Target Market and Fair Value Assessment

This assessment has been prepared by VitalityHealth to provide an overview of our Personal Healthcare products.

It is intended to help distributors decide whether the products are suitable for the demands and needs of their clients, and whether they will provide fair value.

Further details of our products can be found at:

vitality.co.uk/health-insurance/

vitality.co.uk/advisers/
(FOR ADVISERS)

Personal Healthcare

We carry out an assessment of our Personal Healthcare products, at least annually, to ensure they continue to meet the needs of customers in the target market, are distributed appropriately and continue to provide fair value. These assessments also identify who the product would not be suitable for and/or where the products would not provide fair value.

Our most recent assessment, in September 2024, concluded that the Personal Healthcare products:

- remain consistent with the needs of customers in the identified target market
- offer fair value to customers in the intended target market and are expected to for a reasonably forseeable period
- are distributed appropriately.

Our Personal Healthcare plan is designed for individuals resident in the United Kingdom, Channel Islands or Isle of Man who want to insure against the costs of unexpected private medical treatment for themselves and their family.

It 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.

The plan covers the costs of necessary medical treatment that takes place privately in the UK, that the customer could otherwise choose to undertake on the National Health Service (NHS). The plan is designed to accommodate a range of budget levels, by providing a number of product, excess and acceptance options.

Our Personal Healthcare plan is suitable for distribution directly by VitalityHealth or through intermediaries, and it is also available for purchase online. The product can be distributed on either an advised or non-advised basis. Any customers buying on a non-advised basis will need to be confident about performing their own research on the options available to them in the UK health insurance market, and deciding which product is suitable for their needs.

Fair Value Assessment Summary

Our fair value assessments consider the performance of the Personal Healthcare products for the intended target market. Our most recent review concluded that the main Personal Healthcare plan, as well as the Worldwide Travel Cover we offer as an additional product, provide fair value to customers for the premiums we charge.

Additional charges – Vitality

In the event that a customer decides to cancel their plan during their plan year (i.e. not at the renewal date or during the cooling off period) then we reserve the right to make a charge of £40 to cover the additional administration that this involves. It is our assessment that the application of this charge does not prevent customers from obtaining fair value from their plan.

Additional charges – distributors

If a distributor applies additional charges on top of the premium for the product, Vitality requires that these charges, when taking into account the services provided by the distributor, do not prevent the customer from obtaining fair value.

We assessed the information provided by distributors on additional fees and charges they levy as part of the sale of the product to the customer, or during the term of the customer holding the product. Overall, we found that these charges, where they existed, did not prevent the customer from obtaining fair value from the product. If we identify any cases where a specific distributor's charges do prevent the customer from receiving fair value, we will be in touch with the distributor to discuss next steps.

Our Personal Healthcare plan is not suitable or would not provide fair value for customers who:

- do not live in the UK (Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man) for at least 180 days each plan year. By plan year we mean the 12 month period beginning on their plan start date and each 12 month period thereafter
- have not been resident in the UK, and registered with a UK GP, for at least six months prior to the plan starting
- are aged under 18 or over 79 at the time they are taking out their plan.

In addition, our Personal Healthcare plan is not suitable for customers whose primary reason for wanting cover is any of the following:

- they have a chronic condition, and are looking for cover against the costs of regular check-ups and tests to monitor this condition
- they want to be covered immediately for a condition they are already suffering from, or have suffered from in the past. This is unless they currently have a plan with another provider, in which case we may agree to accept them with these pre-existing conditions. Otherwise, these conditions may either be excluded from cover completely, or may be excluded for a period of time after the plan starts
- they want cover for emergency medical care in the UK
- they want cover for a procedure that is only carried out for cosmetic reasons
- they want cover for childbirth, birth control or infertility
- they want to have treatment outside the UK.

For full details of the plan benefits and what the plan does not cover – which may indicate other reasons why the plan is not suitable for some customers – please refer to the Personal Healthcare Membership Guide (plan terms and conditions).

Our Worldwide Travel Cover option can be added to a Personal Healthcare plan. This option is not suitable, or would not provide fair value, for customers who are:

- aged over 64 at the time they take out the cover
- wanting cover for planned treatment taking place outside the UK
- looking to be covered for a single trip outside the UK of short duration
- seeking cover for trips outside the UK lasting more than 120 days each
- wanting cover for trips outside the UK involving extreme sports or high risk activities
- suffering from a terminal condition, or a condition that is likely to require treatment during a trip away
- looking to cover an event they already know is likely to occur.

For full details of the Worldwide Travel Cover plan benefits, along with what it does not cover, please refer to the Worldwide Travel Cover Membership Guide (plan terms and conditions).

Product Cover Options	Minimum age to purchase	Maximum age to purchase	Cover options available	What is covered	Offers fair value and would be suitable for
Core Cover	18	79	The foundation for all plans open for new business	Private GP consultations and private prescription charges; up to eight sessions of Talking Therapies (Counselling and cognitive behavioural therapy) undertaken within our network of providers; in-patient and day-patient hospital treatment; cancer treatment; out-patient surgical procedures; home nursing following an admission to hospital; private ambulance costs; pregnancy complications; accommodation charges for the parent of an insured child patient; rehabilitation costs; specific weight loss, corrective and oral surgeries; up to six sessions of Physiotherapy undertaken within our network of providers; cash payments for eligible treatment that does not take place privately. Access to Vitality's Healthy Living Programme is also included. This helps customers understand their health, removes many of the obstacles to living a healthy lifestyle, and rewards them for doing healthy things.	Customers who choose to only have this option will want to cover the costs of private in-patient and day-patient treatment, but are prepared to fund any out-patient treatment themselves. They would be prepared to either fund the cost of their own in-patient or day-patient mental health treatment or have such treatment on the NHS.
Out-patient Cover	18	79	Optional with the choice of the following limits applying in each plan year: £500; £750; £1,000; £1,250; £1,500; full cover (no limit)	Covered in full: MRI, CT and PET scans; physiotherapy undertaken within our network of providers. Within the chosen out-patient limit: specialist consultations; diagnostic tests; physiotherapy undertaken outside our network of providers.	Customers adding this option will want to ensure they are fully protected against the cost of expensive MRI, CT and PET scans, and physiotherapy for common musculoskeletal conditions. They will also want to ensure they have at least some protection against the cost of specialist consultations and diagnostic tests. Customers choosing a limit on their out-patient cover will be prepared for the fact that they may need to pay for some out-patient treatment themselves.
Full Diagnostic Cover	18	79	One option for members who have chosen an out-patient limit of £500, £750, £1,000, £1,250 or £1,500	When choosing an out-patient limit of £500, £750, £1,000, £1,250 or £1,500, adding this option will ensure that diagnostic tests undertaken as an out-patient, such as pathology, X-rays, ultrasound scans and ECGs, are covered in full and will not be deducted from the out-patient limit. If this option is chosen, only the costs of specialist consultations and physiotherapy undertaken outside our network of providers will be deducted from the out-patient limit.	Customers adding this option will want additional protection against the cost of diagnostic tests, or want the reassurance of knowing that their out-patient limit can be preserved for specialist consultations and a physiotherapist of their choosing.
Therapies Cover	18	79	One option offering full cover (no limit)	Osteopathy; chiropractic treatment; acupuncture; homeopathy; chiropody and podiatry; dietician consultations (max two per plan year).	Customers adding this option will want the choice of seeing different types of therapist on an out-patient basis, other than a physiotherapist.

Product Cover Options	Minimum age to purchase	Maximum age to purchase	Cover options available	What is covered	Offers fair value and would be suitable for
Mental Health Cover	18	79	One option providing 28 days in-patient treatment, plus 28 days day-patient treatment, per episode, full cover for talking therapies, and a separate £1,500 out-patient limit	In-patient and day-patient treatment in a specialist mental health hospital; consultations with a psychiatrist, psychologist or other mental health specialist; therapy sessions.	Customers adding this option will wish to cover themselves against the costs of treatment undertaken privately for mental illnesses such as depression or anxiety. While the Talking Therapies benefit available under Core Cover will be appropriate for many mental health conditions, customers selecting the Mental Health Cover option will be seeking the assurance of cover for more severe mental health issues should they arise.
Optical, Dental and Hearing Cover	18	79	One option for all members	Reimbursement (up to set limits) for the costs of dental check-ups, dental x-rays and the services of a dental hygienist; dental procedures such as fillings, crowns and root treatment; treatment by a dentist following an accidental injury; sight tests and new prescription glasses or contact lenses; and hearing tests and prescription hearing aids.	Customers choosing this option will wish to be reimbursed for some or all of the costs associated with looking after their eyesight, teeth and hearing. Customers choosing this option accept that monetary limits apply and they will be prepared to cover some of the costs themselves.
Worldwide Travel Cover	18	64	One option for all members	Overseas medical expenses; missed or delayed departure; cancellation of a trip; loss of money or passport; loss or damage to personal belongings; delayed baggage; personal accident; personal liability; legal cover; travel medication and vaccinations.	Customers adding this option will primarily wish to add cover for the cost of emergency treatment while they are taking trips outside the UK, Channel Islands or Isle of Man. They will accept that cover is only for the costs of unexpected medical treatment, that cannot wait until their return to the UK and that they will not be covered if they have been advised not to travel, or if they are unwell prior to the trip and have not sought medical advice as to whether they are fit to travel. These customers will be UK-based, and do not plan on spending more than 120 days abroad during any one trip.

Product options	Options available	What does this option provide	Offers fair value and would be suitable for
Excess	£100; £250; £500; £1,000 The excess can apply either per plan year or per claim	Applying an excess to the plan means the first expenses incurred for treatment will be paid by the customer themselves, up to their chosen excess level. Their remaining eligible expenses will be covered by the plan. Customers can choose to either pay the excess only on the first expenses incurred in each plan year, or they can pay the excess on the first expenses incurred on each new condition they claim for. If choosing to pay an excess on each new condition, the excess will be reapplied to that condition if treatment continues for more than 12 months.	Customers choosing this option will be looking to reduce their premium by paying for the first part of their treatment themselves. They will choose a level of excess that they are comfortable they can fund themselves. If they choose to pay the excess per condition, they will understand that if they have several conditions occurring in a short period of time, they will be left with a higher amount to pay.
Treatment options *(one option must be chosen)*	Consultant Select	Under this option, customers needing a specialist consultation will be referred to a consultant on our panel. These consultants have been chosen based on their treatment outcomes, clinical practices and treatment efficiency.	Customers choosing this option will want the assurance that they are seeing a quality-assured consultant, but will accept that they may only see consultants on our panel. Customers may find it beneficial to be supported in finding an appropriate consultant for their needs.
	Countrywide Hospital List	Under this option, customers needing to claim can choose from a network of private hospitals in which to have their treatment. This network includes the hospitals of most of the major hospital groups outside central London, plus all NHS private patient units and some hospitals within central London.	In addition to the option of using the Consultant Panel, customers choosing the Countrywide Hospital List will also want the option of choosing their own hospital. However, they will accept that they have only a limited number of hospitals in Central London available to them.
	London Care	Under this option, customers needing to claim can choose to be treated in any private hospital or NHS private patient unit in the UK.	Customers choosing this option will want the reassurance of knowing that, in addition to the choice of using the Consultant Panel, they can choose their own consultant and can be treated in any private hospital or NHS private patient unit in the UK.
	Guided Option *(unavailable for new business)*	Under this option, customers needing to claim can choose from a network of private hospitals in the UK. The hospital will arrange a consultant for them to see.	Customers who chose this option wanted to ensure they knew which hospitals they could be treated in, but were prepared not to choose their consultant themselves.

Product options	Options available	What does this option provide	Offers fair value and would be suitable for
Acceptance terms	Full Medical Underwriting	Choosing Full Medical Underwriting will mean that the medical history of the customer will be considered at the point they apply for a Personal Healthcare plan. Conditions the cutomer has had in the past may be excluded from cover.	Customers choosing this option would want to know exactly which conditions they have cover for from the outset of the plan. They would be willing to accept that the application process may take longer, but that in most cases subsequent claims could be approved more quickly.
	Moratorium	Choosing the Moratorium option means that there are no questions for a customer to answer about their medical history at the point of application. Instead, any medical condition that the customer has had during the five years prior to their cover start date will be excluded from cover until they have gone two years free from treatment, medication or advice for that condition following the plan start date.	Customers choosing this option would want a straightforward application process. They would understand what the moratorium clause means for their future cover. They will accept that the claims process may take longer in some cases, especially if they have only held their plan for a short time before claiming.
	Continued Personal Medical Exclusions (CPME, or 'Switch')	Customers that already have a private medical insurance plan with another insurer can choose this option. It allows them to continue the same acceptance terms with us that they have with their current insurer. We will ask a few questions about medical history. In some cases we may not be able to accept them on their current terms, or we may agree to accept them with an additional medical exclusion added.	Customer choosing this option would already have private medical insurance and would not want brand new acceptance terms. The application process is usually straightforward, but in some cases we will need to ask for futher information about medical history.

This assessment has been prepared by VitalityHealth to provide an overview of our Business Healthcare products.

It is intended to help distributors decide whether the products are suitable for the demands and needs of their clients, and whether they will provide fair value.

Further details of our products can be found at:

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(FOR ADVISERS)

Business Healthcare

We carry out an assessment of our Business Healthcare products, at least annually, to ensure they continue to meet the needs of customers in the target market, are distributed appropriately and continue to provide fair value. These assessments also identify who the product would not be suitable for and/or where the products would not provide fair value.

Our most recent assessment, in September 2024, concluded that the Business Healthcare products:

- remain consistent with the needs of customers in the identified target market
- offer fair value to customers in the intended target market and are expected to for a reasonably foreseeable period.
- are distributed appropriately.

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 helps employees to get healthier by offering discounts at a range of health partners, and incentivises them to stay healthy through a programme of rewards.

The plan covers the costs of necessary medical treatment that takes place privately in the UK, that the member of the plan could otherwise choose to undertake on the National Health Service (NHS). The plan is designed to accommodate a range of budget levels. Employers can choose from a number of product, excess and acceptance options.

Our Business Healthcare plan is suitable for distribution directly by VitalityHealth or through intermediaries, and it is also available for purchase online. The product can be distributed on either an advised or non-advised basis. Any customers buying on a non-advised basis will need to be confident about performing their own research on the options available to them in the UK health insurance market, and deciding which product is suitable for their needs.

Fair Value Assessment Summary

Our fair value assessments consider the performance of the Business Healthcare products for the intended target market. Our most recent review concluded that the main Business Healthcare plan, as well as the Worldwide Travel Cover we offer as an additional product, provide fair value to customers for the premiums we charge.

Additional charges – Vitality

On Business Healthcare plans, there are no additional charges made by Vitality in addition to the plan premium.

Additional charges – distributors

If a distributor applies additional charges on top of the premium for the product, Vitality requires that these charges, when taking into account the services provided by the distributor, do not prevent the customer from obtaining fair value.

We assessed the information provided by distributors on additional fees and charges they levy as part of the sale of the product to the customer, or during the term of the customer holding the product. Overall, we found that these charges, where they existed, did not prevent the customer from obtaining fair value from the product. If we identify any cases where a specific distributor's charges do prevent the customer from receiving fair value, we will be in touch with the distributor to discuss next steps.

Our Business Healthcare plan is not suitable or would not provide fair value for customers who:

- wish to cover employees that do not live in the UK (Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man) for at least 180 days each plan year. By plan year we mean the 12 month period beginning on their plan start date and each 12 month period thereafter.

In addition, our Business Healthcare plan is not suitable for customers whose primary reason for wanting cover is any of the following:

- have employees with chronic conditions, and are looking for cover against the costs of regular check-ups and tests to monitor these conditions
- want their employees to be covered immediately for a condition they are already suffering from, or have suffered from in the past. This is unless they currently have a plan with another provider, in which case we may agree to accept employees with these pre-existing conditions. Otherwise, these conditions may either be excluded from cover completely for those employees, or may be excluded for a period of time after their cover starts
- want their employees to be covered for emergency medical care in the UK
- want their employees to be covered for procedures that are only carried out for cosmetic reasons
- want their employees to be covered for childbirth, birth control or infertility
- want their employees to be able to have treatment outside the UK.

For full details of the plan benefits and what the plan does not cover – which may indicate other reasons why the plan is not suitable for some customers – please refer to the Business Healthcare Membership Guide (plan terms and conditions).

Our Worldwide Travel Cover option can be added to a Business Healthcare plan. This option is not suitable, or would not provide fair value, for customers who:

- particularly want to cover employees aged over 79 at the time they take out the cover
- want cover for planned treatment taking place outside the UK
- are looking to cover their employees for a single trip outside the UK of short duration
- are seeking cover for trips outside the UK lasting more than 120 days each
- want cover for trips outside the UK involving extreme sports or high risk activities
- are wanting to cover employees suffering from a terminal condition, or a condition that is likely to require treatment during a trip away
- are looking to cover an event they or their employees already know is likely to occur.

For full details of the Worldwide Travel Cover plan benefits, along with what it does not cover, please refer to the Worldwide Travel Cover Membership Guide (plan terms and conditions).

Product cover options	Minimum age for employees joining the plan	Maximum age for employees joining the plan	Cover options available	What is covered	Offers fair value and would be suitable for
Core Cover	16	No maximum age	The foundation for all plans open for new business	Private GP consultations and private prescription charges; up to eight sessions of Talking Therapies (counselling and cognitive behavioural therapy) undertaken within our network of providers; in-patient and day-patient hospital treatment; cancer treatment; out-patient surgical procedures; home nursing following an admission to hospital; private ambulance costs; pregnancy complications; caesarean sections in specified circumstances; accommodation charges for the parent of an insured child patient; rehabilitation costs; specific weight loss, corrective and oral surgeries; up to six sessions of Physiotherapy undertaken within our network of providers; cash payments for eligible treatment that does not take place privately. Access to Vitality's Healthy Living Programme is also included. This helps employees understand their health, removes many of the obstacles to living a healthy lifestyle, and rewards them for doing healthy things.	Employers who choose to only have this option will want to cover their employees for the costs of private in-patient and day-patient treatment, but will expect their employees to fund any out-patient treatment themselves. They would expect their employees to either fund the cost of their own in-patient or day-patient mental health treatment or have such treatment on the NHS.
Out-patient Cover	16	No maximum age	Optional with the choice of the following limits applying in each plan year: £500; £750; £1,000; £1,250; £1,500; full cover (no limit)	Covered in full: MRI, CT and PET scans; physiotherapy undertaken within our network of providers. Within the chosen out-patient limit: specialist consultations; diagnostic tests; physiotherapy undertaken outside our network of providers.	Employers adding this option will want to ensure their employees are fully protected against the cost of expensive MRI, CT and PET scans, and physiotherapy for common musculoskeletal conditions. They will also want to ensure their employees have at least some protection against the cost of specialist consultations and diagnostic tests. Employers choosing a limit on their out-patient cover will think it's reasonable that their employees may need to pay for some out-patient treatment themselves.
Full Diagnostic Cover	16	No maximum age	One option for members with a chosen out-patient limit of £500, £750, £1,000, £1,250 or £1,500.	When choosing an out-patient limit of £500, £750, £1,000, £1,250 or £1,500, adding this option will ensure that diagnostic tests undertaken as an out-patient, such as pathology, X-rays, ultrasound scans and ECGs, are covered in full and will not be deducted from the out-patient limit. If this option is chosen, only the costs of specialist consultations and physiotherapy undertaken outside our network of providers, will be deducted from the out-patient limit.	Employers adding this option will want their employees to have additional protection against the cost of diagnostic tests, or want them to have the reassurance of knowing that their out-patient limit can be preserved for specialist consultations and a physiotherapist of their choosing.

Product cover options	Minimum age for employees joining the plan	Maximum age for employees joining the plan	Cover options available	What is covered	Offers fair value and would be suitable for
Therapies Cover	16	No maximum age	One option offering full cover (no limit)	Osteopathy; chiropractic treatment; acupuncture; homeopathy; chiropody and podiatry; dietician consultations (max two per plan year).	Employers adding this option will want their employees to have the choice of seeing different types of therapist on an out-patient basis, other than a physiotherapist.
Mental Health Cover	16	No maximum age	One option providing 28 days in-patient treatment, plus 28 days day-patient treatment, per episode, full cover for talking therapies and a separate £1,500 out-patient limit.	In-patient and day-patient treatment in a specialist mental health hospital; consultations with a psychiatrist, psychologist or other mental health specialist; therapy sessions.	Employers adding this option will wish to cover their employees against the costs of treatment undertaken privately for mental illnesses such as depression or anxiety. While the Talking Therapies benefit available under Core Cover will be appropriate for many mental health conditions, employers selecting the Mental Health Cover option will be seeking the assurance of cover for more severe mental health issues should they arise.
Employee Assistance Programme	16	No maximum age	One option	This option provides a 24-hour dedicated helpline providing debt counselling, legal and financial advice; and confidential face-to-face counselling where required.	Employers choosing this option will want their employees to have access to support services to assist them in times of emotional, legal or financial difficulty.
Optical, Dental and Hearing Cover	16	No maximum age	One option	Reimbursement (up to set limits) for the costs of dental check-ups, dental x-rays and the services of a dental hygienist; dental procedures such as fillings, crowns and root treatment; treatment by a dentist following an accidental injury; sight tests and new prescription glasses or contact lenses; and hearing tests and prescription hearing aids.	Employers choosing this option will wish to cover their employees for some or all of the costs associated with looking after their eyesight, teeth and hearing. Employers choosing this option accept that monetary limits apply, and that their employees may have to pay some of the costs themselves.
Personal Health Fund	16	No maximum age	One option	The Personal Health Fund provides a pot of money that can be used for various common health-related expenses, including dental treatment; glasses, frames and contact lenses; private GP costs; health screens; prescriptions for chronic conditions; activity trackers; health indicator devices; and medical aids. The amount of money available to a member of the plan increases with the more healthy activity they do, and decreases with each Personal Health Fund claim made.	Employers choosing this option will want their employees to be covered for a range of common health-related expenses. They will also want to encourage their employees to live healthily with the incentive of receiving a higher level of benefit. Employers that choose to include the Optical, Dental and Hearing Cover option should consider carefully whether they will get value out of having the Personal Health Fund as well, as some of the same risks are covered by both options.

Product cover options	Minimum age for employees joining the plan	Maximum age for employees joining the plan	Cover options available	What is covered	Offers fair value and would be suitable for
Vitality at Work Business	16	No maximum age	Alternative option to Core Cover. Only available when at least ten employees on the plan have Core Cover. No other product options can be selected in addition to this option.	Private GP consultations and private prescription charges; counselling and cognitive behavioural therapy undertaken within our network of providers; physiotherapy undertaken within our network of providers. Access to key parts of Vitality's Healthy Living Programme is also included. This helps employees understand their health and removes many of the obstacles to living a healthy lifestyle.	Employers who choose this option for a category of their workforce will want them to be covered for primary care such as GP consultations, physiotherapy and mental health therapy. However, they would expect their employees to either fund the cost of their own private hospital treatment and consultant appointments or have such treatment on the NHS.
Travel Cover	16	79	Two options: Emergency Overseas Medical Expenses; Worldwide Travel Cover	The Emergency Overseas Medical Expenses option covers overseas medical expenses and repatriation or return of remains only. Worldwide Travel Cover provides cover for overseas medical expenses; repatriation or return of remains; missed or delayed departure; cancellation of a trip; loss of money or passport; loss or damage to personal belongings; delayed baggage; personal accident; personal liability; legal cover; travel medication and vaccinations.	Employers adding one of these options will primarily want their employees to be covered for the cost of emergency treatment while they are taking trips outside the UK, Channel Islands or Isle of Man. They will accept that cover is only for the costs of unexpected medical treatment that cannot wait until their return to the UK, and that their employees will not be covered if they have been advised not to travel, or if they are unwell prior to the trip and have not sought medical advice as to whether they are fit to travel. Employers choosing one of these options understand that this option is only suitable for their UK-based employees who do not plan on spending more than 120 days abroad during any one trip. Employers wanting comprehensive cover for their employees, with a high limit for medical expenses and cover for a number of additional risks, will choose the Worldwide Travel Cover option.

Product Options	Options available	What does this option provide	Offers fair value and would be suitable for
Excess	£100; £250; £500; £1,000; linked to Vitality status. The excess can apply either per plan year or per claim	Applying an excess to the plan means the first expenses incurred for treatment will be paid by the claimant themselves, up to the level chosen by the employer. The remaining eligible expenses will be covered by the plan. Employers can choose for the excess to apply only to the first expenses incurred by the claimant in each plan year, or for it to apply to the first expenses incurred by the claimant for each new condition they claim for. If the employer chooses for the excess to apply to each new condition, the excess wil be reapplied to that condition if treatment continues for more than 12 months.	Employers choosing this option will be looking to reduce their premium by asking their employees to pay for the first part of their treatment. The employer will choose a level of excess that they think is reasonable for the employee to fund themselves. If the employer chooses for the excess to apply per condition, they will understand that if an employee has several conditions occurring in a short period of time, they will be left with a higher amount to pay. Employers choosing the Vitality status-linked excess option will want the level of excess the employee pays to be dependent on to what extent that employee lives a healthy lifestyle.
Treatment options *(one option must be chosen)*	Consultant Select	Under this option, claimants needing a specialist consultation will be referred to a consultant on our panel. These consultants have been chosen based on their treatment outcomes, clinical practices and treatment efficiency.	Employers choosing this option will want the assurance that their employees are seeing a quality-assured consultant, but will accept that their employees may only see consultants on our panel. Customers may find it beneficial to be supported in finding an appropriate consultant for their needs.
	Countrywide Hospital List	Under this option, claimants can choose from a network of private hospitals in which to have their treatment. This network includes the hospitals of most of the major hospital groups outside central London, plus all NHS private patient units and some hospitals within central London.	Employers choosing this option will also want their employees to have the option of choosing their own hospital and consultant, in addition to the option of using the Consultant. However, the employer will accept that their employees will have only a limited number of hospitals in Central London available to them.
	London Care	Under this option, claimants can choose to be treated in any private hospital or NHS private patient unit in the UK.	Employers choosing this option will want the reassurance of knowing that, in addition to the choice of using the Consultant Panel, their employees can choose their own consultant and can be treated in any private hospital or NHS private patient unit in the UK.
	Guided Option *(unavailable for new business)*	Under this option, claimants can choose from a network of private hospitals in the UK. The hospital will arrange a Consultant for them to see.	Employers who chose this option wanted to ensure their employees knew which hospitals they could be treated in, but that the hospital would choose an appropriate consultant.

Product options	Options available	What does this option provide	Offers fair value and would be suitable for
Acceptance terms	Full Medical Underwriting	Choosing Full Medical Underwriting will mean that the medical history of the employees will be considered at the point they apply to join a Business Healthcare plan. Conditions the employee has had in the past may be excluded from cover.	Employers choosing this option would want their employees to know exactly which conditions they have cover for from the outset of the plan. They would be willing to accept that the application process may take longer, but that in most cases subsequent claims could be approved more quickly.
	Moratorium	Choosing the Moratorium option means that there are no questions for an employee, or their employer, to answer about their medical history. Instead, any medical condition that the employee has had during the five years prior to their cover start date will be excluded from cover until they have gone two years free from treatment, medication or advice for that condition following their cover start date.	Employers choosing this option would want a straightforward application process. They would understand what the moratorium clause means for their employees future cover. They will accept that the claims process may take longer in some cases, especially if they have only held their plan for a short time before claiming.
	Continued Personal Medical Exclusions (CPME, or 'Switch')	Employers that already have a private medical insurance plan with another insurer can choose this option. It allows their employees to continue the same acceptance terms with us that they have with their current insurer. We will ask a few questions about medical history. In some cases we may not be able to accept employees on their current terms, or we may agree to accept them with an additional medical exclusion added.	Employers choosing this option would already have private medical insurance and would not want brand new acceptance terms. The application process is usually straightforward, but in some cases we will need to ask for futher information about medical history.
	Medical History Disregarded	This option is only normally available to employers who are insuring at least 20 of their employees. It means that no personal medical exclusions are applied to the plan.	Employers choosing this option will want comprehensive cover for a significant number of employees, with a straightforward application and claims process. They will accept that this comes at a higher cost.

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It is intended to help distributors decide whether the products are suitable for the demands and needs of their clients, and whether they will provide fair value.

Further details of our products can be found at:

vitality.co.uk/health-insurance/

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(FOR ADVISERS)

Corporate Healthcare

We carry out an assessment of our Corporate Healthcare products, at least annually, to ensure they continue to meet the needs of customers in the target market, are distributed appropriately and continue to provide fair value. These assessments also identify who the product would not be suitable for and/or where the products would not provide fair value.

Our most recent assessment, in September 2024, concluded that the Corporate Healthcare products:

- remain consistent with the needs of customers in the identified target market
- offer fair value to customers in the intended target market and are expected to for a reasonably foreseeable period.
- are distributed appropriately.

Our Corporate Healthcare plan is designed for large employers who want to insure their UK-based employees against the costs of unexpected private medical treatment.

It helps employees to get healthier by offering discounts at a range of health partners.

The plan covers the costs of necessary medical treatment that takes place privately in the UK, that the member of the plan could otherwise choose to undertake on the National Health Service (NHS). The plan is designed to accommodate a range of budget levels. Employers can choose from a number of product, excess and acceptance options.

Our Corporate Healthcare plan is suitable for distribution directly by VitalityHealth or through intermediaries. The product can be distributed on either an advised or non-advised basis. Any customers buying on a non-advised basis will need to be confident about performing their own research on the options available to them in the UK health insurance market, and deciding which product is suitable for their needs.

Fair Value Assessment Summary

Our fair value assessments consider the performance of the Corporate Healthcare products for the intended target market. Our most recent review concluded that the main Corporate Healthcare plan, as well as the Worldwide Travel Cover we offer as an additional product, provide fair value to customers for the premiums we charge.

Additional charges – Vitality

On Corporate Healthcare plans, there are no additional charges made by Vitality in addition to the plan premium.

Additional charges – distributors

If a distributor applies additional charges on top of the premium for the product, Vitality requires that these charges, when taking into account the services provided by the distributor, do not prevent the customer from obtaining fair value.

We assessed the information provided by distributors on additional fees and charges they levy as part of the sale of the product to the customer, or during the term of the customer holding the product. Overall, we found that these charges, where they existed, did not prevent the customer from obtaining fair value from the product. If we identify any cases where a specific distributor's charges do prevent the customer from receiving fair value, we will be in touch with the distributor to discuss next steps.

Our Corporate Healthcare plan is not suitable or would not provide fair value for customers who:

- wish to cover employees that do not live in the UK (Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man) for at least 180 days each plan year. By plan year we mean the 12 month period beginning on their plan start date and each 12 month period thereafter.

In addition, our Corporate Healthcare plan is not suitable for customers whose primary reason for wanting cover is any of the following:

- want their employees to be covered immediately for a condition they are already suffering from, or have suffered from in the past. This is unless they currently have a plan with another provider, in which case we may agree to accept employees with these pre-existing conditions or they choose Medical History Disregarded acceptance terms for their plan members. Otherwise, these conditions may either be excluded from cover completely, or may be excluded for a period of time after their cover starts.
- want their employees to be covered for emergency medical care in the UK
- want their employees to be covered for procedures that are only carried out for cosmetic reasons
- want their employees to be covered for childbirth or birth control
- want their employees to be able to have treatment outside the UK.

For full details of the plan benefits and what the plan does not cover – which may indicate other reasons why the plan is not suitable for some customers – please refer to the Corporate Healthcare Membership Guide (plan terms and conditions).

Our Worldwide Travel Cover option can be added to a Corporate Healthcare plan. This option is not suitable, or would not provide fair value, for customers who:

- particularly want to cover employees who are aged over 79 at the time they join the plan
- want cover for planned treatment taking place outside the UK
- are looking to cover their employees for a single trip outside the UK of short duration
- are seeking cover for trips outside the UK lasting more than 120 days each
- want cover for trips outside the UK involving extreme sports or high risk activities
- are wanting to cover employees suffering from a terminal condition, or a condition that is likely to require treatment during a trip away
- are looking to cover an event they or their employees already know is likely to occur.

For full details of the Worldwide Travel Cover plan benefits, along with what it does not cover, please refer to the Worldwide Travel Cover Membership Guide (plan terms and conditions).

Product cover options	Minimum age for employees joining the plan	Maximum age for employees joining the plan	Cover options available	What is covered	Offers fair value and would be suitable for
Core Cover	16	No maximum age	The foundation for all plans open for new business. Clients can choose from the following limits applying per person per plan year: full cover; or up to £250,000 in increments of £1,000	Private GP consultations and private prescription charges; in-patient and day-patient hospital treatment; out-patient surgical procedures; rehabilitation costs; specific weight loss, corrective and oral surgeries; up to eight sessions of talking therapies and up to six sessions of physiotherapy undertaken through our network of providers. Access to Vitality's Healthy Living Programme is also included. This helps employees understand their health and removes many of the obstacles to living a healthy lifestyle.	Employers who choose to only have this option will want to cover their employees for the costs of private in-patient and day-patient treatment, but will expect their employees to fund the majority of their out-patient treatment themselves. They would expect their employees to have their cancer treatment as an NHS patient, and they would expect their employees to either fund the cost of their own in-patient or day-patient mental health treatment or have such treatment on the NHS.
Vitality Plus	18	No maximum age	Optional. Clients can choose to include this option which extends the benefits available under Vitality's Healthy Living Programme.	A number of incentives and rewards for living a healthy lifestyle.	Employers choosing this option will want to offer additional incentives and rewards to help motivate their employees to live a healthy lifestyle.
Cancer Cover	16	No maximum age	Optional. Clients can choose from the following limits applying per person per plan year: no cover; full cover; or an in-patient limit of up to £250,000 in increments of £1,000 and an out-patient limit of up to £10,000 in increments of £500 (the out-patient limit can accumulate to the in-patient limit if required).	Consultations; diagnostic tests; surgery to remove tumours; radiotherapy; chemotherapy; hormone and bisphosphonate therapy (limited to three months when not prescribed alongside chemotherapy); biological therapy, targeted therapy and immunotherapy (limited to 12 months); stem cell therapy; reconstructive surgery; follow-up consultations (limited to five years following last cancer treatment); cash payments for cancer treatment eligible under the plan that is undertaken on the NHS; end of life care.	Employers choosing this option will want their employees to have cover for the costs of treatment should they be diagnosed with cancer.
Advanced Cancer Cover	16	No maximum age	Optional. The limits chosen by the client for Cancer Cover will apply but with the additional benefits shown.	This option removes the limits that apply to Cancer Cover on biological therapies (of 12 months) and hormone and bisphosphonate therapies (of three months when not prescribed in conjunction with chemotherapy). Our Advanced Cancer Cover also adds cover for supporting treatments such as scalp cooling, wigs and external prostheses; full cover for follow-up consultations; extended end-of-life care and discounts on certain cancer risk assessments and screens.	Employers adding this option will want their employees to have the extra reassurance that there will be no limits on the use of drugs that treat cancer, and that the costs for certain supporting treatments will be covered.

Product cover options	Minimum age for employees joining the plan	Maximum age for employees joining the plan	Cover options available	What is covered	Offers fair value and would be suitable for
Out-patient Scans	16	No maximum age	Clients can choose from the following limits applying per person per plan year: full cover; or a limit of up to £2,000 in increments of £50.	MRI, CT and PET scans when referred by a consultant, and undertaken as an out-patient.	Employers choosing this option will want their employees to be covered should they need a high cost diagnostic scan.
Out-patient Cover	16	No maximum age	Optional. Clients can choose from the following limits applying per person per plan year: no cover; full cover; or a limit of up to £2,000 in increments of £50.	Covered in full: physiotherapy undertaken within our network of providers. Covered within the chosen out-patient limit: specialist consultations; diagnostic tests; physiotherapy undertaken outside our network of providers.	Employers adding this option will want to ensure their employees are fully covered for physiotherapy for common musculoskeletal conditions. They will also want to ensure their employees have at least some protection against the cost of specialist consultations and diagnostic tests. Employers choosing a limit on their out-patient cover will think it's reasonable that their employees may need to pay for some out-patient treatment themselves.
Full Diagnostic Cover	16	No maximum age	Optional. Clients can choose from the following limits applying per person per plan year: included in the out-patient cover limit; full cover; or a limit of up to £2,000 in increments of £50.	When choosing an out-patient limit of up to £2,000, adding this option will ensure that diagnostic tests undertaken as an out-patient, such as pathology, X-rays, ultrasound scans and ECGs, are covered separately and will not be deducted from the out-patient limit. If this option is chosen, only the costs of specialist consultations and physiotherapy undertaken outside our network of providers, will be deducted from the out-patient limit.	Employers adding this option will want their employees to have additional protection against the cost of diagnostic tests, or want them to have the reassurance of knowing that their out-patient limit can be preserved for specialist consultations and a physiotherapist of their choosing.
Therapies Cover	16	No maximum age	Optional. Clients can choose from the following limits applying per person per plan year: no cover; full cover; or a limit of up to £2,000 in increments of £50.	Osteopathy; chiropractic treatment; acupuncture; homeopathy; chiropody and podiatry; dietician consultations (max two per plan year).	Employers adding this option will want their employees to have the choice of seeing different types of therapist on an out-patient basis, other than a physiotherapist.

Product cover options	Minimum age for employees joining the plan	Maximum age for employees joining the plan	Cover options available	What is covered	Offers fair value and would be suitable for
Mental Health Cover	16	No maximum age	Optional. Clients can choose from the following limits applying per person per plan year: no cover; full cover; an in-patient and day-patient limit of any number of days or an in-patient and day-patient limit of any monetary amount; an out-patient limit of any monetary amount (which can accumulate to the in-patient and day-patient limit if required, providing the in-patient and day-patient limit is expressed as a monetary amount).	In-patient and day-patient treatment in a specialist mental health hospital; consultations with a psychiatrist, psychologist or other mental health specialist; therapy sessions.	Employers adding this option will wish to cover their employees against the costs of treatment undertaken privately for mental illnesses such as depression or anxiety. While the Talking Therapies benefit available under Core Cover will be appropriate for many mental health conditions, employers selecting the Mental Health Cover option will be seeking the assurance of cover for more severe mental health issues should they arise.
Pregnancy and childbirth cover	16	No maximum age	Clients can choose to cover either: specific pregnancy complications only; or specific pregnancy complications and up to £5,000 towards a caesarean section carried out as a private patient, in specified circumstances.	Pregnancy complications: ectopic pregnancy; miscarriage; missed abortion; stillbirth; post partum haemorrhage; retained placental membrane; hydatiform mole. Casearean sections covered in the following circumstances: breech presentation; multiple births; risk of mother to child transmission of infection; morbidly adherent placenta; maternal ill-health which may be worsened by a normal delivery; previous stillbirth or late miscarriage.	Employers choosing this option will want to ensure their employees are covered for a caesarean section procedure, if they have certain conditions that could endanger them or their child in the event of a normal delivery.
Childbirth cash benefit	16	No maximum age	Optional. Clients can choose from the following limits applying per employee, for each child born or adopted while on cover: no cover; or a limit of up to £250 in increments of £50.	A cash payment for the birth or adoption of a child.	Employers choosing this option will want to add a cash benefit for their employees who have a baby, or adopt a child.
Home nursing	16	No maximum age	Optional. Clients can choose from the following limits applying per person per plan year: no cover; full cover; or a limit of up to £5,000 in increments of £100.	The services of a qualified nurse at the patient's home immediately following in-patient care.	Employers choosing this option will wish to give their employees the option of recuperating at home with the support of a qualified nurse, if the consultant deems this to be medically appropriate.

Product cover options	Minimum age for employees joining the plan	Maximum age for employees joining the plan	Cover options available	What is covered	Offers fair value and would be suitable for
Private ambulance	16	No maximum age	Optional. Clients can choose from the following limits applying per person per plan year: no cover; full cover; or a limit of up to £5,000 in increments of £100.	Charges for the use of a private ambulance for transfers between hospitals.	Employers choosing this option will want their employees to be covered for the costs of transfer between hospitals, if this is required.
Parent accommodation	16	No maximum age	Optional. Clients can choose: to exclude this benefit, or for the benefit to apply only to children under a chosen age - 13, 14, 15, 16, 17 or 18.	The cost of accommodation for one insured parent to stay with their insured child in hospital.	Employers choosing this option will want to enable their employees to stay with their insured child, should they need to stay in hospital.
NHS hospital cash benefit	16	No maximum age	Optional. Clients can choose from the following limits: excluded; or up to £250 per night, in £50 increments, for in-patient care; and up to £125 per day, in increments of £25, for day-patient care. Clients can choose the maximum benefit per person per plan year for both in-patient cash benefit and day-patient cash benefit of up to £10,000, in increments of £500.	A cash amount payable for in-patient or day-patient treatment eligible under the plan, that the insured patient chooses to have as a non-paying NHS patient.	Employers choosing this option will want members to be compensated if they decide to have their treatment as an NHS patient, rather than claiming for private treatment.
Employee Assistance Programme	16	No maximum age	Optional	This option provides a 24-hour dedicated helpline providing debt counselling, legal and financial advice; and confidential face-to-face counselling where required.	Employers choosing this option will want their employees to have access to support services to assist them in times of emotional, legal or financial difficulty.
Optical, Dental and Hearing Cover	16	No maximum age	Optional	Reimbursement (up to set limits) for the costs of dental check-ups, dental x-rays and the services of a dental hygienist; dental procedures such as fillings, crowns and root treatment; treatment by a dentist following an accidental injury; sight tests and new prescription glasses or contact lenses; and hearing tests and prescription hearing aids.	Employers choosing this option will wish to cover their employees for some or all of the costs associated with looking after their eyesight, teeth and hearing. Employers choosing this option accept that monetary limits apply, and that their employees may have to pay some of the costs themselves.

Product cover options	Minimum age for employees joining the plan	Maximum age for employees joining the plan	Cover options available	What is covered	Offers fair value and would be suitable for
Personal Health Fund	16	No maximum age	Optional.	The Personal Health Fund provides a pot of money that can be used for various common health-related expenses, including dental treatment; glasses, frames and contact lenses; private GP costs; health screens; prescriptions for chronic conditions; activity trackers; health indicator devices; and medical aids. The amount of money available to a member of the plan increases with the more healthy activity they do, and decreases with each Personal Health Fund claim made.	Employers choosing this option will want their employees to be covered for a range of common health-related expenses. They will also want to encourage their employees to live healthily with the incentive of receiving a higher level of benefit. Employers that choose to include the Optical, Dental and Hearing Cover option should consider carefully whether they will get value out of having the Personal Health Fund as well, as some of the same risks are covered by both options.
Travel Cover	16	79	Clients can choose from two options: Emergency Overseas Medical Expenses; or Worldwide Travel Cover	The Emergency Overseas Medical Expenses option covers overseas medical expenses and repatriation or return of remains only. Worldwide Travel Cover provides cover for overseas medical expenses; repatriation or return of remains; missed or delayed departure; cancellation of a trip; loss of money or passport; loss or damage to personal belongings; delayed baggage; personal accident; personal liability; legal cover; travel medication and vaccinations.	Employers adding one of these options will primarily want their employees to be covered for the cost of emergency treatment while they are taking trips outside the UK, Channel Islands or Isle of Man. They will accept that cover is only for the costs of unexpected medical treatment, that cannot wait until their return to the UK and that their employees will not be covered if they have been advised not to travel, or if they are unwell prior to the trip and have not sought medical advice as to whether they are fit to travel. Employers choosing one of these options understand that this option is only suitable for their UK-based employees who do not plan on spending more than 120 days abroad during any one trip. Employers wanting comprehensive cover for their employees, with a high limit for medical expenses and cover for a number of additional risks, will choose the Worldwide Travel Cover option.

Product options	Options available	What does this option provide	Offers fair value and would be suitable for
Excess	Up to £1,000 in increments of £50; or linked to Vitality status. The excess can apply either per plan year or per claim.	Applying an excess to the plan means the first expenses incurred for treatment will be paid by the claimant themselves, up to the level chosen by the employer. The remaining eligible expenses will be covered by the plan. Employers can choose for the excess to apply only to the first expenses incurred by the claimant in each plan year, or for it to apply to the first expenses incurred by the claimant for each new condition they claim for. If the employer chooses for the excess to apply to each new condition, the excess wil be reapplied to that condition if treatment continues for more than 12 months.	Employers choosing this option will be looking to reduce their premium by asking their employees to pay for the first part of their treatment. The employer will choose a level of excess that they think is reasonable for the employee to fund themselves. If the employer chooses for the excess to apply per condition, they will understand that if an employee has several conditions occurring in a short period of time, they will be left with a higher amount to pay. Employers choosing the Vitality status-linked excess option will want the level of excess the employee pays to be dependent on the extent to which the employee lives a healthy lifestyle.
Treatment options *(one option must be chosen)*	Consultant Select	Under this option, claimants needing a specialist consultation will be referred to a consultant on our panel. These consultants have been chosen based on their treatment outcomes, clinical practices and treatment efficiency.	Employers choosing this option will want the assurance that their employees are seeing a quality-assured consultant, but will accept that their employees may only see consultants on our panel. Customers may find it beneficial to be supported in finding an appropriate consultant for their needs.
	Countrywide Hospital List	Under this option, claimants can choose from a network of private hospitals in which to have their treatment. This network includes the hospitals of most of the major hospital groups outside Central London, plus NHS private patient units and some hospitals located in Central London.	Employers choosing this option will want their employees to have the option of choosing their own hospital and consultant, in addition to the option of using the Consultant Panel. However, the employer will accept that their employees will have only a limited number of hospitals in Central London available to them.
	London Care	Under this option, claimants can choose to be treated in any private hospital or NHS private patient unit in the UK.	Employers choosing this option will want the reassurance of knowing that, in addition to the choice of using the Consultant Panel, their employees can choose their own consultant and can be treated in any private hospital or NHS private patient unit in the UK.

Product options	Options available	What does this option provide	Offers fair value and would be suitable for
Acceptance terms	Full Medical Underwriting	Choosing Full Medical Underwriting will mean that the medical history of the employees will be considered at the point they apply to join a Corporate Healthcare plan. Conditions the employee has had in the past may be excluded from cover.	Employers choosing this option would want to know exactly which conditions their employees have cover for from the outset of the plan. They would be willing to accept that the application process may take longer, but that in most cases subsequent claims could be approved more quickly.
	Moratorium	Choosing the Moratorium option means that there are no questions for an employee, or their employer, to answer about their medical history. Instead, any medical condition that the employee has had during the five years prior to their cover start date will be excluded from cover until they have gone two years free from treatment, medication or advice for that condition following their cover start date.	Employers choosing this option would want a straightforward application process. They would understand what the moratorium clause means for employees' future cover. They will accept that the claims process may take longer in some cases, especially if they have only held their plan for a short time before claiming.
	Continued Personal Medical Exclusions (CPME, or 'Switch')	Employers that already have a private medical insurance plan with another insurer can choose this option. It allows their employees to continue the same acceptance terms with us that they have with their current insurer. We will ask a few questions about medical history. In some cases we may not be able to accept employees on their current terms, or we may agree to accept them with an additional medical exclusion added.	Employers choosing this option would already have private medical insurance and would not want brand new acceptance terms. The application process is usually straightforward, but in some cases we will need to ask for futher information about medical history.
	Medical History Disregarded	This option means that no personal medical exclusions are applied to the plan.	Employers choosing this option will want comprehensive cover for a significant number of employees, with a straightforward application and claims process. They will accept that this comes at a higher cost.

Income Protection policies

(closed to new customers)

Our Income Protection Insurance policies are designed for individuals resident in the United Kingdom, who want to protect their income in the event that they are unable to work as a result of sickness or injury.

The type of policy the customer chose will have been dependent on:

- whether they wanted cover for their spouse/partner, if they had no regular income but became unable to perform certain activities of daily living ('homemaker' benefit)
- whether they were comfortable excluding any heart, cancer or mental health conditions they had previously suffered from
- how long they wanted their premiums to be guaranteed for
- to what age they wanted their cover to remain in place for (either 60 or 65).

All customers will have been comfortable with excluding conditions they had suffered from in the five years prior to the start of the policy, for a minimum of two years after the policy started.

They would also have understood that not all of their income prior to their sickness or injury would be replaced, and that benefit could be reduced if they returned to paid work.

This policy would not be suitable, or would not provide fair value, for customers wanting to protect their income in the event that they were made redundant, or were unable to find employment despite being well enough to work. The policy would no longer provide fair value if the customer retired, or ceased to work voluntarily, prior to the age at which the policy expired.

These policies are no longer available for new customers.

Critical Care policies

(closed to new customers)

Our critical care policies are designed for individuals resident in the United Kingdom, who want to protect themselves in the event they are diagnosed with a critical illness, or in the event that they are permanently unable to work due to an accident or medical condition.

Customers choosing the policy would understand that the policy only covered them up to a certain age, and for the diagnosis of a single critical illness, and would end when:

- we had paid a claim; or
- they reached their 65th birthday; or
- they died

whichever occurred first.

Customers would be comfortable that conditions they had prior to the start of the policy would be excluded from cover, unless they had informed us about them in advance and we had agreed to cover them.

They would also understand that the payment made under the plan would depend on the severity of that condition, and would be paid in stages.

These policies are not suitable, or would not provide fair value, for a customer wanting protection for injuries sustained as a result of hazardous occupations or high risk activities.

These policies are no longer available to new customers.

Home Health Care, Nursing Care and Lifetime Care policies

(closed to new customers)

Our Home Health Care, Nursing Care and Lifetime Care policies are designed for individuals resident in the United Kingdom, who want to protect themselves against the costs of care at home in the event of a physical or mental impairment.

Customers choosing one of the upgrade options would also want to be covered for the costs of care that took place in a nursing home in the event of a physical or mental impairment.

Customers choosing any of the policies would understand that the benefit available depended on the severity of the impairment, and that this would be assessed using a functional scale which is outlined in their policy terms and conditions.

They would also understand that any conditions they had prior to the policy starting would not be covered, unless they had told us about them in advance and we had agreed to cover them.

Customers would be comfortable that a waiting period would apply following the diagnosis of the impairment and benefit being payable, and that the policy has a maximum benefit that, when reached, would bring about the end of the policy.

These policies are no longer available for new customers.

Find out more.

For more information please speak to your adviser or visit our website vitality.co.uk