A guide to Business Healthcare



This guide provides a summary of our Business Healthcare cover that you need to read before deciding on the right plan for you. You can find more information on each Insurance Product Information Document (IPID). This provides a short summary of the key product information so you can make an informed decision. You can find full details in the terms and conditions document we send you when you join. If you want to see these sooner, please visit vitality.co.uk/health-insurance/core-cover.

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Why private medical insurance?

Private Medical Insurance (PMI) gives you fast access to high-quality private medical facilities and medical treatments, at a time and place that suits you. It also plays an equally important role in helping fund the cost of early diagnosis and treatment of acute conditions.

- Fast access to private medical treatment
- Flexible cover to suit your needs
- Access to a wide range of hospitals
- Access to the latest drugs and treatment
- Choice of consultant
- Comfort and privacy at a time when you need it most



Benefits for your business*

Better employee health
28% fewer sickness episodes than employees who aren't engaged in the Vitality Programme.

Faster employee recovery
45% less absenteeism due to sickness than employees not engaged in the Vitality Programme.

Greater employee performance
38% perform better at their jobs** and are twice as likely to be assessed as high performers.

Increased employee engagement and satisfaction
35% greater work engagement. Also, 150% more likely to report high job satisfaction when compared to employees not engaging with the Vitality Programme.

Already got private medical insurance with another provider?

Moving to Vitality has never been easier and so rewarding. Depending on your answers to a few simple questions we ask, you could get a discount of up to 10%

To find out more visit vitality.co.uk/health-insurance/switching

*Figures taken from the Vitality People Study 2018
**For example, performance based on employees making higher volumes of lead generation calls.

Why Vitality?

We take a unique approach to healthcare – responding to the full spectrum of our member's healthcare needs. This spans from promoting a healthy lifestyle, to providing digital tools to help you navigate the healthcare system, and delivering comprehensive cover for onward treatment when you need it.

As well as offering 5-Star Defaqto rated healthcare, our product is underpinned by the Vitality Programme, the world's largest health promotion programme linked to insurance. By incentivising you to get healthier, we generate value for all stakeholders. You benefit from improved health and financial value through our rewards; Vitality as an insurer benefit from reduced healthcare costs; and society benefits from a reduced burden on healthcare. We call this Shared Value Insurance.

defaqto EXPERT RATED ★★★★★ PMI (Group) 2023

COVER EXCELLENCE AWARDS 2018 WINNER

UK CUSTOMER EXPERIENCE AWARDS WINNER

Moneyfacts® ★★★★★ Private Medical Insurance 2023



5 reasons to choose health insurance from Vitality



Full Cover Promise
We want your employees to have the peace of mind that they are covered in full. As part of our Core Cover, 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.



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, as well as prescriptions and diagnostics. Your employees also access digital diagnostics, self-refer online or by phone into face-to-face or remote physiotherapy or mental wellbeing treatments like Cognitive Behavioural Therapy. They can request care and manage their claims through the online Care Hub, putting them in control of their treatment journey.



Advanced Cancer Cover and screenings
All VitalityHealth Business Healthcare plans include Advanced Cancer Cover. This provides comprehensive cover for the treatmentof 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 5 most common types of cancers that impact our members (breast, prostate, bowel, cervical and skin), we've introduced a new benefit to help members understand their cancer risk and access appropriate screenings.



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 can get a 12-month subscription to leading mindfulness app, Headspace on us, as well as eight Talking Therapies sessions. We are the only leading health insurer to cover all medical conditions with no exclusions for Talking Therapies, ensuring that all members have access to crucial support. Plus, our Mental Health Cover option provides additional comprehensive cover for out-patient, in-patient and day-patient treatment.



Vitality Programme
All members get access to the Vitality Programme, which is evidenced to drive improvements in behaviour and long-term health, active members having up to a 29% lower risk of hospitalisation[1]. 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.

[1]Vitality Health Claims Insights Report 2023

We help you build a plan that's right for your employees

Your Core Cover is just one element of your Business Healthcare plan. We also understand that not everyone wants the same level of cover, so we have different options for you to tailor your plan to suit your business needs.

Core cover

All our plans start with Core Cover, which has a variety of benefits.

- Integrated Primary Care
- Mental Health Support
- In-patient and day-patient treatment
- Physiotherapy
- Advanced Cancer Cover
- Out-patient Cover
- Additional benefits

Find out more on p8

Core option

To create a plan that suits your needs and budget, you can choose from a range of options.

- Out-patient Cover
- Therapies Cover
- Mental Health Cover
- Employee Assistance Programme
- Optical, Dental and Hearing Cover
- Worldwide Travel Cover
- Emergency Overseas Cover
- Personal Health Fund

Find out more on p11

Tailor your plan

You can tailor your plan further, by choosing a panel or hospital option, a level of excess and underwriting.

- Panel and hospital options
- Excess
- Underwriting

Find out more on p17





The three step Vitality Programme

As well as award-winning cover, we give you something back when your employees get healthier, meaning you and your employees can benefit without having to claim. Find out more from page 26.

1. Understand your health
2. Get healthier
3. Get rewarded

1

Start with Core Cover

All plans start with Core Cover, which has a variety of benefits. All benefits are per insured member, per plan year, unless stated otherwise. Your employees must be treated at a hospital eligible under their plan.

Everyday care

Vitality GP – Using our Vitality GP app your employees will be able to have a virtual GP consultation within 48 hours. If needed, the Vitality GP can refer your employees for the most appropriate onward treatment meaning they often won't have to make an additional call or online claim.

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

Additional Services – Through the Vitality GP app, your employees can refer themselves for physiotherapy or Talking Therapies, while the Vitality GPs can provide them with wellness advice and a skin analytics service.

The Vitality GP app is compatible with Apple iOS 12.0 and above or Android 6.0 and above. It's not compatible with Blackberry, Amazon or Windows Phone devices.

Physiotherapy

Our Priority Physio network gives you access to over 5,000 accredited physiotherapists at over 1,700 locations.

As part of Core Cover, your employees can access up to six physiotherapy sessions within our Priority Physio network.

Mental health support

Our approach to Mental Health seeks to provide support, regardless of your state of health – whether this be the opportunity to engage in positive, preventative health behaviours, quick access to counselling and Cognitive Behavioural Therapy.

Headspace – As part of Core Cover, your employees get a 12 month subscription on leading mindfulness app, Headspace on us. Your employees can earn Vitality points and rewards for engaging in mindfulness activities.

Talking Therapies – Cognitive Behavioural Therapy or counselling. Up to 8 sessions of Cognitive Behavioural Therapy or counselling per year through our Talking Therapies network. Vitality is the only leading health insurer that doesn't exclude any conditions or apply underwriting to Talking Therapies, ensuring that all members have access to this crucial support.

Togetherall – Full access to the online service that provides an anonymous forum for people experiencing mental health issues to reach out and receive support from peers and qualified 'Wall Guides'.

You can add the Mental Health Cover option with Vitality, to give your employees access to unlimited Talking Therapies, up to £1,500 Out-patient Cover and up to 28 days of in-patient cover per episode, plus up to 28 days of day-patient cover, per episode. Your employees will also be covered for multiple episodes of care during the year, should they need it. View page 16 to find out more.



Care Hub

The fast, easy way to get healthcare.

With Care Hub, your employees can arrange to see a Vitality GP fast, at a time to suit them. They can arrange up to six physiotherapy or up to eight mental health sessions, without the need for a GP referral. They can choose their consultant – and book an appointment straight away. They can also keep track of their claim at every stage, including instant online approvals for follow-up treatment, to give them complete, end-to-end control.

Plus, if they need to speak to us about their claim, they can easily connect to the right team, giving them the peace of mind that there's always someone on hand to keep things moving forward.

[1]https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/

In-patient and day-patient treatment

Hospital fees – Includes overnight stays, nursing, and any drugs your employees might need while in hospital. We also cover the costs of intensive care treatment and operating theatre charges. Full cover.

Consultant fees – As long as your employee's consultant is registered with an accredited body and recognised by us, we pay their in-patient and day-patient fees in full, including their surgeons' and anaesthetists' fees, physicians' fees and other consultant appointments. Full cover.

Diagnostic tests – If your employees are admitted to hospital as an in-patient or a day-patient, we pay for the diagnostic tests they need – things like blood tests and x-rays. We also pay for any MRI, CT and PET scans if required. Full cover.

Advanced Cancer Cover

Our 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. To address the 5 most common types of cancers that impact our members (breast, prostate, bowel, cervical and skin), we've introduced a new benefit to help our members understand their cancer risk and access appropriate screenings.

Refer to the table opposite to see some of the features of VitalityHealth's Advanced Cancer Cover.

Advanced Cancer Cover

Cancer screening	Discounted screens and risk assessments provided by Check4Cancer for bowel, breast, cervical, prostate and skin
Cancer risk assessment	A personal cancer risk assessment provided by Check4Cancer for bowel, breast, cervical, prostate and skin
Chemotherapy and radiotherapy	Full cover
Biological therapy, targeted therapy and immunotherapy	Full cover
Hormone therapies and bisphosphonate therapy	Full cover
Cancer surgery and reconstructive surgery	Full Cover
Scalp cooling	Full Cover
Wigs and restyling	Up to £300 per condition
Mastectomy bras and external prostheses	Up to £200 per condition for mastectomy bras and up to £5,000 per condition for external prostheses
Follow-up consultations	Full cover
Cancer Treatment Support Programme	Personalised health and wellbeing support before, during and after treatment
End of life care	Pain relief plus the services of a qualified nurse at home for up to 14 days (max £1,000 per day) , specialist pathway for members with non-curative diagnosis

Out-patient surgical procedures

We pay for surgical procedures where your employees are treated as an out-patient. Full cover.

Additional benefits

NHS hospital cash benefit – If your employees choose to get treatment on the NHS, rather than being treated privately through your plan, we give them a cash amount. In-patient treatment: £250 per night up to a maximum of £2,000 per plan year. Day-patient treatment: £125 per day up to a maximum of £500 per plan year.

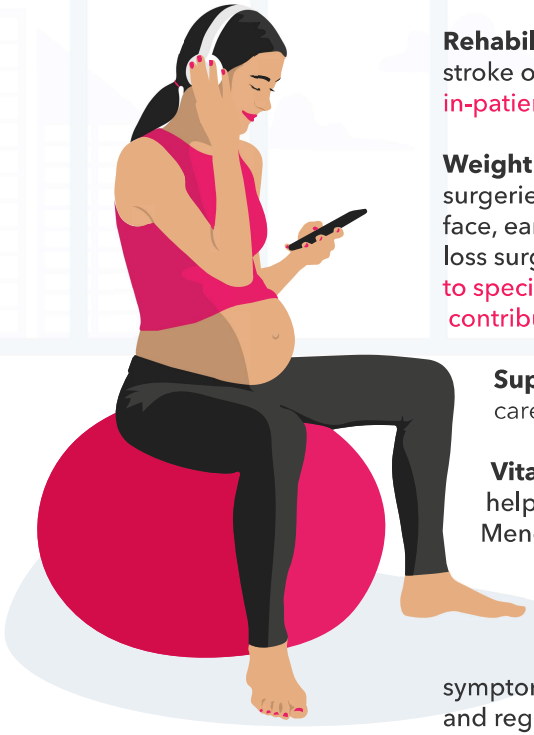
Childbirth cash benefit – We'll give your employees a cash payment following the birth or adoption of a child (the payment following a birth only applies if they have been on the plan for at least 10 months). We pay once per child even if both parents are covered on the plan. £100 per child.

Home nursing – If your employees' consultant recommends home nursing instead of more in-patient treatment, we pay for it. It can get them back on their feet after a stay in hospital. Full cover.

Private ambulance – For transfer between hospitals, whether NHS or private, if a consultant recommends it as medically necessary. Full cover.

Parent accommodation – Your employees might have a child under 14 on their plan. If the child needs to stay overnight in hospital, we pay for hospital accommodation so that a parent can stay with them. Full cover.

Oral surgery – We cover surgical removal of impacted teeth or partially erupted teeth causing repeated pain or infections and complicated buried roots, surgical drainage of a facial swelling, removal of cysts of the jaw, and apicectomy. If your employees have an accident we can also cover some kinds of dental surgery. Full cover in specified circumstances.



Pregnancy complications – We cover in-patient and day-patient treatment if your employees suffer from ectopic pregnancy, miscarriage, missed abortion, still birth, post-partum haemorrhage, retained placental membrane or hydatidiform mole. If there are 20 or more employees on your plan a caesarean section will also be covered in specified circumstances. Full cover for specified conditions.

Rehabilitation – We cover rehabilitation treatment following a stroke or serious brain injury. Up to 21 days immediately following in-patient treatment.

Weight Loss and Corrective Surgery – We cover corrective surgeries (including the removal of port wine birthmarks on the face, ear reshaping and breast reduction). We also cover weight loss surgery such as gastric bypass and gastric banding. Subject to specific eligibility criteria for age and/or BMI and a 25% contribution to the cost of consultations and package of treatment.

SuperCarers Services – access to care advice and discounted care services for your employees and their family.

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 one-to-one instant messaging and video or phone consultations, help with symptom management, treatment referral if needed, peer support and regular live broadcasts, all on the secure Peppy app.

2

Customise your plan with Cover Options

To make sure you get exactly the plan you want we give you the option to tailor your cover. You can add any of these options to your Core Cover. All benefits are per insured member, per plan year, unless we state otherwise.

Out-patient Cover

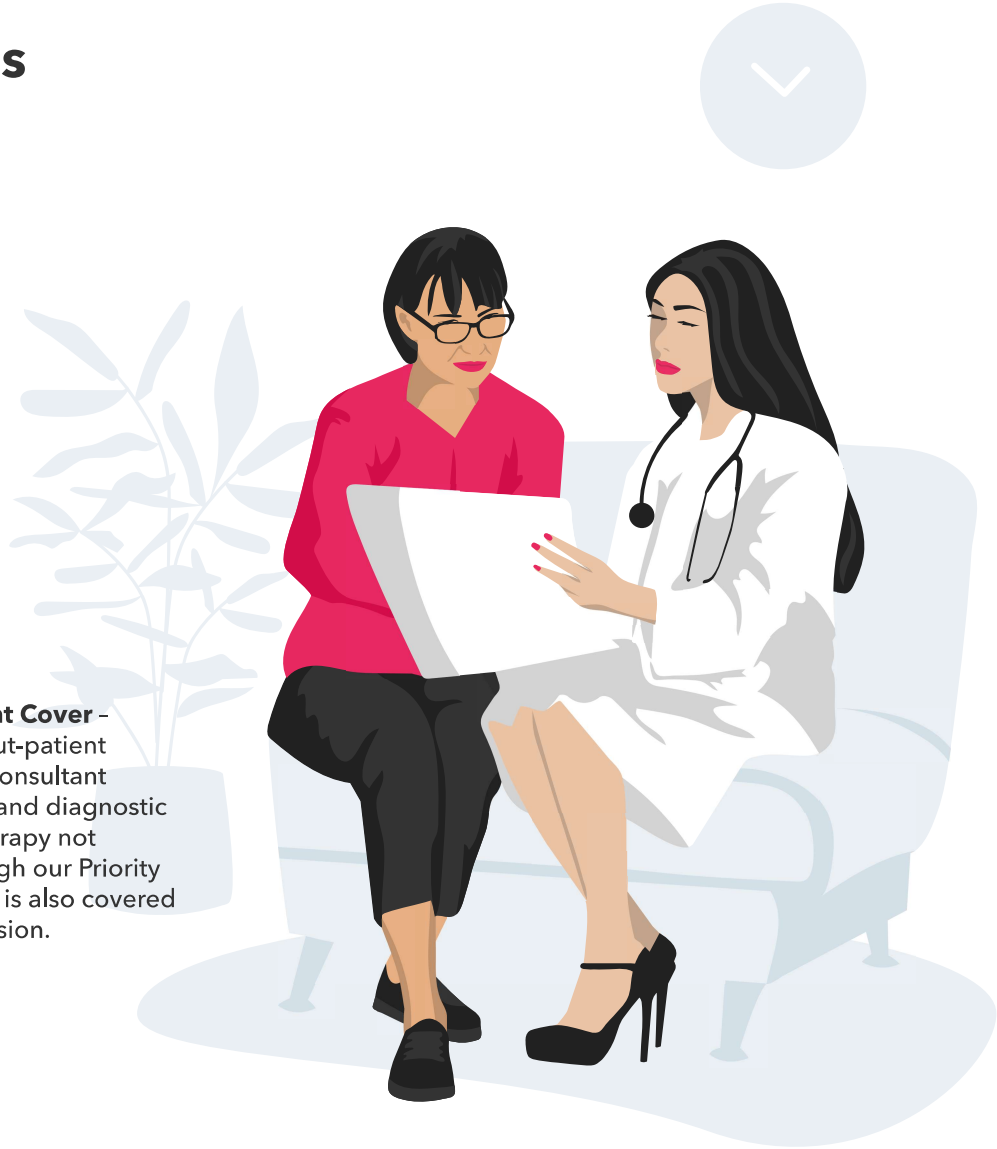
Members with Out-patient Cover benefit from full cover for MRI, CT and PET scans, and physiotherapy arranged through our Priority Physio network.

We offer up to six physiotherapy sessions as part of our Core Cover through our Priority Physio network. However, adding Out-patient Cover means physiotherapy through our Priority Physio network is covered in full. You can also use a physiotherapist outside of our network but can only claim up to £35 per session, which will be deducted from any selected Out-patient Cover limit:

Out-patient Cover – You can choose from the following levels £500, £750, £1,000, £1,250 or £1,500. The limit will apply to out-patient consultations, consultant appointments and other diagnostic tests, as well as physiotherapy that isn't arranged through our Priority Physio network.

Full Cover for Diagnostics – Upgrade your Out-patient Cover so that out-patient diagnostic tests are covered in full. Only your consultations, consultant appointments and physiotherapy that isn't arranged through our Priority Physio Network would be covered up to the Out-patient Cover limit you've chosen.

Full Out-patient Cover – Full cover for out-patient consultations, consultant appointments, and diagnostic tests. Physiotherapy not arranged through our Priority Physio network is also covered up to £35 a session.



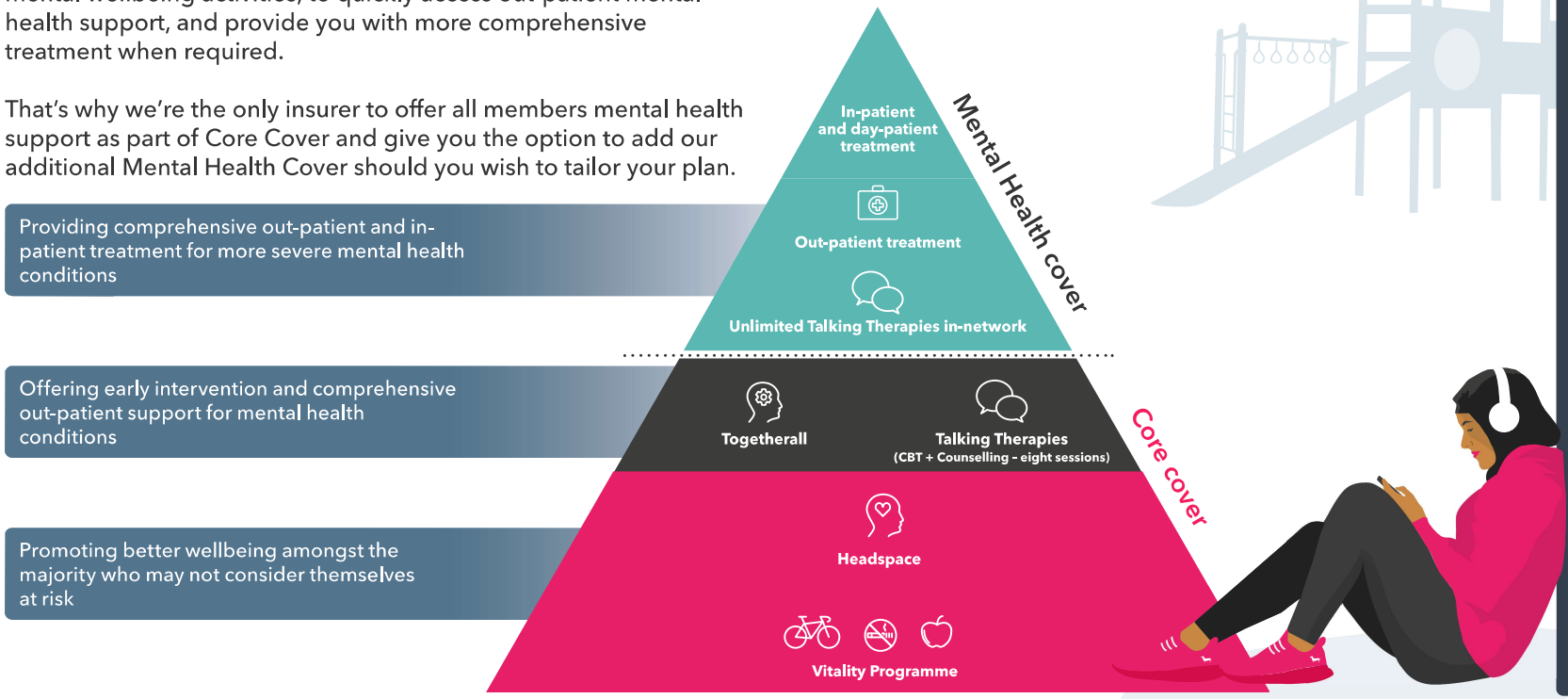
Therapies Cover

Includes chiropractic treatment; osteopathy; chiropody/podiatry; acupuncture; homeopathy; and two consultations with a dietician following a GP or consultant referral. Full Cover.

Mental Health Cover

We believe in the importance of providing a holistic solution to mental health, allowing you to proactively engage with healthy mental wellbeing activities, to quickly access out-patient mental health support, and provide you with more comprehensive treatment when required.

That's why we're the only insurer to offer all members mental health support as part of Core Cover and give you the option to add our additional Mental Health Cover should you wish to tailor your plan.



The Mental Health Cover option provides:

- Full Cover for Talking Therapies (where clinically appropriate).
- £1500 towards other out-patient cover (outside Talking Therapies network, e.g. with a psychiatric consultant).
- Up to 28 days of in-patient cover per episode, plus 28 days of day-patient treatment. You are covered for multiple episodes of care during the year, should you need it*.

*After 56 days without in-patient or day-patient treatment, we'll fully restore your benefit limits covering you for further episodes of care during your plan year.

Optical, Dental and Hearing Cover

Optical, Dental and Hearing Cover combines three benefits into a single, high-value cover option. It's designed to help meet some of your most common healthcare costs, from routine check-ups and preventative care, to dental procedures and prescription glasses. It also contributes towards other significant needs like hearing aids and the costs of restoring appearance after dental accidents.

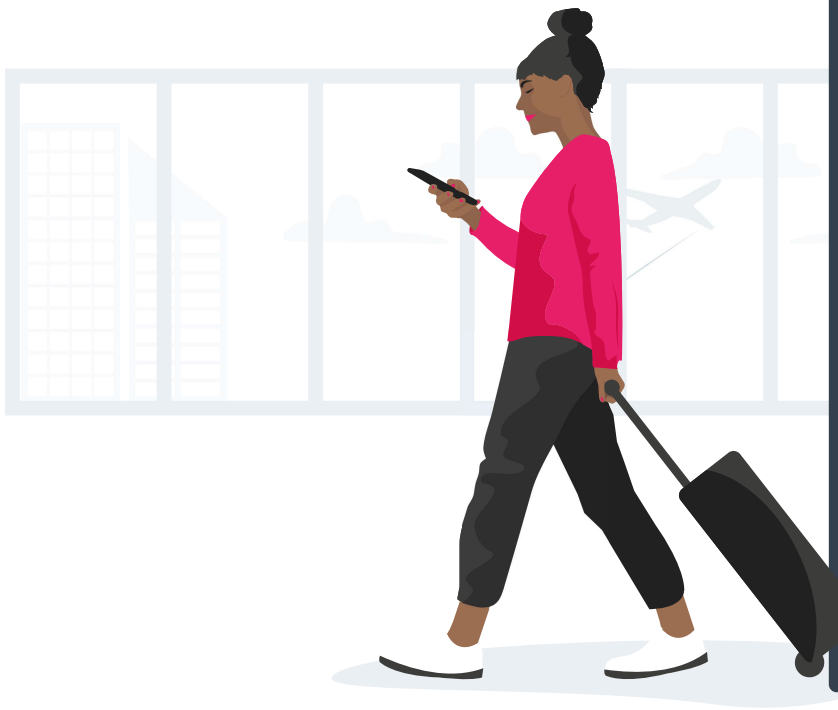
- **Optical** – Contributes towards the cost of eyesight tests, along with a new pair of prescription glasses or a year's supply of contact lenses. Benefit available for each new prescription issued after your plan starts.
- **Dental** – Helps to cover the costs of preventative care such as check-ups and hygienists' fees, and major treatments like fillings, crowns and dentures. Plus, we'll contribute towards the costs resulting from a dental accident. You'll need to have had a dental check up in the 15 months before your plan starts and have completed all recommended treatment.
- **Hearing** – Contributes towards the costs of hearing tests and new prescription hearing aids.

	Cover amount	Reimbursement
Optical	**Vision Express:** £500 per plan year **Any other recognised provider:** £300 per plan year	**Vision Express:** 100% **Any other recognised provider:** 80%
Dental	**Routine**: (e.g. check-ups and hygienist fees): £100 per plan year	**Routine:** 100%
	Major: (e.g. fillings and crowns): £400 per plan year	**Major:** 80%
	Emergency: (dental accidents): £2,500 per claim, maximum two claims per plan year	**Emergency:** 100%
Hearing	£300 per plan year	80%



Worldwide Travel Cover

Our Worldwide Travel Cover includes up to £10 million emergency medical expenses overseas, as well as lost luggage and delayed flights. Plus, it helps pay for anti-malarial treatment and common travel vaccinations so you are protected abroad. We offer cover for up to 120 days in duration, as long as you're aged 64 or under when the benefit is added to your plan. This option covers you up to these limits:



In addition, we provide up to £100 per person per plan year to cover any travel vaccinations or preventative medication. This covers the following:

Anti-malarial medication

- Atovaquone/Proguanil/ Malarone
- Chloroquine/Avloclor
- Doxycycline
- Mefloquine/Lariam

Vaccinations and Jabs

- Cholera
- Hepatitis A
- Hepatitis B
- Typhoid
- Tetanus
- Tuberculosis (TB)
- Meningitis
- Rabies
- Yellow fever
- Tick-borne encephalitis
- Japanese encephalitis

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*	Up to £10 million
Repatriation expenses*	
Transfer of body or ashes back to the UK	
Cost of burial or cremation outside the UK	Up to £2,500

Other travel expenses	
Loss of or damage to personal belongings*	Up to £3,000
Loss of personal money*	Up to £1,000
Delayed departure	Up to £250
Missed departure*	Up to £1000
Cancelling the trip or cutting it short*	Up to £10,000
Personal accident	Up to £50,000
Personal liability	Up to £2 million
Loss of passport*	Up to £250
Delayed baggage*	Up to £600
Legal expenses	Up to £25,000

Winter Sports Cover (cover is limited to 21 days in total each plan year)	
Loss of or damage to ski or snowboarding equipment*	Up to £500 per plan year
Loss of ski pass*	Up to £500 per plan year
Piste closure (£30 a day)*	Up to £500 per plan year
Loss of use of hired skis and ski pass due to illness or injury*	Up to £500 per plan year

*You will need to pay a £50 excess on these benefits.
Separate terms, conditions and exclusions apply to our Worldwide Travel Cover – please speak to your adviser, view the Insurance Product Information Documents, or visit vitality.co.uk to find out more.

Worldwide Travel Cover continued

In addition, we provide up to £100 per person per plan year to cover any travel vaccinations or preventative medication. This covers the following:

Anti-malarial medication

- Atovaquone/Proguanil/ Malarone
- Chloroquine/Avloclor
- Doxycycline
- Mefloquine/Lariam

Vaccinations and Jabs

- Cholera
- Hepatitis A
- Hepatitis B
- Meningitis
- Rabies
- Yellow fever
- Tick-borne encephalitis
- Japanese encephalitis
- Typhoid
- Tetanus
- Tuberculosis (TB)

Emergency Overseas Cover

Whether your employees are on holiday or on a business trip, our Emergency Overseas Cover means they'll get emergency medical treatment if they need it. This cover applies to trips of up to 120 days.

*Your employees will need to pay a £50 excess on these benefits.

	Amount
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 million
Repatriation or evacuation expenses*	Up to £2,500
Transfer of body or ashes back to the UK	Copy
Cost of burial or cremation outside the UK	Copy

Separate terms, conditions and exclusions apply to our Worldwide Travel Cover – please speak to your adviser if you would like to see these, or view the Insurance Product Information Documents.

Employee Assistance Programme

If your employees have worries concerning their work or personal life, an Employee Assistance Programme can help. Your employees get debt counselling, legal and financial advice through our 24-hour helpline, and up to six confidential, face-to-face counselling sessions per year. Our Employee Assistance Programme is provided by Health Assured. Unlimited access to a confidential telephone advice service, 24 hours a day, 365 days a year.



Personal Health Fund (PHF)

You can give your employees a Personal Health Fund to help pay for everyday healthcare bills that aren't usually covered by private medical insurance.



Your employees can use their Personal Health Fund for:

Optical treatment	Includes fees for sight tests, fitting, spectacle repairs, prescription swimming or diving goggles. They can also claim for glasses, lenses, spectacle frames, contact lenses, and prescription sunglasses
Dentistry claims	Check-ups and treatment at a UK dentist, including fillings, crowns and bridges, plus hygienist fees
Health screens	They can claim back up to 50% of the cost of a health screen with an approved Vitality partner
Chronic prescriptions	If they have a chronic condition, they can use their Personal Health Fund to cover the cost of a prescription prepayment certificate (PPC), which will cover the cost of NHS prescriptions for 3 or 12 months. This is the only healthcare expense they need us to authorise for payment from the PHF beforehand
Private GP appointments	They can use their PHF to pay for an appointment with a private GP
Medical aids and devices	Your employees will be able to claim back 50% of the costs of a range of medical aids and devices, including hearing aids, blood pressure monitors and TENS machines
£100 towards a fitness device	They can use £100 of their fund to pay for a device which can be used to record Vitality points. Maximum of one claim of up to £100 per adult every three plan years. This excludes Apple Watch and smartphones.

	Vitality status	Personal Health Fund
Every year we pay an amount of money into their fund. All they have to do to get a Personal Health Fund is complete an online Health Review. The more effort your employees make to get healthy, the more money we pay into their Personal Health Fund.	Start off on Bronze	£75
	Reach Silver	Add £50
	Silver	£125
	Reach Gold	Add another £50
	Gold	£175
	Reach Platinum	Add another £50
	Platinum	£225

A maximum retained Personal Health Fund of £1,000 per adult member will apply.

3

Tailor your plan even further

Panel and hospital options

Option 1 – Vitality Consultant Select: The smart way to find, choose and book your consultant.

Consultant Select is a simple, fully digital way to get a referral to the right high-performing consultant for your needs.

How Consultant Select works

Through Consultant Finder on Care Hub, we provide you with a choice of Vitality-approved consultants, including Premier Consultants, from across the UK and all medical specialisms.

This means that, when you request care, you automatically get a choice of up to 10 consultants, with priority given to Premier Consultants.



Benefits of using Consultant Select

Smart – Consultant Finder uses our full network of consultants to automatically find up to 10 of the highest-ranking consultants for your condition based on specialism, performance and location.

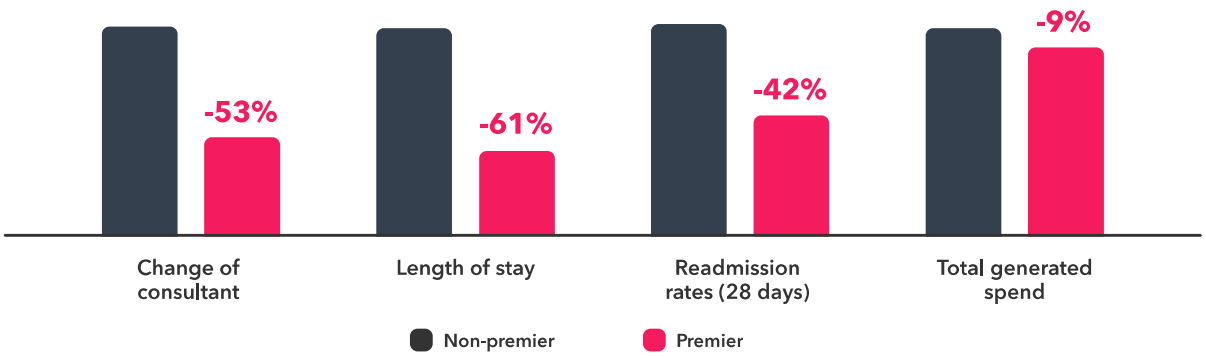
Easy – Consultant Select offers a seamless care journey using our online Care Hub, with the option of phone-based support from our Member Care team.

Effective – You're more likely to see a high-performing consultant, as our Consultant Finder prioritises Premier Consultants, who deliver superior performance outcomes.

Vitality Premier Consultants

Premier Consultants are shown to deliver, on average, superior performance* across key measures including length of stay, re-admission rate and the need for patients to change consultants. They're indicated on the Consultant Finder by a Premier Consultant label.

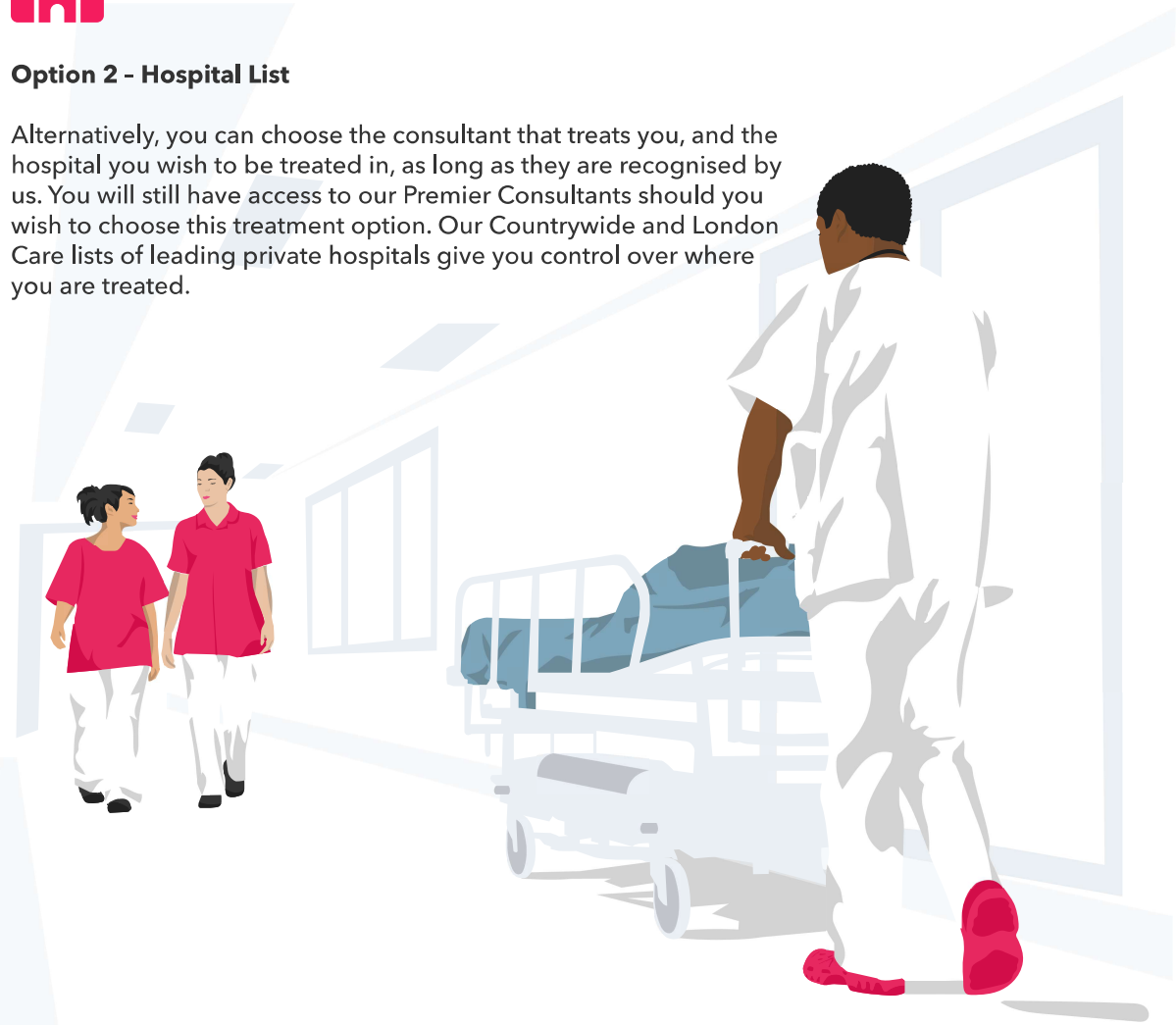
Premier Consultant performance in 2022



Source: Health Claims Insights Report 2023.
*Health Claims Insights Report 2023. Consultant Select is not available to applicants who live in the Channel Islands or Isle of Man.

Option 2 – Hospital List

Alternatively, you can choose the consultant that treats you, and the hospital you wish to be treated in, as long as they are recognised by us. You will still have access to our Premier Consultants should you wish to choose this treatment option. Our Countrywide and London Care lists of leading private hospitals give you control over where you are treated.



Countrywide hospital list

This hospital list includes:

- All of the hospitals in the UK's largest hospital groups, including BMI Healthcare, Nuffield Health, Spire Healthcare, and Ramsay Health Care
- A number of select local providers, including Aspen Healthcare and the New Victoria Hospital
- In Central London – The London Clinic, The Hospital of St John & St Elizabeth, King Edwards VII's Sister Agnes Hospital and 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

London Care

This hospital list includes:

- All private hospitals in the UK
- All NHS hospitals with private facilities in the UK

Treatment at a hospital not eligible on your plan

If you choose a hospital list, and have treatment at a hospital not eligible on your plan, you will need to pay 40% of the costs. If you want to avoid paying this, you'll need to use a hospital that is eligible on your plan. But if you need treatment that the hospitals eligible on your plan can't give you, you can contact us. We will find a hospital and a consultant to give you the treatment you need.

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Choose an excess for your employees

You can choose to make your employees pay a fixed sum – an excess – towards their treatment. You can set the excess at zero, £100, £250, £500 or £1,000.

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

Once each plan year– Even if they make two or more claims in the same plan year, they will only have to pay the excess once. 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 your plan.

Each time they make a claim – If they make two or more claims in the same plan year, they'll pay an excess for each claim they make. When they claim for treatment for 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 your plan.

Vitality status-linked excess

If your plan has five or more employees, you can link their excess 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

The excess doesn't apply when making claims for NHS Hospital Cash Benefit, Childbirth Cash Benefit and Weight Loss and Corrective Surgery, costs relating to Vitality GP or Face-to-Face 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.



Choose the type of underwriting that suits you

We will use underwriting to work out whether we can cover your employees, what we can cover them for and how much their cover will cost.

This just means looking at your employees' age, their medical history and, if applicable, whether they've made any claims through your company plan before.

Any conditions we can't cover are called personal medical exclusions. A personal medical exclusion is usually a pre-existing condition or a previous illness, including related conditions.

A related condition is any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.



There are FOUR different kinds of underwriting that you can choose from

Which one's right for your business depends on whether you've already got a company plan with someone else, how much information you want us to ask your employees for, and how large your business is.



1

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.

2

Moratorium Underwriting

If you don't want your employees to tell us about their medical history, you can choose Moratorium Underwriting. As we don't look at your employees' medical history, we tell them whether they are covered at the time they make a claim. When you apply to join, your employees don't need to fill in a health history questionnaire. This means it's easy to apply and your employees can be covered quicker than if you choose other types of underwriting.

3

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 Underwriting.

4

Medical history disregarded underwriting

If you've already got a company health insurance plan with someone else and all members are currently insured on a Medical History Disregarded basis, or your company is currently uninsured with at least 20 employees to be covered, you could choose Medical History Disregarded Underwriting.

The Vitality Programme

We encourage members to lead a healthier life and reward you for doing so.

With all Personal Healthcare plans, you get access to the Vitality Programme. This means as well as protecting you when things go wrong, we incentivise you to be healthier, and reward you for doing so.

By doing things like staying active, tracking your health and doing mindful activities, you can earn Vitality points. The healthier your efforts, the more points you earn, which contribute to your Vitality status: Bronze, Silver, Gold or Platinum.

For more information about our partners and rewards, please see our Guide to the Vitality Programme.

Vitality points needed





Understand your health

When you join, register on our Member Zone at **vitality.co.uk/member** and take the online Health Review. We use what you tell us to set you some goals and suggest some of our partners to help achieve them. You'll also be able to find out your Vitality Age – our scientific calculation that assesses the impact of your lifestyle on your health.



Get healthier

We give you discounts and rewards on things that can help you get healthier. We have established partnerships that offer you rich benefits which make accessing a healthy lifestyle easier.

From healthy foods and health screens to travel andActive Rewards, you can save money with lots of Vitality partners. We give you discounts on things that help you get healthy, like health screenings and stop smoking sessions. We'll even give you discounts on trips to Champneys health spas, to help you rest and relax.



Be rewarded

When you do healthy things, we give you points. Your healthy behaviour will be rewarded with short-term Active Rewards to keep you motivated. In addition, the points you earn will count towards your Vitality status. The more points you earn, the higher your status becomes. Everyone starts at Bronze and then you can work your way up through Silver, Gold and finally Platinum. Your Vitality status gives you something to aim for. It means you can see your efforts paying off.

Vitality at Work Business

The cost-effective way to boost health, wellbeing and productivity for your organisation.

Vitality at Work Business gives employers the chance to address some of the leading causes of workplace absence, as well as offering many health and wellbeing benefits of the Vitality Programme to more of their workforce.

It offers access to a private virtual GP and physiotherapy services, to treat some of the causes of workplace absence, as well as mental health services and an Employee Assistance Programme (included when bought for PMI members).

It offers discounts on gym membership, activity trackers and running shoes, as well as regular rewards for reaching activity-related targets, to help keep employees healthy and more engaged at work.

Furthermore, it helps raise and maintain awareness of health and wellbeing in the workplace, by offering the online Health Review, health checks and discounted health screenings.

All for just £7.50 per employee a month.

To find out more visit vitality.co.uk/vitality-at-work

What you get with Vitality at Work Business

For a simple, flat fee – with no underwriting needed – Vitality at Work Business gives your employees fast access to a private virtual GP, physiotherapy services and a range of mental health support.

Vitality GP

- Vitality GP Unlimited consultations
- Up to £100 allowance for prescriptions and minor diagnostics
- Includes some home diagnostic services

Talking Therapies

- Up to eight sessions (e.g CBT)
- Self-refer for treatment
- Access to over 1,000 counsellors, Cognitive Behavioural Therapists and psychologists around the UK

Priority Physio

- Full cover for treatment in-network
- Self-refer for treatment
- Access to over 5,000 in-network physiotherapists at over 1,700 locations across the UK

Employee Assistance Programme

- When selected on PMI scheme

Access to Togetherall

Access to Supercarers 'CareSolved' service, and discount on first £1,000 of care

Partner benefits and details correct as at January 2024. Terms and conditions apply to all Vitality partners.

Vitality in your workplace

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.

Our optional services such as Vitality Healthcheck Day, Premium Wellness Day, Vitality Coaches and Workshops are available at additional cost to plans with over ten members. These services are specially designed to further educate, engage and reward your employees to get healthy.

To find out more visit vitality.co.uk/business/at-work

So regardless of your company size, we provide instant access to health tips, advice and resources which equip you to drive employee health within your workplace.

These themes will engage your employees across our four key pillars of Vitality;

- Physical activity
- Mental wellbeing
- Nutrition
- Stop smoking



Positively different health insurance

Benefits for your business

Employer Cashback

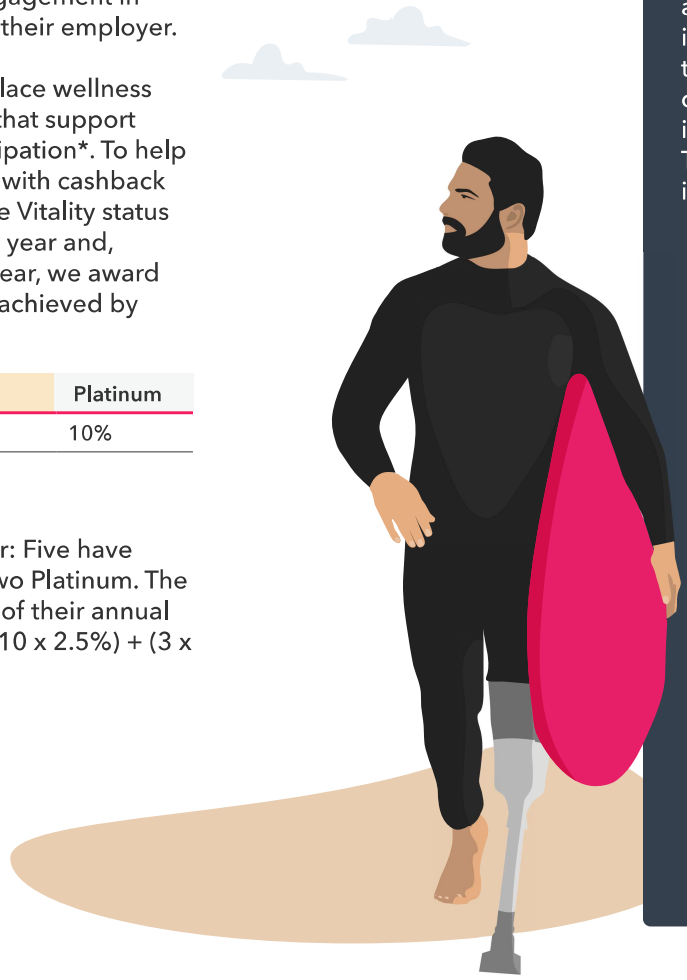
We have seen from our research that employee engagement in health and wellbeing can be directly influenced by their employer.

A 10% increase in employee participation in workplace wellness programmes can be achieved by offering benefits that support promotion, and 7% by providing rewards for participation*. To help you achieve this, we will reward you, the employer, with cashback as an incentive to drive engagement. We look at the Vitality status each employee has achieved at the end of the plan year and, assuming your plan renews for the following plan year, we award cashback depending on the average Vitality status achieved by your employees as follows:

Vitality status	Bronze	Silver	Gold	Platinum
% Cashback	0%	2.5%	5%	10%

Example

20 employees on a plan. At the end of the plan year: Five have achieved Bronze status, 10 Silver, three Gold and two Platinum. The business would receive cashback equivalent to 3% of their annual premium (less Insurance Premium Tax): (5 x 0%) + (10 x 2.5%) + (3 x 5%) + (2 x 10%) / 20 = 3%



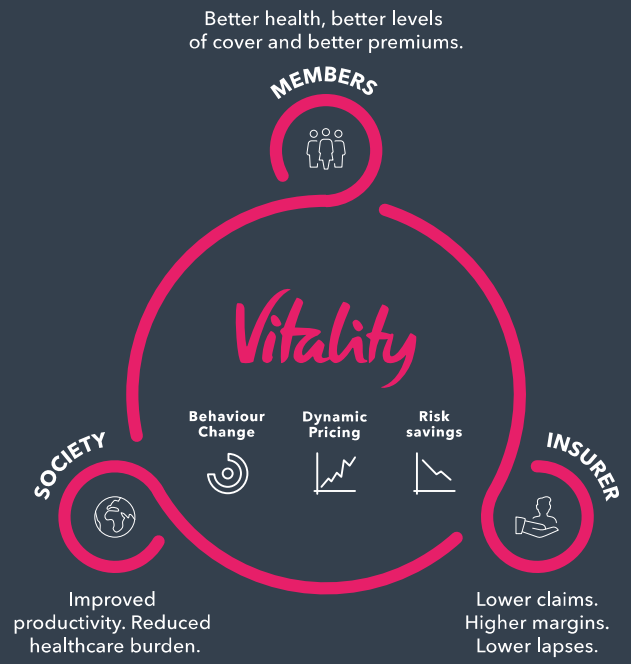
*Britain's Healthiest Workplace, 2016

About VitalityHealth

VitalityHealth is part of the Discovery Group, founded in 1992 and now operating in 40 markets worldwide.

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



Important Information – Business Healthcare

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 Business 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. 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 can be found by logging on to the Member Zone at vitality.co.uk/member.

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, working a minimum of 15 hours per week and subject to PAYE, can apply for cover.

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.

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

If your employee is joining us from another insurer on a switch underwriting basis and their dependent children are aged 26 or over and are currently covered with them, as evidenced by their certificate of insurance, they can continue to be covered by us as dependent children.

Once they are accepted for cover, eligible dependent children can remain covered on that basis.

Children will be charged at an adult rate at the commencement or the renewal date on or after their 21st birthday (whichever is the earliest date).

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.

Whilst we won't decline cover due to the occupation or pastimes of your employees or 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 upon request. Examples include motor racing, mountaineering at altitude, skydiving, and scuba diving not within your certified limits.

Please note that on application, you / your employees 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)

We cannot offer company plans where all employees' are only employed by the armed forces (including the Armed Forces Reservists) because this doesn't fulfil our company occupation eligibility rules.

We can't cover chronic conditions

We cover acute conditions – in other words, diseases, illnesses or injuries that happen after your plan has started, and that are likely to respond quickly to treatment. While we can't cover long-term chronic conditions, whether they start before or after you take out cover, 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 hospital treatment they require in order to stabilise their condition.

However, there may come a point when the kind of treatment they are receiving appears only to be monitoring their state of health or keeping symptoms of their condition in check rather than actively curing it. When such circumstances arise, we will contact the claimant's GP or consultant to obtain further information about their condition and treatment and will advise them of the outcome. We will always take into account the claimant's own specific circumstances and we will never withdraw cover for that condition without giving them plenty of time to make alternative arrangements.

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 can't 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, although some treatments are covered under our Weight Loss and Corrective Surgery benefit, see page 13 for further information
- Organ transplants
- Any treatments or practices that are experimental, unproven or unregistered

- Any treatment for learning difficulties, delayed speech disorders and other developmental problems.

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

Business Healthcare is available to companies who have a registered UK address and 1-249 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.

We want to know if you're not happy

We're covered by the Financial Ombudsman Service, for all employees and for companies up to a certain level of turnover. 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.

Notes

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Find out more.

If there is anything else you want to know about VitalityHealth or our Personal Healthcare product, please speak to your Financial Adviser or take a look at vitality.co.uk/health

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. VH B 0163_11/23_J3758