



# The VitalityHealth claims guarantee

**The VitalityHealth Claims Guarantee applies to Business Healthcare plans of 20 or more insured employees switching to VitalityHealth from a UK private medical insurance plan with another provider, on Continued Personal Medical Exclusions (CPME) or Medical History Disregarded (MHD) underwriting terms.**

We know that changing insurer can add to the worry for employees and their family members who are in the middle of a course of treatment, or about to start one. That's why we make a clear, fair and simple commitment to all Business Healthcare clients with 20 or more insured employees who switch to VitalityHealth from another insurer.

VitalityHealth will accept any treatment pre-authorised by the previous insurer, even if it is not eligible on the VitalityHealth plan, providing:

- ✓ The previous insurer had pre-authorised the treatment in the three months prior to the member's start date with us, and the treatment takes place within three months of their start date with us; and
- ✓ The treatment did not become ineligible as a result of a client choosing a lower level of cover or a more restrictive hospital network than our nearest equivalent to their previous plan; and
- ✓ No additional personal medical exclusions were applied at the time of joining us that made the treatment ineligible.

Subject to these conditions, we will also cover treatment taking place at a hospital no longer available to the member on their VitalityHealth plan, providing it had been agreed by the previous insurer.

## Supporting your employees with their care while switching to Vitality

Our dedicated Switch Support team can help answer any queries and provide support with ongoing claims. You can contact us at [switchsupport@vitality.co.uk](mailto:switchsupport@vitality.co.uk)



### Please note:

1. We will ask for documentation confirming that the member's treatment and choice of hospital had been accepted by the previous insurer, or documents which detail their previous level of cover. We may be unable to authorise the treatment until such documentation is produced.
2. We maintain comparisons between other insurer's plan options and VitalityHealth's plan options, and we use this to determine 'our nearest equivalent' cover and hospital network choices when a client requests a quotation from us on Continued Personal Medical Exclusions (CPME) or Medical History Disregarded (MHD) underwriting terms. If a client chooses different cover options or an alternative hospital network than those we have matched their previous plan to, and the treatment pre-authorised by their previous insurer becomes ineligible as a result of this choice, the claims guarantee will not apply.
3. This guarantee applies to a specific course(s) of treatment pre authorised by a client's previous insurer. All new or subsequent courses of treatment will be assessed according to the terms and conditions of the VitalityHealth plan.
4. If there is an excess on the VitalityHealth plan, or the member is claiming for a benefit that requires a co-payment, this will be applied according to the terms and conditions of the VitalityHealth plan.
5. In all other respects, the terms and conditions of the VitalityHealth plan will continue to apply.

For more information please speak to your adviser or visit our website [adviser.vitality.co.uk/health-insurance/](https://adviser.vitality.co.uk/health-insurance/)