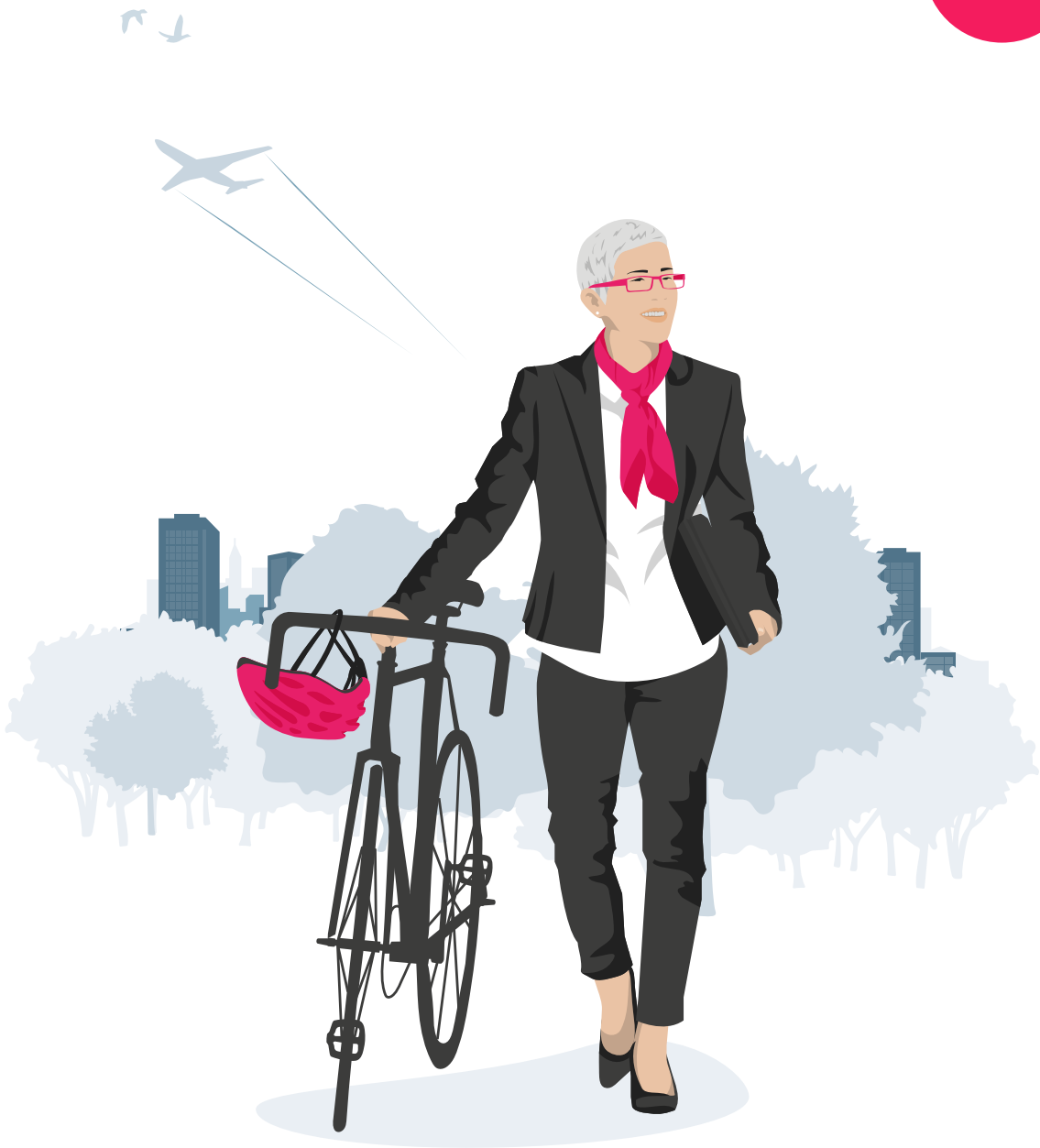




A Guide to Corporate Healthcare



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This guide provides a summary of our Corporate Healthcare cover that you need to read before deciding on the right plan for you and your employees. You can find full details in the terms and conditions document we send you when you join. If you'd like a copy sooner, please let us know.

About VitalityHealth

VitalityHealth takes a unique approach to integrating better health and better care, which truly sets us apart from any other health insurance plan in the market.

VitalityHealth's positively different insurance provides 5 Star Defaqto rated healthcare - providing your employees with an integrated primary care pathway, market-leading cover options and a Full Cover Promise.

Your plan also includes access to the Vitality Programme, which gives your employees unprecedented value, with rewards that get bigger the more active they are.

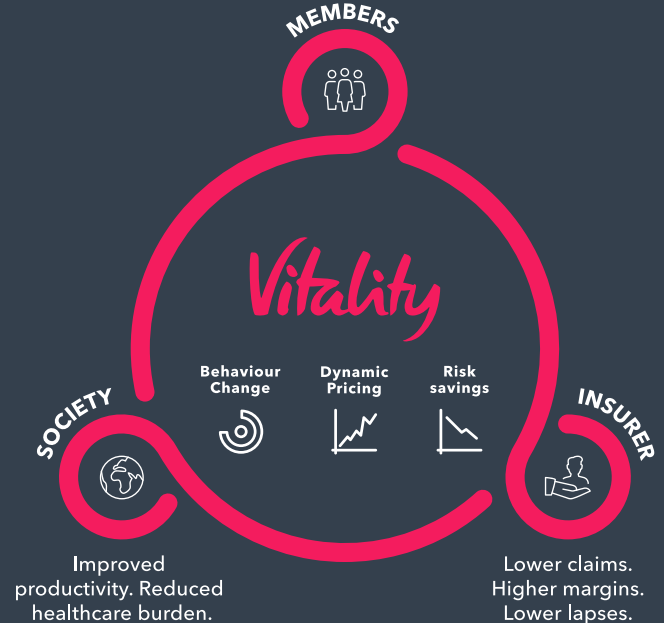
VitalityHealth's proposition is underpinned by award-winning customer service - with our dedicated team ensuring your employees receive excellent and efficient interactions with Vitality at every stage of their plan. The support offered is widely recognised in the industry, and endorsed by our members with a consistent Trustpilot score above four.

This combination of bringing award-winning care and the largest behavioural platform linked to insurance globally into one truly integrated offering is the real power of Vitality. As your employees engage with the Vitality Programme and benefit from better health, it enables us to share some of the insurance savings that emerge in the form of better product benefits and incentives - fuelling a virtuous cycle.



Shared Value Model

Better health, better levels of cover and better premiums.



VitalityHealth is part of the Discovery Group, which was founded in 1992 and now covers customers across 40 markets worldwide.

VitalityHealth's core purpose is to enhance and protect your employees' lives, which is why we make it easier and more affordable for them to get healthier as well as providing them 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.

Corporate Healthcare

Corporate Healthcare by Vitality provides a unique way of integrating health and wellness deep into the core of your organisation.

Did you know?



Better employee health



Faster employee recovery



Greater employee performance



Increased employee engagement and satisfaction

28%

fewer sickness episodes than employees who aren't engaged in the Vitality Programme.

45%

less absenteeism due to sickness than employees not engaged in the Vitality Programme.

38%

perform better at their jobs
Employees who engage with Vitality are more efficient, using the time available to them in the workplace more effectively to achieve a higher volume of work.

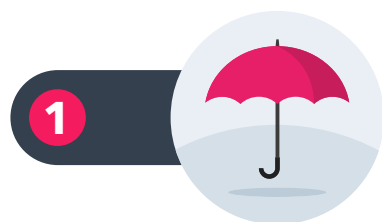
35%

greater work engagement
Also, **150%** more likely to report high job satisfaction when compared to employees not engaging with the Vitality Programme.



*Figures taken from the Vitality People Study 2018

5 reasons to choose health insurance from Vitality



1 Full Cover Promise

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



2 Digital Care Access

When your employees are seeking care, we empower them to access the support and treatment they need through a range of primary and digital care services. Vitality GP provides access to virtual GP consultations. Your employees can also self-refer online or by phone into face-to-face or remote physiotherapy or mental wellbeing treatments like Cognitive Behavioural Therapy.



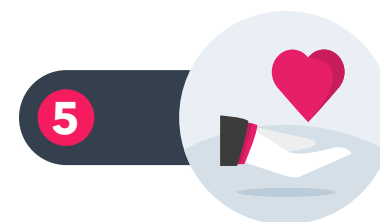
3 Advanced Cancer Cover and screenings

Corporate clients can choose to include Advanced Cancer Cover on their plan. 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 five most common types of cancers (breast, prostate, bowel, cervical and skin), we've introduced a benefit to help them 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, your employees have access to a 12 month subscription to leading mindfulness app Headspace, on us, as well as up to eight Talking Therapies sessions. Plus, our Mental Health Cover option provides additional 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 benefitting from an additional 1.5 years of improved life expectancy due to their healthier lifestyle choices¹. Your employees get the tools to help understand their health risks and engage in healthy behaviour, as well as the incentive to do so through compelling discounts and rewards.

Your cover

Primary care

Our Vitality GP app enhances the speed and efficiency with which your employees can access all our healthcare services. The app ensures that their entire primary care journey from diagnosis to treatment and recovery can be seamlessly coordinated.

Vitality GP - Using our Vitality GP* app your employees can access a private video consultation with a Vitality GP within 48 hours. If needed, the Vitality GP can directly refer your employees for the most appropriate onward treatment. Our Vitality GPs are also able to offer practical wellness tips, to help your employees stay healthier for longer.

Face-to-Face GP - When a virtual consultation with a GP isn't appropriate, your employees have access to up to two face-to-face consultations from Vitality's network of Private GPs for only £20 per consultation.

Mental health cover

We believe in the importance of providing a holistic solution to your employees allowing them to proactively engage with healthy mental wellbeing activities, quickly access out-patient mental health support and receive comprehensive treatment when required, if you choose to include this on your plan.

This is why we provide all your employees with access to Headspace, a way to access and earn points for engaging in mindfulness activities, up to eight sessions of self-referred sessions of Talking Therapies like CBT or counselling. You can also choose additional mental health cover, to provide benefits for in-patient and day-patient treatment, and additional out-patient treatment for your employees. As a corporate client your plan is flexible and you can choose the level of cover they receive.

Cancer care

VitalityHealth offers a complete cancer proposition designed to lower the risk of your employees developing cancer, with access to cancer risk assessments and screenings through check4cancer. If Out-patient Cover is selected, we will also diagnose them quickly and cover the cost of their treatment.

Advanced Cancer Cover provides your employees with comprehensive treatment and support, should they 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.

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 your employees to real-life menopause practitioners. It includes unlimited one-to-one messaging or a one-to-one

40 minute video or phone consultation with a menopause practitioner, who can provide support for your employees physical or mental wellbeing as well as provide support for symptom management. Plus, they'll get access to a variety of menopause programmes and weekly live broadcasts all on the secure Peppy app. Your employees will receive their consultation report which can then be shared with their GP for onward treatment such as HRT.



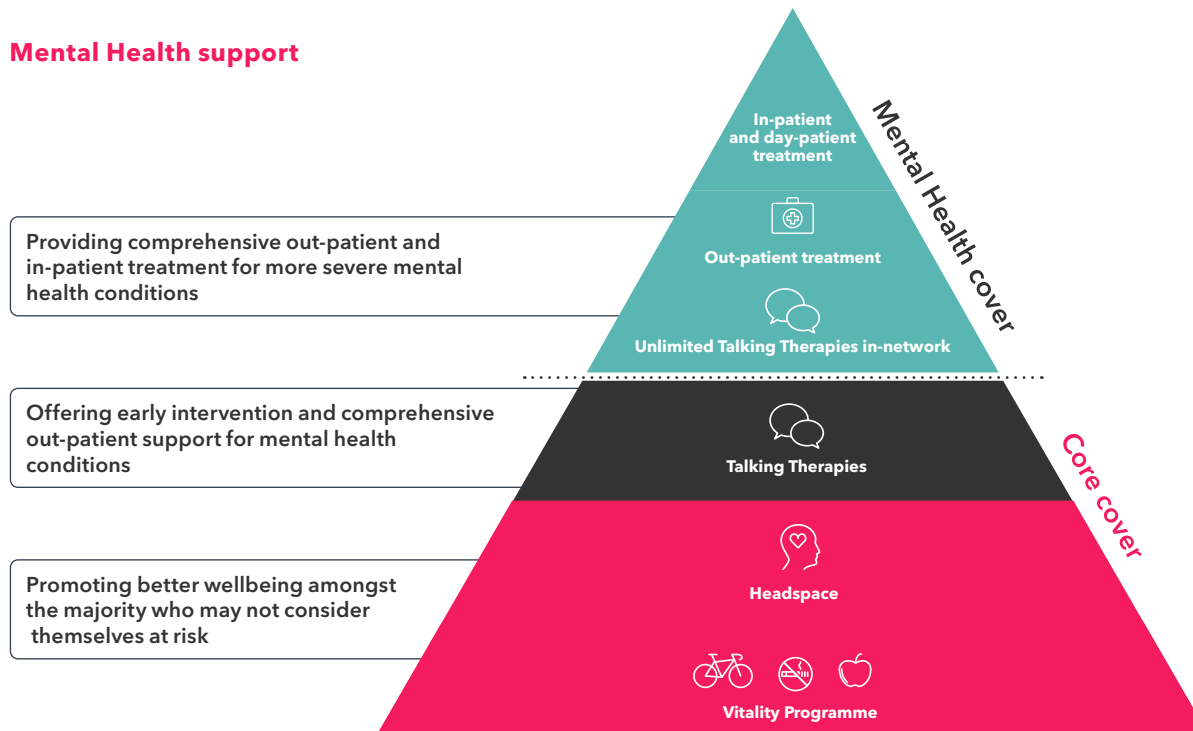
*The Vitality GP app is compatible with Apple iOS12.0 and above or Android 6.0 and above.

Vitality Care

Vitality Care is a doctor led team made up of individuals who are understanding and empathetic towards the requirements of any patient. Personal case managers are on hand to offer peace of mind and help your employees understand the advice they're being given.

The Vitality Care team make the treatment process as straightforward as possible, helping your employees and their families understand clearly how the benefits on their plan apply to each situation.

Mental Health support



Vitality Care at Champneys

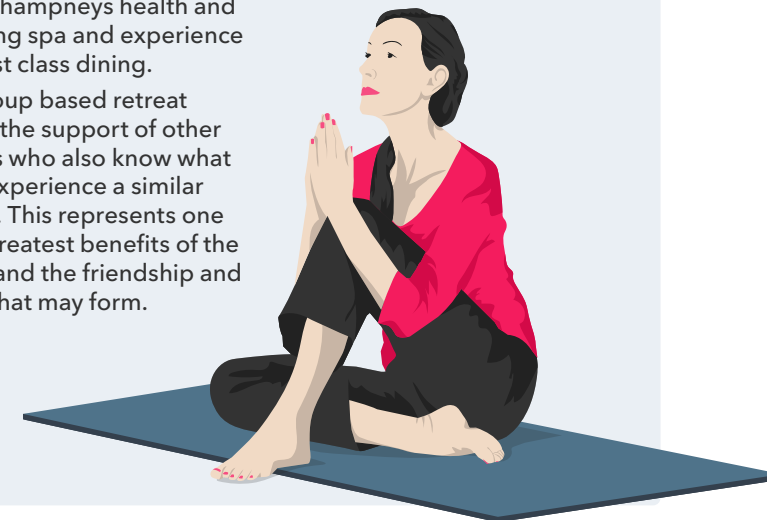


Champneys specialise in health and wellbeing, offering exceptionally high standards of both service and care. Following cancer treatment, patients are offered a place on a group-based retreat at the Champneys resort in Tring, Hertfordshire.

The retreat consists of an overnight stay with two full days access to spa facilities. During their stay at Champneys patients learn how to help manage the psychological, physical and emotional side effects that often come with treatment and recovery. This will be done through optional and set sessions including mindfulness, exercise classes and treatments.

Also included will be a one-to-one consultation with a health professional of their choice. This could be a doctor, nutritionist, mental health therapist, personal trainer or physiotherapist. In addition to this, they will have free time to unwind in the luxury of the Champneys health and wellbeing spa and experience their first class dining.

As a group based retreat there is the support of other patients who also know what it is to experience a similar journey. This represents one of the greatest benefits of the retreat and the friendship and bonds that may form.



Your Plan Options

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



Core Healthcare Benefits

Vitality GP	Unlimited (subject to fair usage)
Face-to-Face GP	Up to 2 consultations at £20 each*
Private prescriptions and minor diagnostic tests**	Up to £100
Talking Therapies	Up to 8 sessions of cognitive behavioural therapy (CBT) or counselling.
Physiotherapy	Up to 6 physiotherapy sessions within our Priority Physio network.
Digital skin diagnostics	Once per plan year
Hospital care and surgical treatment	Choose Full cover; or A limit of up to £250,000 in increments of £1,000
• In-patient and day-patient hospital fees	
• In-patient and day-patient consultant fees	
• Out-patient surgical procedures	
• Complications of pregnancy	
• Oral surgery	
• Corrective surgery (25% co-payment)	
• Weight loss surgery (25% co-payment)	

*For unlimited face-to-face appointments for your employees you can add the London Care hospital list to your plan for an extra fee.

**Prescriptions are available through Vitality GP or Face to Face GP services. Minor diagnostic tests are available upon Face to Face GP referral.

Cover Options	Benefits	Flexible Options
Cancer Cover	<p>Cancer Cover</p> <p>All costs relating to the treatment of cancer from the point of diagnosis, with the following limitations:</p> <ul style="list-style-type: none"> • 12 months for biological therapy, targeted therapy or immunotherapy • 3 months for hormone or bisphosphonate therapy <p>Advanced Cancer Cover</p> <p>All costs relating to the treatment of cancer from the point of diagnosis, plus:</p> <ul style="list-style-type: none"> • 14 days cover for end-of-life home nursing, up to a maximum of £1,000 per day • full cover for scalp cooling • up to £200 for mastectomy bras and up to £5,000 for external prostheses • up to £300 for wigs and restyling; 	<p>Excluded; or</p> <p>you can add full cover for either Cancer Cover or Advanced Cancer Cover; or choose one of the following limits for Cancer Cover or Advanced Cancer Cover:</p> <ul style="list-style-type: none"> • In-patient - up to £250,000 in increments of £1,000 • Out-patient - up to £10,000 in increments of £500 • Option for out-patient limit to accumulate to the overall in-patient limit
Cancer Cash Benefit	<p>£100 each time:</p> <ul style="list-style-type: none"> • a member spends the night in hospital, or • is admitted as a day-patient to hospital, or • undergoes chemotherapy or radiotherapy in hospital up to a maximum of £10,000 per annum 	<p>Included when you select one of our cancer options</p>
NHS Hospital Cash Benefit	<p>A cash amount payable for each night spent as an in-patient in an NHS hospital, for treatment that the member could have undertaken privately.</p> <p>A cash amount payable for each day-patient admission to an NHS hospital, for treatment that the member could have undertaken privately.</p>	<p>Excluded; or</p> <p>In-patient - a limit of up to £250 per night in increments of £50, and</p> <p>Day-patient - a limit of up to £125 per admission in increments of £25, and</p> <p>Combined - a limit per plan year of up to £10,000 in increments of £500</p>

Your Plan Options - continued

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

Cover Options	Benefits	Flexible Options
Childbirth Cash Benefit	A cash payment on the birth or adoption of a child	Excluded; or A limit of up to £250 per child in increments of £50
Caesarean Section	<p>The hospital fees and the charges of a surgeon and anaesthetist for a caesarean section carried out as an in-patient or day-patient at a hospital eligible under the plan, in the following circumstances:</p> <ul style="list-style-type: none"> • breech presentation • multiple births • risk of mother to child transmission of infection • morbidly adherent placenta • maternal ill-health which the obstetrician confirms may be worsened by a normal delivery • previous stillbirth or late miscarriage • history of three or more consecutive miscarriages 	Excluded; or Up to £5,000
Rehabilitation	Treatment undertaken in a specialist rehabilitation centre immediately following in-patient treatment for a stroke or serious brain injury	Excluded; or A limit of 21 days
Home Nursing	Charges for the services of a qualified nurse at the member's home following a period of in-patient treatment, if deemed necessary and appropriate by the member's consultant	Excluded; or Full cover; or Up to £5,000 in increments of £100
Private Ambulance	Charges for the use of a private ambulance for transfer between hospitals, whether NHS or private, if a consultant deems it medically necessary	Excluded; or Full cover; or Up to £5,000 in increments of £100

Cover Options	Benefits	Flexible Options
Out-patient Scans	MRI, CT and PET scans undertaken as an out-patient	Excluded; or Full cover; or A limit of up to £2,000 in increments of £50
Out-patient Cover	Out-patient consultations Physiotherapy	Excluded; or Full cover; or A limit of up to £2,000 in increments of £50 Extended cover for physiotherapy. Even if you choose limited Out-patient Cover, physiotherapy from our Priority Physio network will be covered in full and won't be deducted from the Out-patient Cover limit. Physiotherapy with a provider outside our network will be deducted from the Out-patient Cover limit, and is subject to a maximum contribution of £35 per session.
Out-patient diagnostic tests	X-rays, ultrasound scan, blood tests, other pathology and radiology	Excluded; or Full cover; or Included in the chosen Out-patient Cover limit; or A limit of up to £2,000 in increments of £50
Therapies Cover	<ul style="list-style-type: none"> • Chiropractic treatment • Osteopathy • Acupuncture • Homeopathy • Chiropody • Podiatry • Up to 2 consultations with a dietician 	Excluded; or Full cover; or A limit of up to £2,000 in increments of £50
Parental accommodation	The cost of hospital accommodation so that an insured parent of a child covered on the plan can stay with them	Excluded; or Only applying to covered children aged under one of the following age limits: 13, 14, 15, 16, 17 or 18

Your Plan Options - continued

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

Cover Option	Benefits	Flexible Options
Mental Health Cover	<p>In-patient and day-patient care at a specialist mental health facility</p> <p>Out-patient consultations with a psychiatrist or clinical psychologist</p> <p>Out-patient Therapies Cover for counselling and cognitive behavioural therapy</p>	<p>Excluded; or</p> <p>Full Mental Health Cover;</p> <p>or choose one of the following limits:</p> <ul style="list-style-type: none"> • In-patient - any number of days or any monetary amount • Out-patient - any monetary amount • Option for out-patient limit to accumulate to in-patient limit (providing the in-patient limit is expressed as a monetary amount) <p>Note that in the case of talking therapies, the eight sessions included in the Core Healthcare Benefits will be used first, and only the cost of additional sessions will be deducted from any out-patient mental health limit.</p>
Personal Health Fund	<p>A fund to use for common medical expenses such as:</p> <ul style="list-style-type: none"> • Dental expenses • Optical costs • £100 towards a fitness device • Private GP consultations • Chronic prescription costs • Health assessments • Key health indicators • Medical aids 	<p>Exclude: or</p> <p>Include Personal Health Fund -</p> <p>£75 per adult on completion of the Health Profile, followed by £50 for each increase in Vitality status during the plan year. Unused funds are carried forward to the following plan year, where further increases to the funds can be earned. Maximum retained balance of £1,000 per adult.</p>

Cover Option	Benefits	Flexible Options
Employee Assistance Programme	<p>Helpline for debt counselling, legal and financial advice</p> <p>Telephone counselling</p> <p>Up to six sessions of face to face counselling</p>	<p>Exclude; or</p> <p>Include Employee Assistance Programme</p>
Optical, Dental and Hearing Cover	<p>Optical</p> <p>Contributes towards the cost of sight tests, a new pair of prescription glasses or a year's supply of contact lenses. Benefit available for each new prescription issued after the plan starts.</p> <ul style="list-style-type: none"> • Our network partner - £500 per plan year with 100% reimbursement. • Any other recognised provider - £300 per plan year with 80% reimbursement. <p>Dental</p> <ul style="list-style-type: none"> • Routine: (e.g. check-ups and hygienist fees): £100 per plan year with 100% reimbursement. • Major: (e.g. fillings and crowns): £400 per plan year with 80% reimbursement. • Emergency: (dental accidents): £2,500 per claim, maximum two claims per plan year with 100% reimbursement. <p>Hearing</p> <ul style="list-style-type: none"> • Hearing tests and new or replacement hearing aids: £300 per plan year with 80% reimbursement. 	<p>Exclude; or</p> <p>Include combined benefits of Optical, Dental and Hearing Cover</p>

Your Plan Options - continued

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

Cover Option	Benefits	Flexible options
Worldwide Travel	Comprehensive cover for trips outside of the UK up to 120 days each, providing an emergency medical expenses benefit of up to £10 million, as well as cover for cancellation and loss of personal belongings during your employees' trip. This also includes vaccination and preventative medication cover which includes 11 common jabs and anti-malarial treatment.	<p>Up to £10 million</p> <p>Up to £2,500</p> <p>Up to £3,000</p> <p>Up to £1,000</p> <p>Up to £1,000</p> <p>Up to £250</p> <p>Up to £1,000</p> <p>Up to £10,000</p> <p>Up to £50,000</p> <p>Up to £2 million</p> <p>Up to £250</p> <p>Up to £600</p> <p>Up to £25,000</p> <p>Up to £1,000</p>
	This benefit cannot be chosen in addition to Emergency Overseas Cover. All limits are per trip, unless otherwise stated.	
	*Your employees will need to pay a £50 excess on some of the benefits.	
	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*	
	• Repatriation expenses*	
	• Transfer of body or ashes back to the UK	
	• Cost of burial or cremation outside the UK	
	Other Travel Expenses	
	• Loss of or damage to personal belongings*	
	• Loss of personal money*	
	• Loss of or damage to business machines*	
	• Delayed departure	
	• Missed departure*	
• Cancelling the trip or cutting it short*		
• Personal accident		
• Personal liability		
• Loss of passport*		
• Delayed baggage*		
• Legal expenses		
• Replacement employee travelling costs*		

Exclude; or
Include

Cover Option	Benefits		Flexible options
Worldwide Travel - Continued	Travel vaccinations or preventative medication.		
	<ul style="list-style-type: none"> • Anti-malarial medication (Atovaquone/Proguanil/Malarone, Chloroquine/Avloclor, Doxycycline, Mefloquine/Lariam) • Vaccinations and jabs - Up to £100 per plan year (Cholera, Hepatitis A, Hepatitis B, Typhoid, Tetanus, Tuberculosis (TB), Meningitis, Rabies, Yellow fever, Tick-borne encephalitis, Japanese encephalitis) 		
	Winter Sports Cover (limited to 21 days in total each plan year)		
	<ul style="list-style-type: none"> • Loss of or damage to ski or snowboarding equipment* 	Up to £500 per plan year	Exclude; or Include
	<ul style="list-style-type: none"> • Loss of ski pass* 	Up to £500 per plan year	
	<ul style="list-style-type: none"> • Piste closure (£30 a day)* 	Up to £500 per plan year	
	<ul style="list-style-type: none"> • Loss of use of hired skis and ski pass due to illness or injury* 	Up to £500 per plan year	
	Separate terms, conditions and exclusions apply to our Worldwide Travel Cover - please speak to your adviser if you would like to see these.		
Emergency Overseas Cover (can't be chosen in addition to Worldwide Travel Cover)	<ul style="list-style-type: none"> • 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 £10,000,000	Exclude; or Include
The cover applies to trips of up to 120 days	<ul style="list-style-type: none"> • Repatriation or evacuation expenses* • Transfer of body or ashes back to the UK 		
*Your employees will need to pay a £50 excess on these benefits	<ul style="list-style-type: none"> • Cost of burial or cremation outside the UK 	Up to £2,500	



Your Employee Excess

You can choose for your employees to pay an excess towards their treatment. We work with you to ensure that the excess meets your organisation and employees needs.

Excess options

The excess is the amount paid by your employees before their Vitality plan becomes liable for the cost of their treatment.

You can choose from the following options:

- No excess; or
- An excess amount of up to £1,000 in increments of £50

Vitality status-linked excess

Alternatively, you can choose for your employees' excess to be linked to their Vitality status. If your employees take steps to get healthier and improve their Vitality status, they can save on their excess payment, meaning that they could end up not having to pay any excess at all if they need to make a claim.

There are two options available. You can choose to add a starting excess of either £250 or £150. The excess may be 'per claim' or 'per person per plan year'.

Vitality status	Bronze	Silver	Gold	Platinum
Excess amount	£250	£100	No excess	No excess
Excess amount	£150	£100	£50	No excess

Regardless of which excess level or option you choose, these excess levels won't apply when making claims for NHS Hospital Cash Benefit, Cancer Cash Benefit, Childbirth Cash Benefit, Face-to-Face GP and Weight Loss and Corrective Surgeries or costs relating to Vitality GP.

We also wouldn't apply this excess to claims made under the Optical, Dental and Hearing Cover option, Worldwide Travel Cover and Emergency Overseas Cover, where a different excess may apply.

Once you've chosen an excess, you choose whether your employees pay:

- > **Once per plan year**, even if they make two or more claims in the same plan year. If their claim carries on into the next plan year, they'll need to pay the excess again. This applies to each person included on the plan.
- > **Each time they make a claim**. If they make two or more claims in the same plan year, they'll have to pay an excess for each claim they make. When they claim for treatment of a particular condition, we consider it a new claim after 12 months, so they'll need to pay the excess again for any treatment after this point. This applies to each person included on the plan.





Your Employee Treatment Options

We understand it is important for you to ensure that your employees get the best treatment at the right hospital to meet their needs. That is why we provide access to three treatment options, London Care, Countrywide and Consultant Select.

London Care

This option includes:

- All private hospitals in the UK which meet our quality requirements
- All NHS hospitals with private facilities in the UK

Countrywide

This option includes:

- All hospitals from the UK's largest private hospital groups, Nuffield Health, Spire Healthcare, Circle Health and Ramsay Health Care
- A number of select local providers, including Aspen Healthcare and the New Victoria Hospital
- The London Clinic, The Hospital of St John & St Elizabeth, King Edwards VII's Sister Agnes Hospital in Central London. If you choose our Advanced Cancer Cover option, your employees will also have access to 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

Consultant Select

We provide your employees with a choice of three appropriate consultants from our network. The consultants will be chosen based on location and required specialism, as well as their treatment outcomes, clinical practice and treatment efficiency.

How it works

Once your employees get a referral from the Vitality GP or NHS GP, we support them in finding an appropriate consultant, and offer them a choice of at least three consultants who are available and located close to your employee's home.

A cost-effective alternative

Consultant Select is a cost effective way to access private healthcare, because your employees are referred to the right consultant from the outset and, as the consultant has demonstrated good patient outcomes, overall treatment costs will be lower.

Treatment at a hospital not eligible on your plan

If an employee does not have a hospital list included on their plan, then they will need to get their treatment authorised by us. We will not pay for the treatment if we have not authorised it in advance.

If a hospital list has been included on your employees plan, they must use a hospital on that list. If they use a hospital that is not on the list, they will have to pay 40% of the costs of the treatment (excluding consultant's fees). Even if they do decide to use a hospital not on their list they must still ensure the hospital or facility they use, and the consultant that treats them, is recognised by us.

To avoid any doubt about whether treatment will be covered, your employees should always have their treatment authorised by us in advance.





Your acceptance terms

We can accept your employees for cover using one of four different methods. The one that is right for your business will depend on the level of medical information you want your employees to provide, and the extent to which you want them to be covered for conditions they already have had in the past.

I. Medical history disregarded underwriting

If you already have or are requesting cover for your employees on a Medical History Disregarded basis, this means that we will not take into account your employees' previous medical history and will proceed without medical underwriting exclusions being applied.

When your employees need to make a claim, they will need to contact us or use Care Hub in order to pre-authorise the treatment to ensure that their claim is eligible under your plan terms and conditions.

II. Full medical underwriting

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

III. Moratorium underwriting

If you don't want us to ask your employees about their medical history, you can choose Moratorium acceptance terms. This means that your employees will not initially be covered for any conditions they have had in the five years prior to their cover with us starting. However, those conditions will become eligible for cover if the employee is a member of the plan with us for two continuous years without receiving any treatment, medication or advice for that condition.

IV. Continued personal medical exclusions underwriting (cpme/switch)

If you've already got a company health insurance plan with someone else, you could choose Continued Personal Medical Exclusions acceptance terms.

Please ask your intermediary for full details of our options or to see our terms and conditions which are available on request.



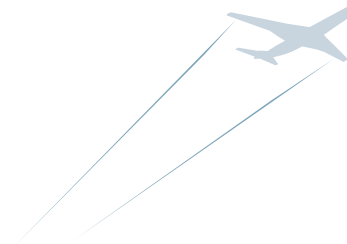


Healthcare Trust

An alternative way for you and your employees to enjoy all the same benefits of our unique health and wellness cover.

Trusts provide an HMRC-compliant approach for employers to fund healthcare benefits for their employees. They differ from insurance in that the employer is not charged a premium, but instead takes on the responsibility for funding all qualifying claims (even if they are higher than expected).

However, it can also benefit from lower contribution costs if benefit claims are lower than predicted, making these arrangements particularly suitable to larger schemes with stable claims experience.



Key advantages of a trust arrangement

Years where claims are low can lead to lower contributions being required from the employer.

The employer has more flexibility to fix the healthcare benefits a Trust will pay for, each year.



Key disadvantages of a trust arrangement

In a high claim year, the employer's contribution can be larger than predicted. 'Stop Loss' insurance can be bought to help mitigate this.

Tax rules prevent the trustees or employer granting discretionary benefits, meaning that the benefit rules must be fixed at the start of each year and complied with during that year. Changes to the benefit basis can be made at the start of the next year. Not all benefit options are available under a Trust arrangement.

The Vitality Programme

When you choose Vitality Plus, the Vitality Programme is fully integrated into your plan.

We use actuarial science to create effective engagement strategies and compelling incentives that drive long-term behaviour change and real business results. You can choose to build your plan with or without Vitality Plus. If you choose Vitality Plus your employees will get access to our full range of partners. Including Vitality Plus will change the premium you pay. Vitality Select is included as standard.

+ Vitality Plus

✓ Vitality Select



Understand your health



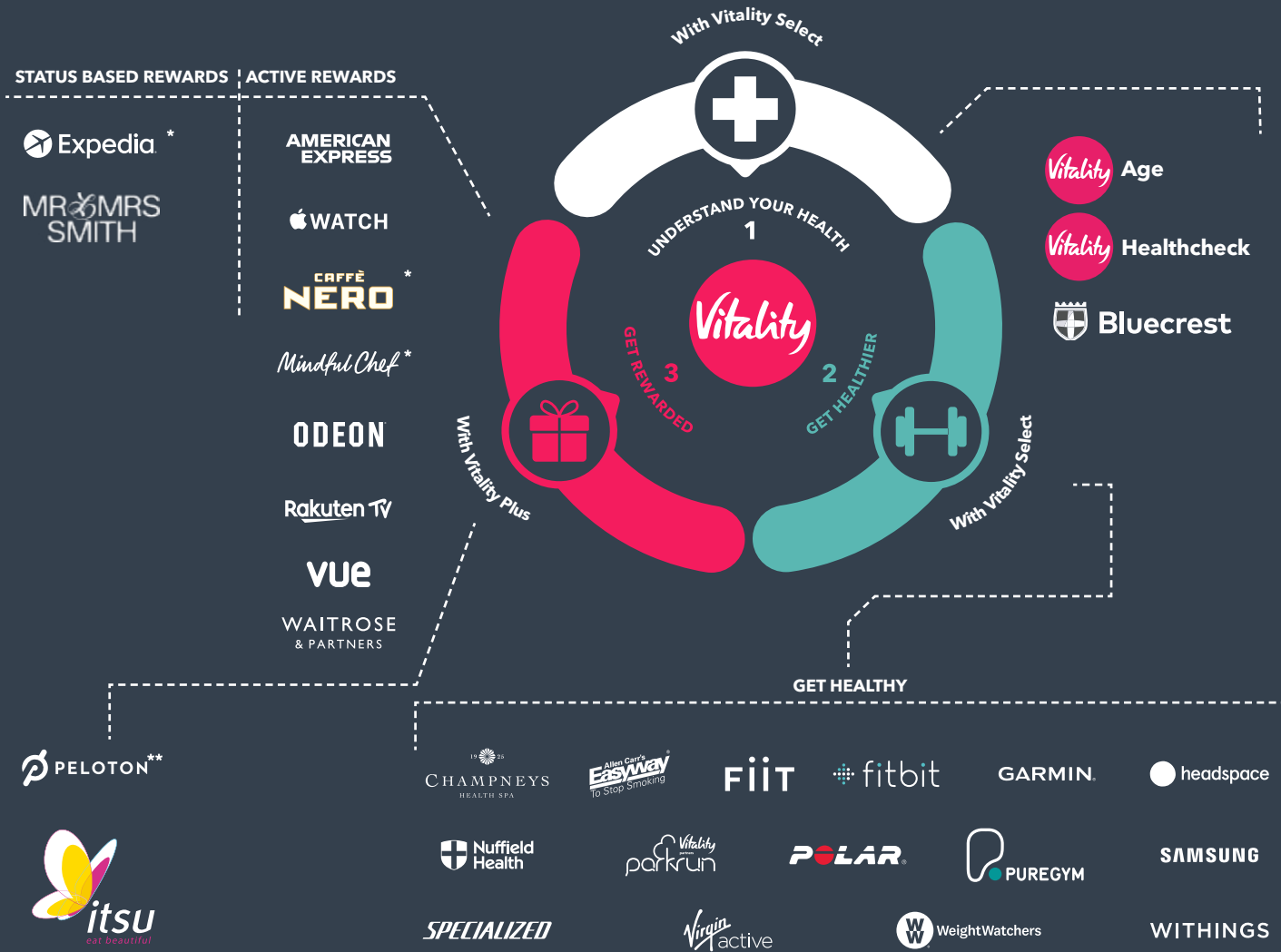
Get healthier



Get rewarded



What's included with the Vitality Programme



*Also available with Vitality Select.

**Only available for plans with Vitality Plus.

Correct as at December 2024. Terms and conditions apply to all Vitality partners. Find out more on vitality.co.uk/rewards/partners/

Vitality in your workplace

As an alternative to health insurance, we offer Vitality at Work, a total workforce wellbeing solution that helps employees become healthier.

Vitality empowers and inspires positive behavioural change within the workplace to build a healthier, more engaged and productive workforce by offering a suite of services and resources to your business.

Our approach is firmly grounded in our expertise in behavioural science and is supported by independently verified Britain's Healthiest Workplace survey data.



This means we can help you drive employee engagement, help your workforce lead happier, healthier lives and enable you to understand the strong correlation between healthier employees and productivity.

Our core services such as the Vitality Champions Programme, Podcast Series and Health Calendar are provided as standard. Themes support specific health and wellbeing content across the calendar year. These themes will engage your employees across our four key pillars of Vitality;

Physical activity

Nutrition

Mental wellbeing

Stop smoking

Our optional services such as Vitality Healthcheck Day, Premium Wellness Day, Vitality Coaches and Workshops are available at additional cost and specially designed to educate your employees, engage them in healthy activities and reward them for making healthy lifestyle choices.

Vitality at Work Enterprise

Bringing the benefits of workplace wellbeing to your employees.

Employee health, wellbeing and engagement has never been more important. That's where Vitality at Work Enterprise comes in. It shows you how much, or how little, your teams are staying happy and healthy. By understanding their health, you can improve their wellbeing.



Visit www.vitality.co.uk/business/workplace-wellbeing/vitality-at-work

From just £2
per employee per month
(flexible options available)

Getting the most from your plan

We work with you to ensure that your plan meets the needs of your organisation and that you maximise the many advantages of choosing Vitality.

From day one we provide you with a dedicated Corporate Client Manager who will serve as your primary contact and help you to implement a wellness plan that meets the specific needs of your business.

We analyse your organisation's needs, and help you to identify, understand and address the presenting clinical and lifestyle risk factors to make your organisation healthier. This structured approach is firmly grounded in our expertise in behavioural science and is supported by independently verified data from Britain's Healthiest Workplace, the largest and most comprehensive workplace wellbeing survey in the UK.

You will also get a regular report into the health of your organisation and your claims experience so that we can help you to manage the health of your employees and reduce the risk of ill-health.

More on Britain's Healthiest Workplace

Find out more at
[www.vitality.co.uk/
business/healthiest-
workplace/how-it-works](http://www.vitality.co.uk/business/healthiest-workplace/how-it-works)

**BRITAIN'S
HEALTHIEST
WORKPLACE**





Important information

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

For full details, please refer to the terms and conditions you receive when you join. If you want to see these sooner, please just ask.



Your corporate healthcare plan is an annual contract

We review your premiums and the terms and conditions each year, and we'll always give you reasonable notice if we're going to change anything.

Who can apply for cover?

Employees of your company (including any director, partner or owner) who are aged 16 or over at their cover start date and who are engaged for reward by your company on a contract of service and subject to PAYE can apply for cover (unless agreed otherwise).

Your employees' husband, wife or partner, who lives at the same address as your employee, and are aged 16 or over at their cover start date can apply for cover (unless agreed otherwise).

Your employees' children (including adopted and step-children), as long as they are aged 25 or under when their cover starts, can apply for cover.

Dependent children will be removed from cover at the annual renewal date following their 25th birthday.

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

If you choose Worldwide Travel Cover or Emergency Overseas Cover, we can cover any of your employees and their dependants as long as they are aged 79 or under when their cover under these options begins.

Whilst we won't decline cover due to the occupation or pastimes of your employees and any insured dependants, we will not pay claims relating to the following:

- treatment for any condition or injury arising from working offshore in the extraction/refinery of natural/fossil fuels
- treatment for any condition or injury arising from working in the armed forces (including the Armed Forces Reservists)
- treatment for injuries arising from participation in high-risk activities. A full list is available on request. Examples include motor racing, mountaineering at altitude, skydiving, and scuba diving not within your certified limits.

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

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

There are some conditions and treatments that we can't cover

These are called exclusions. We list any personal medical exclusions on the membership certificate we give each employee when their cover commences. General plan exclusions are listed in the terms and conditions which are available on request.

Chronic Conditions

We cover acute conditions - in other words, diseases, illnesses or injuries that are likely to respond quickly to treatment. While we can't cover long-term chronic conditions, we can, subject to the terms and conditions of the plan, cover your insured members when they first become ill. We will pay for any consultant appointments and diagnostic tests covered by the plan that are needed to find out the cause of the symptoms. We will also pay for any initial treatment they require in order to stabilise their condition.

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

Although we might have withdrawn cover for a chronic condition, it does not mean that cover is permanently withdrawn.

If your employees condition gets worse and they suffer an acute flare-up of a chronic condition, then we may cover the treatment necessary to return them to the state of health they were in before their condition worsened.

Your insured members may have a chronic condition if at least one of the following is true:

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

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

But we can cover some other conditions that are caused by chronic conditions

Your insured members could develop an acute condition because of a chronic condition.

Whether we can cover the acute condition depends on how long they've had the chronic condition:

- If their chronic condition developed after their cover started, we cover the acute condition, subject to the terms and conditions of the plan
- But if they already had the chronic condition when their cover started, we may not be able to cover the acute condition.

We can't cover some other treatments and conditions

Full details of all the exclusions are contained in our terms and conditions, but unfortunately we can't ever cover:

- Any treatment received outside the UK, unless you've selected either the Worldwide Travel Cover or Emergency Overseas Cover option
- Any emergency treatment
- Normal pregnancy and childbirth, and most related conditions
- Cosmetic treatment
- Organ transplants
- Any treatments or practices that are experimental, unproven or are not considered established medical practice in the UK
- Any treatment for developmental problems, behavioural problems or learning difficulties.

We can still help with chronic conditions

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

Example 1 - Alan

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

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

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

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

Example 2 - Bob

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

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

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

Plan size

Corporate Healthcare is available to companies who have a registered UK address and 100 or more employees.

Payment of premium

You must pay us premiums for your insured employees and any insured dependants who are covered under the plan. You may only recover from employees the part of the premium that relates to their insured dependants unless otherwise agreed.

We want to know if you're not happy

We hope you and your employees will be happy with your plan. If you're not, please let us know and we'll do everything we can to put things right. We're covered by the Financial Ombudsman Service, for all employees and for companies up to a certain size. They're an independent body that will investigate complaints if you need them to, at no extra cost to you. And it doesn't affect your right to legal action if they investigate and you're not happy with the outcome. Your plan is bound by English Law and comes under the jurisdiction of the UK courts.

Important regulatory information

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

Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register number: 461107. Vitality Health Limited is authorised by the Prudential Regulation Authority and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number: 400057. You can check our authorisation on the Financial Services Register by visiting the Financial Conduct Authority's website: register.fca.org.uk.



Find out more

For more information please speak to your adviser or visit our website vitality.co.uk/business/health-insurance/corporate