

PRIVATE MEDICAL INSURANCE

INSURANCE PRODUCT INFORMATION DOCUMENT

COMPANY: VITALITY HEALTH LIMITED

PRODUCT: HEALTH CASH OPTIONS

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 Health Cash Options are designed for employers who want their UK-based employees to have some protection against the costs of common medical expenses.



WHAT IS INSURED?

- ✓ Optical care
- ✓ Dental treatment
- ✓ Physiotherapy, acupuncture, homeopathy, osteopathy & chiropractic treatment
- ✓ Specialist consultations and tests
- ✓ Birth or adoption of a child

Optional Cover

- Chiropody
- Allergy testing
- Hospital admissions
- Accommodation costs for a parent to stay with their child in hospital
- Recuperation grant
- Health screening
- Personal accident cover
- Worldwide cover for in-patient treatment



WHAT IS NOT INSURED?

- ✗ Treatment for mental health conditions
- ✗ Treatment for long-term or incurable conditions
- ✗ Cosmetic treatment
- ✗ Self-harm, alcohol abuse and drug abuse



ARE THERE ANY RESTRICTIONS ON COVER?

- ! Members of the plan 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 for which members of the plan had treatment, medication or advice in the 12 months prior to their cover start date will not be covered until they have been insured for 12 months
- ! A one month waiting period applies to some benefits
- ! Members of the plan will need to pay for any treatment themselves, and we will reimburse them from their remaining benefit limits
- ! They will need to make a contribution to the cost of some treatments



WHERE AM I COVERED?

- ✓ Members of the plan are covered for treatment taking place in the United Kingdom, Channel Islands and Isle of Man
- ✓ If you have chosen our Worldwide Cover option, we will make a cash payment for each night a member of the plan spends as an in-patient in hospital, up to a maximum of 40 nights, for trips planned to last 30 days or less.



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
- Inform us if any person on your plan moves house or otherwise changes their contact details
- Inform us if any person on your plan is no longer resident in the United Kingdom
- Inform us when any person on your plan needs to be taken off cover
- Make your employees aware of any changes to the plan that we communicate to you.



WHEN AND HOW DO I PAY?

You may pay monthly, quarterly or annually, by Direct Debit, or quarterly or annually by electronic funds transfer. 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 the period of cover, we will provide you with terms to renew the 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.