

Private Medical Insurance



Insurance product information document

Company: Vitality Health Limited

Product: Personal 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 Personal Healthcare plan is designed for individuals resident in the United Kingdom, who want to insure against the costs of unexpected private medical treatment for themselves and their family. 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. By engaging in healthy living they can also help control their premiums.



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 with a Vitality GP
- ✓ Health Advice Line - helpline for 24-hour medical advice from a clinical adviser
- ✓ 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 therapy or counselling within our Talking Therapies network.

Physiotherapy

- ✓ Up to 6 sessions per plan year if undertaken within our network of providers

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/chiroprody and up to two consultations with a dietician
- Optical, Dental and Hearing Cover - dental check-ups and treatment, sight and hearing tests, and new prescription glasses and hearing aids

Benefit limits may apply where not stated.

Other options available

(These can help control your premiums)

Hospital options to choose from:

- Consultant Select, Countrywide, 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 each time you make a claim

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



What is not insured?

- ✗ Monitoring of, and routine treatment for, long-term (chronic) conditions
- ✗ Emergency treatment
- ✗ Cosmetic treatment
- ✗ Most preventative treatment
- ✗ Self-harm, alcohol abuse and drug abuse
- ✗ Childbirth, birth control and infertility
- ✗ Treatment that takes place outside the UK



Are there any restrictions on cover?

- ! You 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 and have been resident in the UK and registered with a UK GP for a minimum of six months prior to joining us.
- ! Conditions you had prior to joining us may not be covered immediately.
- ! Some conditions you had prior to joining us may never be covered.
- ! You 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 Hearing Cover option).



Where am I covered?

- ✓ You are covered for treatment taking place in the United Kingdom, Channel Islands and Isle of Man only.



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 you, or any person on your plan, moves house or otherwise changes their contact details.
- Inform us if you, or any person on your plan, are no longer resident in the United Kingdom.
- Ensure your treatment is eligible under your plan, by contacting us in advance.
- Pay any excess or co-payment that applies to your plan.
- Tell us if the condition for which you require treatment has been caused by another person.



When and how do I pay?

You may pay monthly, quarterly or annually, by Direct Debit. 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 your 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. If you wish to cancel your cover at any other time, we reserve the right to charge an administration fee of £40.