual GP consultations, as well as prescriptions. You can also self-refer for physio and mental wellbeing treatments like CBT available online or face-to-face. You can request care and manage your claims through the online Care Hub, putting you in control of your treatment journey.



3 Advanced Cancer Cover and screenings

All VitalityHealth Personal Healthcare plans include Advanced Cancer Cover. This provides comprehensive cover for the treatment of the cancer, including full cover for biological and targeted therapies. We also provide access to preventative treatment as well as personalised support and guidance from our specialist team at every stage of the treatment journey. To address the 5 most common types of cancers that impact our members (breast, prostate, bowel, cervical and skin), we help our members understand their cancer risk and access appropriate screenings.



4 Mental Health Support

We offer a comprehensive end-to-end approach to mental health - from prevention and maintenance to early intervention, and comprehensive treatment for more severe conditions. As part of Core Cover, you can get a 12-month subscription to leading mindfulness app, Headspace on us, as up to eight Talking Therapies sessions. Plus, our Mental Health Cover option provides additional comprehensive cover for out-patient, in-patient and day-patient treatment.



5 Vitality Programme

All members get access to the Vitality Programme, which is evidenced to drive improvements in behaviour and long-term health, with engaged members improving their mortality risk by up to 49% and their life expectancy up to 4.8 years¹. You get the tools to help understand your health risks and engage in healthy behaviour, as well as the incentive to do so through compelling discounts and rewards.

¹Life Claims and Benefits Report 2024

We help you build a plan that's right for you



Our Core Cover gives you access to private GP video consultations within 48 hours and a Full Cover Promise. Plus, it helps keep you healthy, because we reward you for getting active.

We also understand that not everyone wants the same level of cover, so we have different options for you to tailor your plan.

Here's how it works

1

Start with Core Cover

All our plans start with Core Cover, which has a variety of benefits. *Find out more from page 7*

- Everyday Care
- Out-patient surgical procedures
- Physiotherapy
- Mental Health support
- In-patient and day-patient treatment
- Advanced Cancer Cover
- Additional benefits

2

Choose your Cover Options

To create a plan that suits your needs and budget, you can choose from a range of options. *Find out more from page 10*

- Out-patient Cover
- Mental Health Cover
- Therapies Cover
- Optical, Dental and Hearing Cover
- Worldwide Travel Cover

3

Tailor your plan

You can tailor your plan further, by choosing a panel or hospital option, a level of excess and choosing which type of underwriting suits your needs. *Find out more from page 14*

- Panel and hospital options
- Excess
- Underwriting

The three step Vitality Programme

As well as award-winning cover, we give you something back when you get healthier, meaning you can benefit without having to claim.

Find out more from page 18.



Understand your health



Get healthier



Get rewarded



1

Start with Core Cover

All plans start with Core Cover, which has a variety of benefits. All benefits are per insured member, per plan year, unless stated otherwise. You must be treated at a hospital eligible under your plan.

Everyday care

We recognise the importance of providing quick and convenient access to some of the most common healthcare treatments. This is why, as part of their Core Cover, you have access to virtual GP consultations, up to 8 sessions of Talking Therapies, and up to 6 physiotherapy sessions each plan year.

Vitality GP¹ - Using our Vitality GP app you'll be able to have a virtual GP consultation within 48 hours. If needed, 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.

Face-to-Face GP - When a virtual consultation with a GP isn't appropriate, Face-to-Face GP enables you to have access to a minimum of two consultations from Vitality's network of Private GPs for only £20 per consultation.²

Additional Services - Through the Vitality GP app, you can refer yourself for physiotherapy or Talking Therapies, while the Vitality GPs can provide you with wellness advice and a skin analytics service.

Physiotherapy

Our Priority Physio network gives you access to over 5,700 accredited physiotherapists at over 1,800 locations.

As part of Core Cover, you can access up to six physiotherapy sessions within our Priority Physio network. Plus, access to 24/7 virtual physiotherapy support is also available through our partner Ascenti Reach.

Mental health support

Our approach to Mental Health seeks to provide support, regardless of your state of health - whether this be the opportunity to engage in positive, preventative health behaviours, or quick access to counselling and Cognitive Behavioural Therapy.

Headspace - As part of Core Cover, you can access a 12 month* subscription to leading mindfulness app, Headspace.

Talking Therapies - Up to 8 sessions of Cognitive Behavioural Therapy or counselling per year through our Talking Therapies network. Vitality is the only leading insurer that doesn't exclude any conditions or apply underwriting to Talking Therapies, ensuring that all members have access to this crucial support.

You can also add our Mental Health Cover option, to give you unlimited access to Talking Therapies, up to £1,500 Out-patient Cover and up to 28 days of in-patient cover per episode, plus 28 days of day-patient treatment. You will also be covered for multiple episodes of care during the year, should you need it.



Care Hub

The fast, easy way to get healthcare.

With Care Hub, you can arrange to see a Vitality GP fast, at a time to suit you. You can arrange up to six physiotherapy or up to eight mental health sessions, without the need for a GP referral. You can choose your consultant - and book an appointment straight away. You can also keep track of your claim at every stage, including instant online approvals for follow-up treatment, to give you complete, end-to-end control.

Plus, if you need to speak to us about your claim, you can easily connect to the right team, giving you the peace of mind that there's always someone on hand to keep things moving forward.

¹The Vitality GP app is compatible with Apple iOS 12.0 and above or Android 6.0 and above. It's not compatible with Blackberry, Amazon or Windows Phone devices. ²Members with hospital list London Care can access unlimited appointments, those on Countrywide or Consultant Select will have access to two appointments per plan year. *Excludes Sleepcasts and Soundscapes

Out-patient surgical procedures

We pay for surgical procedures where you are treated as an out-patient. Full cover.

In-patient and day-patient treatment

Hospital fees - 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. Full cover.

Consultant fees - 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. Full cover.

Diagnostic tests - 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 MRI, CT and PET scans you may require during your admission to hospital. Full cover.

Advanced Cancer Cover

Our Advanced Cancer Cover provides you with comprehensive treatment and support, should you need it. We not only provide full cover for the latest treatments and technologies to treat cancer, Advanced Cancer Cover also includes access to screenings and preventative treatment, as well as personalised support and guidance from our specialist team at every stage of the treatment journey. To address the 5 most common types of cancers that impact our members (breast, prostate, bowel, cervical and skin), we help our members understand their cancer risk and access appropriate screenings.

Refer to the table below to see some of the features of VitalityHealth's Advanced Cancer Cover:

Cancer risk assessment	A personal cancer risk assessment provided by Check4Cancer for bowel, breast, cervical, prostate and skin
Cancer screening	Discounted screenings are provided by Check4Cancer for bowel, breast, cervical, prostate and skin
Chemotherapy and radiotherapy	Full cover
Biological therapy, targeted therapy and immunotherapy	Full cover
Hormone therapies and bisphosphonate therapy	Full cover
Cancer surgery and reconstructive surgery	Full Cover
Scalp cooling	Full Cover
Wigs and restyling	Up to £300 per condition
Mastectomy bras and external prostheses	Up to £200 per condition for mastectomy bras and up to £5,000 per condition for external prostheses
Follow-up consultations	Full cover
Cancer Treatment Support Programme	Personalised health and wellbeing support before, during and after treatment
End of life care	Pain relief plus the services of a qualified nurse at home for up to 14 days (max £1,000 per day) , specialist pathway for members with non-curative diagnosis



Additional benefits

NHS hospital cash benefit - If you choose to get treatment on the NHS, rather than being treated privately through your plan, we give you a cash amount.

In-patient treatment - £250 per night up to a maximum of £2,000 per plan year.

Day-patient treatment: £125 per day up to a maximum of £500 per plan year.

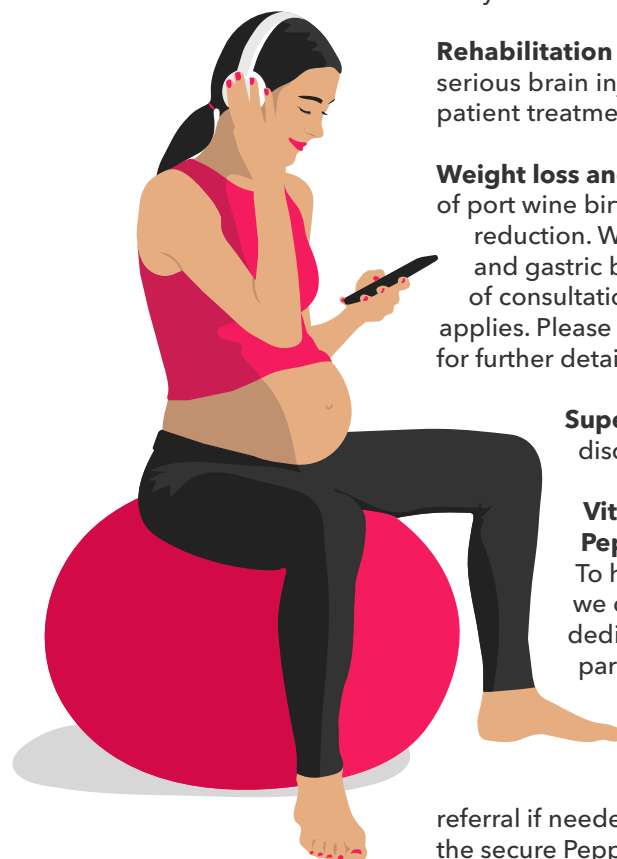
Childbirth cash benefit - we'll give you a cash payment following the birth or adoption of a child (the payment following a birth only applies if you have had the plan for at least 10 months). We pay once per child even if both parents are covered on the plan. £100 per child.

Home nursing - if your consultant recommends home nursing instead of more in-patient treatment, we pay for it. It can get you back on your feet more quickly after a stay in hospital. Full cover.

Private ambulance - the use of a private ambulance for transfer between hospitals, whether NHS or private, if a consultant recommends it as medically necessary. Full cover.

Parent accommodation - you might have a child under 14 on your plan. If they need to stay overnight in hospital, we pay for hospital accommodation so that a parent can stay with them. Full cover.

Oral surgery - surgical removal of impacted teeth or 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. **Full Cover in specified circumstances.**



Pregnancy complications - in-patient and day-patient treatment if you suffer from ectopic pregnancy, miscarriage, missed abortion, still birth, post-partum haemorrhage, retained placental membrane or hydatidiform mole. **Full Cover for specified conditions.**

Rehabilitation - rehabilitation treatment following a stroke or serious brain injury. Up to 21 days immediately following in-patient treatment.

Weight loss and corrective surgery - including the removal of port wine birthmarks on the face, ear reshaping and breast reduction. We also cover weight loss surgery (gastric bypass and gastric banding). Subject to a 25% contribution to the cost of consultations and package of treatment. Eligibility criteria applies. Please visit vitality.co.uk/health-insurance/core-cover for further details.

SuperCarers Services - access to care advice and discounted care services for you and your family.

Vitality Menopause Support, in partnership with Peppy -

To help ease the transition through menopause, we created Vitality Menopause Support, a service dedicated to menopause support and care in partnership with leading digital health platform, Peppy.

Peppy connects you to real-life menopause practitioners. It includes one-to-one instant messaging and video or phone consultations, help with symptom management, treatment referral if needed, peer support and regular live broadcasts, all on the secure Peppy app.

2

Customise your plan with Cover Options

To make sure you get exactly the plan you want we give you the option to tailor your cover. You can add any of these options to your Core Cover. All benefits are per insured member, per plan year, unless we state otherwise.

Out-patient Cover

Members with Out-patient Cover benefit from full cover for MRI, CT and PET scans, and physiotherapy arranged through our Priority Physio network.

We offer up to six physiotherapy sessions as part of our Core Cover through our Priority Physio network. However, adding Out-patient Cover means physiotherapy through our Priority Physio network is covered in full. You can also use a physiotherapist outside of our network and can only claim up to £35 per session, which will be deducted from any selected Out-patient Cover limit:



Out-patient Cover - You can choose from the following levels £500, £750, £1,000, £1,250 or £1,500. The limit will apply to out-patient consultations, consultant appointments and other diagnostic tests, as well as physiotherapy that isn't arranged through our Priority Physio network.



Full Cover for Diagnostics - Upgrade your Out-patient Cover so that out-patient diagnostic tests are covered in full. Only your consultations, consultant appointments and physiotherapy that isn't arranged through our Priority Physio Network would be covered up to the Out-patient Cover limit you've chosen.



Full Out-patient Cover - Full cover for out-patient consultations, consultant appointments, and diagnostic tests. Physiotherapy not arranged through our Priority Physio network is also covered up to £35 a session.





Mental Health Cover

We believe in the importance of providing a holistic solution to mental health, allowing you to proactively engage with healthy mental wellbeing activities, to quickly access out-patient mental health support, and provide you with more comprehensive treatment when required.

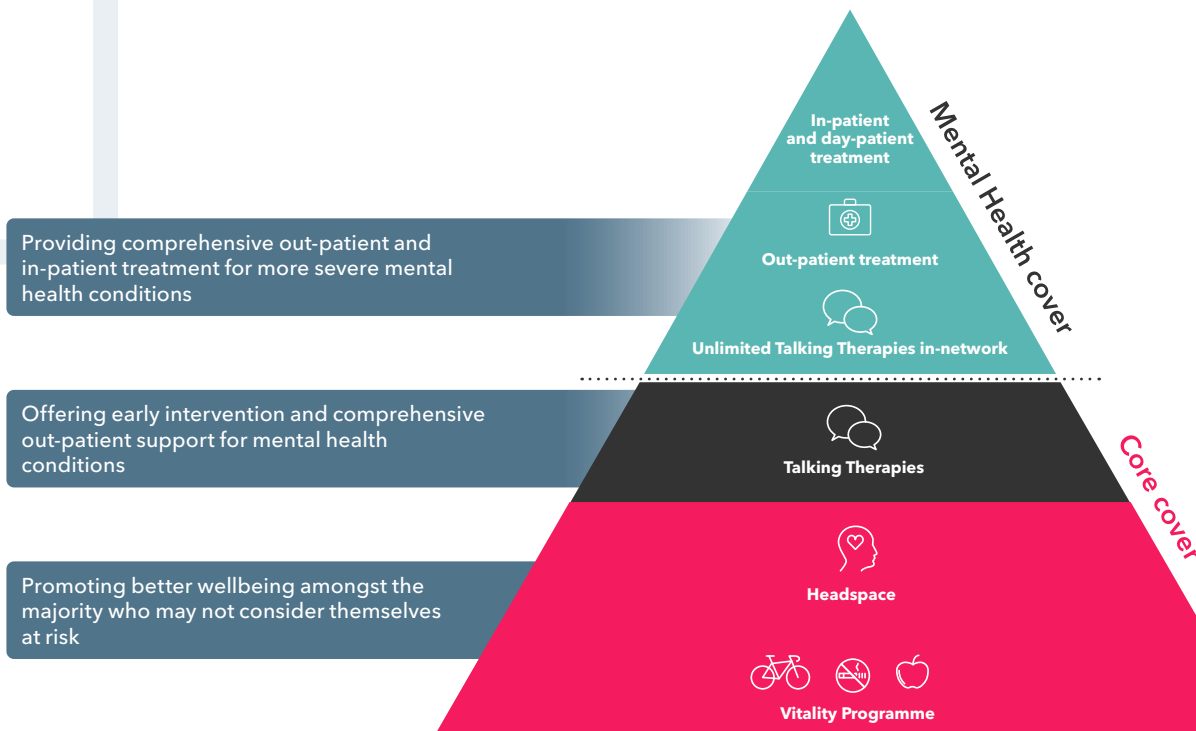
That's why we're the only insurer to offer all members mental health support as part of Core Cover and give you the option to add our additional Mental Health Cover should you wish to tailor your plan.

The Mental Health Cover option provides:

- Full Cover for Talking Therapies (where clinically appropriate).
- £1,500 towards other out-patient cover (outside Talking Therapies network, e.g. with a psychiatric consultant).
- Up to 28 days of in-patient cover per episode, plus 28 days of day-patient treatment. You are covered for multiple episodes of care during the year, should you need it*.

Therapies Cover

Includes chiropractic treatment; osteopathy; chiropody/podiatry; acupuncture; homeopathy; and two consultations with a dietician following a GP or consultant referral. **Full Cover.**



*After 56 days without in-patient or day-patient treatment, we'll fully restore your benefit limits covering you for further episodes of care during your plan year.

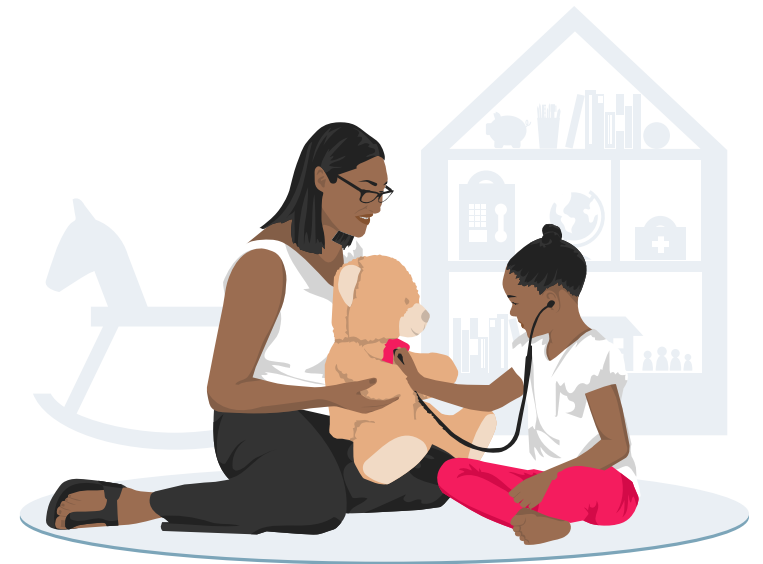


Optical, Dental and Hearing Cover

Optical, Dental and Hearing Cover combines three benefits into a single, high-value cover option. It's designed to help meet some of your most common healthcare costs, from routine check-ups and preventative care, to dental procedures and prescription glasses. It also contributes towards other significant needs like hearing aids and the costs of restoring appearance after dental accidents.

- **Optical** - Contributes towards the cost of eyesight tests, along with a new pair of prescription glasses or a year's supply of contact lenses. Benefit available for each new prescription issued after your plan starts.
- **Dental** - Helps to cover the costs of preventative care such as check-ups and hygienists' fees, and major treatments like fillings, crowns and dentures. Plus, we'll contribute towards the costs resulting from a dental accident.*
- **Hearing** - Contributes towards the costs of hearing tests and new prescription hearing aids.

	Cover amount	Reimbursement
Optical	Vision Express: £500 per plan year Any other recognised provider: £300 per plan year	Vision Express: 100% Any other recognised provider: 80%
Dental	Routine: (e.g. check-ups and hygienist fees): £100 per plan year Major: (e.g. fillings and crowns): £400 per plan year Emergency: (dental accidents): £2,500 per claim, maximum two claims per plan year	Routine: 100% Major: 80% Emergency: 100%
Hearing	£300 per plan year	80%

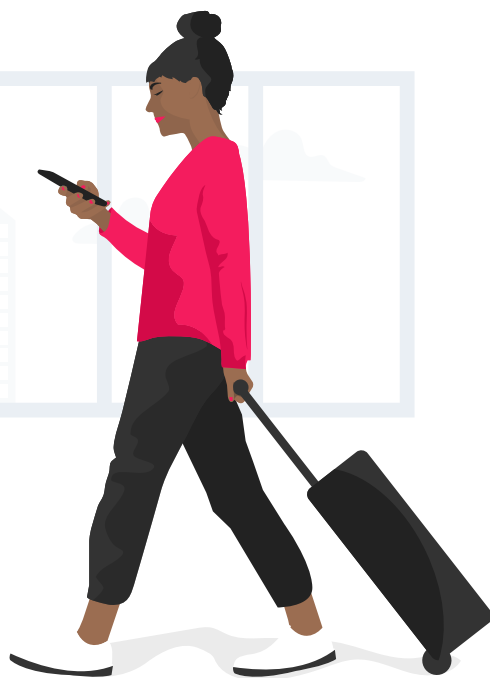


*If the treatment takes place within the first 6 months, then you must have completed a check-up with your regular dentist and have completed all recommended dental treatment in the 15 months before your cover started.



Worldwide Travel Cover

Our Worldwide Travel Cover includes up to £10 million emergency medical expenses overseas, as well as lost luggage and delayed flights. Plus, it helps pay for anti-malarial treatment and common travel vaccinations so you are protected abroad. We offer cover for up to 120 days in duration, as long as you're aged 64 or under when the benefit is added to your plan. This option covers you up to these limits:



Overseas Medical Expenses

Medical cover if taken ill overseas. Including accommodation costs and travel expenses for one person to remain behind with the sick or injured member*	Up to £10 million
Repatriation expenses*	
Transfer of body or ashes back to the UK	
Cost of burial or cremation outside the UK	Up to £2,500

Other travel expenses

Loss of or damage to personal belongings*	Up to £3,000
Loss of personal money*	Up to £1,000
Delayed departure	Up to £250
Missed departure*	Up to £1,000
Cancelling the trip or cutting it short*	Up to £10,000
Personal accident	Up to £50,000
Personal liability	Up to £2 million
Loss of passport*	Up to £250
Delayed baggage*	Up to £600
Legal expenses	Up to £25,000

Winter Sports Cover (cover is limited to 21 days in total each plan year)

Loss of or damage to ski or snowboarding equipment*	Up to £500 per plan year
Loss of ski pass*	Up to £500 per plan year
Piste closure (£30 a day)*	Up to £500 per plan year
Loss of use of hired skis and ski pass due to illness or injury*	Up to £500 per plan year



In addition, we provide up to £100 per person per plan year to cover any travel vaccinations or preventative medication. This covers the following:

Anti-malarial medication

- Atovaquone/Proguanil/Malarone
- Chloroquine/Avloclor
- Doxycycline
- Mefloquine/Lariam

Vaccinations and Jabs

- Cholera
- Hepatitis A
- Hepatitis B
- Typhoid
- Tetanus
- Tuberculosis (TB)
- Meningitis
- Rabies
- Yellow fever
- Tick-borne encephalitis
- Japanese encephalitis

*You will need to pay a £50 excess on these benefits. Separate terms, conditions and exclusions apply to our Worldwide Travel Cover - please speak to your adviser.

3

Tailor your plan even further

Panel and hospital options

Option 1 - Vitality Consultant Select: The smart way to find, choose and book your consultant.

Consultant Select is a simple, fully digital way to get a referral to the right high-performing consultant for your needs.

How Consultant Select works

Through Consultant Finder on Care Hub, we provide you with a choice of Vitality-approved consultants, including Premier Consultants, from across the UK and all medical specialisms.

This means that, when you request care, you automatically get a choice of up to 10 consultants, with priority given to Premier Consultants.



Benefits of using Consultant Select



Smart - Consultant Finder uses our full network of consultants to automatically find up to 10 of the highest-ranking consultants for your condition based on specialism, performance and location.



Easy - Consultant Select offers a seamless care journey using our online Care Hub, with the option of phone-based support from our Member Care team.

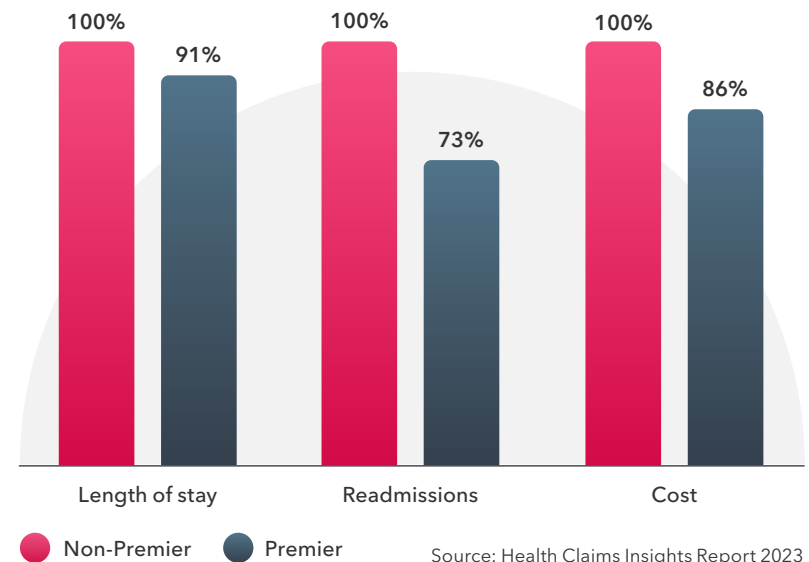


Effective - You're more likely to see a high-performing consultant, as our Consultant Finder prioritises Premier Consultants, who deliver superior performance outcomes.

Vitality Premier Consultants

Premier Consultants are shown to deliver, on average, superior performance across key measures including length of stay, re-admission rate and the need for patients to change consultants. They're indicated on the Consultant Finder by a Premier Consultant label.

Premier Consultant Performance, 2023

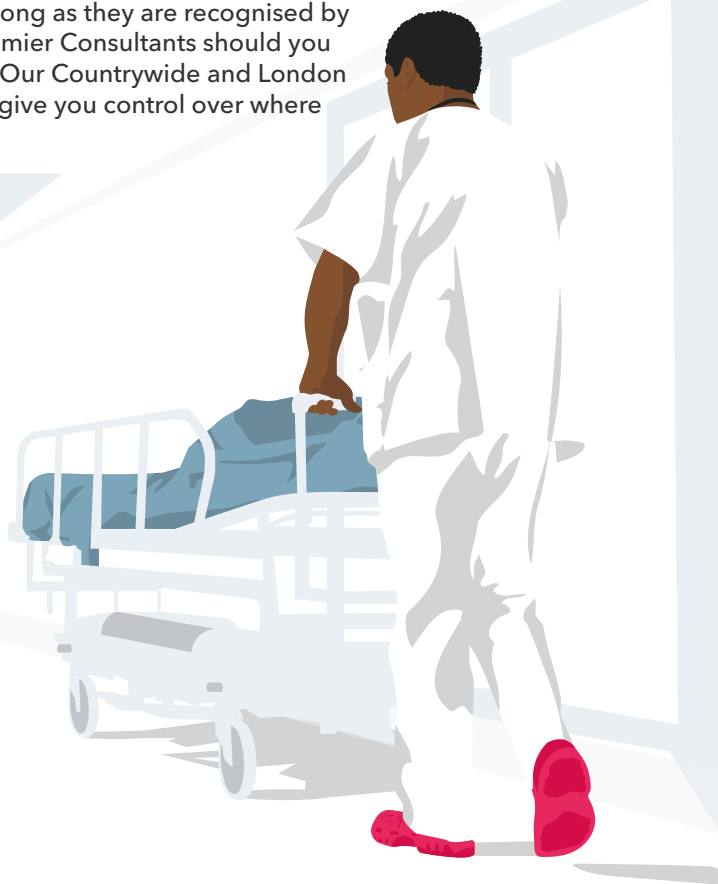


Source: Health Claims Insights Report 2023



Option 2 - Hospital List

Alternatively, you can choose the consultant that treats you, and the hospital you wish to be treated in, as long as they are recognised by us. You will still have access to our Premier Consultants should you wish to choose this treatment option. Our Countrywide and London Care lists of leading private hospitals give you control over where you are treated.



Countrywide hospital list This hospital list includes:

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

London Care This hospital list 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 choose a hospital list, and have treatment at a hospital not eligible on your plan, you will need to pay 40% of the costs (excluding consultant's 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.



£

Choose an excess

You can choose to pay a fixed cash amount - an excess - towards your treatment to tailor the cost of your premium. 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 have chosen your level of excess, you will also have a choice in the way your excess is applied:

Once each 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 treatment continues into the following plan year you will need to pay the excess again.

Each time you make a claim - If you make two or more claims in the same plan year, you will pay an excess for each claim you make. When you claim for the treatment of a particular condition, it will be considered a new claim after 12 months.



Not all claims/benefits are subject to the excess amount chosen for the plan. There are a number of benefits that will not attract an excess:

- NHS Hospital Cash Benefit
- Face-to-Face GP*
- Worldwide Travel Cover**
- Childbirth Cash Benefit
- Vitality GP
- Optical, Dental and Hearing Cover***
- Weight loss and corrective surgery****

*£20 co-payment applies. **A £50 excess may still apply to some sections of Worldwide Travel Cover. ***A co-payment may apply. ****A 25% co-payment applies.



Choose the type of underwriting that suits you

We will use underwriting to work out whether we can cover you, what we can cover you for and how much your cover will cost. 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.

1

Full Medical Underwriting

If you're happy for us to ask you about your medical history, you can choose Full Medical Underwriting. This means that you may be able to get cover for a pre-existing medical condition that would normally be excluded using other methods, giving you the peace of mind that you will be able to undergo treatment for that condition. Even if your pre-existing medical condition is excluded from cover, you'll know from the outset what you can and can't claim for.

2

Moratorium Underwriting

If you don't want to tell us about your full 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. When you apply to join, you don't need to fill in a health history questionnaire. Conditions you've had in the five years prior to joining us will be excluded until you have spent two years free of treatment, medication or advice for that condition. This means it's easy to apply and you can be covered quicker than if you choose other types of underwriting.

3

Continued Personal Medical Exclusions Underwriting (CPME/ Switch)

If you have already got a private health insurance plan with someone else, you could choose Switch and Save to ensure that you retain the closest level of health insurance cover with Vitality. When you apply, your Vitality sales representative will input your details into our Quick Quote system. You will be asked a few simple questions about your health and depending on your answers, you could get a discount on your premium.

The Vitality Programme

We encourage you to lead a healthier life and reward you for doing so.

With all Personal Healthcare plans, you get access to the Vitality Programme. This means as well as protecting you when things go wrong, we incentivise you to be healthier, and reward you for doing so.

By doing things like staying active, tracking your health and doing mindful activities, you can earn Vitality points. The healthier your efforts, the more points you earn, which contribute to your Vitality status: Bronze, Silver, Gold or Platinum.

Vitality points needed



Understand your health

When you join, register on the Vitality Member app and create your Health Profile. This gives you a Vitality Age – our scientific calculation that shows the impact of your lifestyle on your health and tips on how to be healthier.



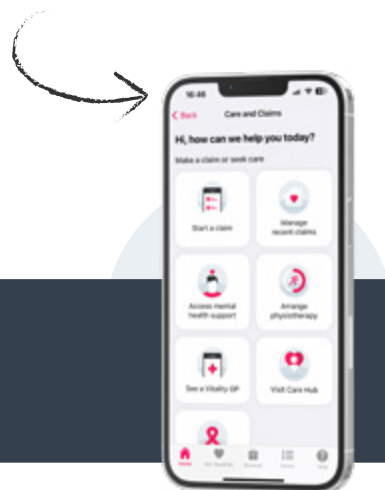
Get healthier

We give you discounts and rewards on things that can help you get healthier. We have established partnerships that offer you rich benefits which make accessing a healthy lifestyle easier.



Be rewarded

When you do healthy things, we give you points. Your healthy behaviour will be rewarded with short-term Active Rewards to keep you motivated. In addition, the points you earn will count towards your Vitality status. The more points you earn, the higher your status becomes. Everyone starts at Bronze and then you can work your way up through Silver, Gold and finally Platinum. Your Vitality status gives you something to aim for. It means you can see your efforts paying off.



To find out more, download the Vitality Member app.

About VitalityHealth

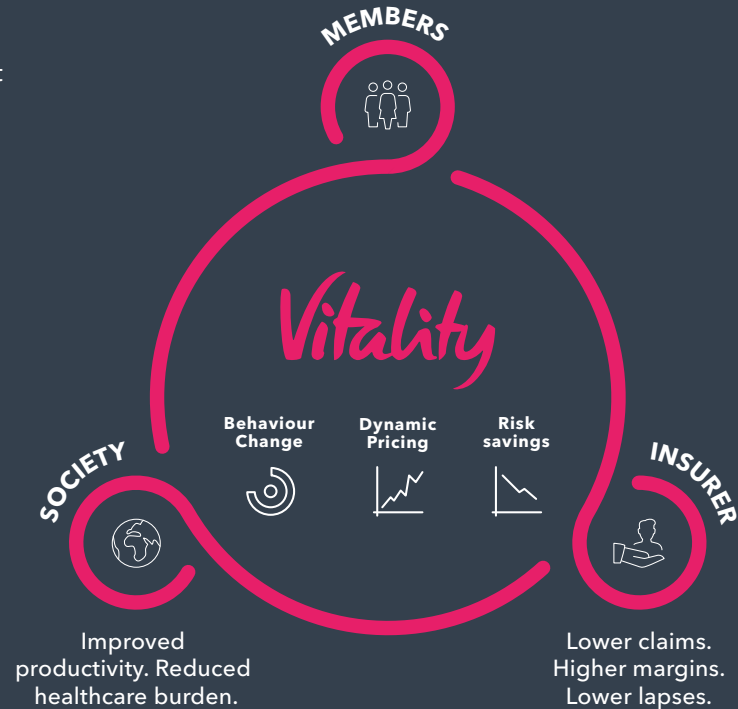
VitalityHealth is part of the Discovery Group, founded in 1992 and now operating in 40 markets worldwide.

VitalityHealth's core purpose is to enhance and protect your life, which is why we make it easier and more affordable for you to get healthier as well as providing you with quality care.

VitalityHealth is different to other insurers, as we realise that health risk is closely linked to people's lifestyle behaviour. This underpins our Shared-Value Insurance Model. By incentivising and encouraging our members to be healthier, not only do they benefit from improved health and wellbeing, but VitalityHealth as an insurer benefits from insurance savings from healthy members who are less likely to claim. These savings allow us to offer comprehensive cover with richer benefits, more valuable behavioural incentives, and more sophisticated pricing and underwriting. This approach benefits all stakeholders - the individual, the insurer, and broader society.



Better health, better levels of cover and better premiums.





Find out more

If there is anything else you want to know about VitalityHealth or our Personal Healthcare product, please speak to your Financial Adviser or take a look at vitality.co.uk/health.

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. You can check our authorisation on the Financial Services Register by visiting the Financial Conduct Authority's website: <https://register.fca.org.uk> or by contacting them directly on 0800 111 6768. VH S 0131_RN115951_12/24