

PRIVATE MEDICAL INSURANCE

INSURANCE PRODUCT INFORMATION DOCUMENT

COMPANY: VITALITY HEALTH LIMITED

PRODUCT: PERSONAL HEALTHCARE

VitalityHealth is a trading name of Vitality Health Limited and Vitality Corporate Services Limited, both registered in the UK. Vitality Health Limited is authorised by the Prudential Regulation Authority and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 400057). Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority (FRN 461107).

This is a summary of our insurance plan. For a complete list of benefits and exclusions please refer to the latest Terms and Conditions documents, which will be available to you as part of the purchase or renewal of your plan.

WHAT IS THIS TYPE OF INSURANCE?

Our Personal Healthcare plan is designed for individuals resident in the United Kingdom, who want to insure against the costs of unexpected private medical treatment for themselves and their family. It helps them to get healthier by offering discounts at a range of health partners, and incentivises them to stay healthy through a programme of rewards. By engaging in healthy living they can also help control their premiums.



WHAT IS INSURED?

- ✓ Private GP consultations and private prescription charges
- ✓ Counselling and cognitive behavioural therapy
- ✓ 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
- ✓ Cash payments for eligible treatment that does not take place privately.

Optional Cover

- Out-patient consultations, diagnostic tests and physiotherapy
- In-patient and day-patient mental healthcare
- Chiropractic treatment, osteopathy, acupuncture, homeopathy, podiatry/chiroprody and consultations with a dietician.



WHAT IS NOT INSURED?

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



ARE THERE ANY RESTRICTIONS ON COVER?

- ! You must live in the UK (Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man) for at least 180 days in each plan year
- ! Conditions you had prior to joining us may not be covered immediately
- ! Some conditions you had prior to joining us may never be covered
- ! You will need to make a contribution to the cost of weight loss and corrective surgeries, and face-to-face private GP consultations.



WHERE AM I COVERED?

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



WHAT ARE MY OBLIGATIONS?

- Provide us with all information we ask for, and take reasonable care to answer any questions truthfully and in full
- Pay all premiums by the time they are due
- Ensure you, and any person on your plan, are registered with a UK GP
- Inform us if you, or any person on your plan, moves house or otherwise changes their contact details
- Inform us if you, or any person on your plan, are no longer resident in the United Kingdom
- Ensure your treatment is eligible under your plan, by contacting us in advance
- Pay any excess or co-payment that applies to your plan
- Tell us if the condition for which you require treatment has been caused by another person.



WHEN AND HOW DO I PAY?

You may pay monthly, quarterly or annually, by Direct Debit. Following your application, we will let you know how much your regular payment will be, and when it will be collected.



WHEN DOES THE COVER START AND END?

The cover begins on the date stated on your quotation, and lasts for 12 months. Towards the end of your period of cover, we will provide you with terms to renew your cover for a further 12 months.



HOW DO I CANCEL THE CONTRACT?

You may cancel your cover by contacting us by telephone, email or letter. If you cancel within the first 14 days in any plan year then, providing that no claims have been made, we'll refund any money you have paid to us in respect of that plan year. You may also cancel at any annual renewal date. If you wish to cancel your cover at any other time, we reserve the right to charge an administration fee of £40.