



A GUIDE  
TO BUSINESS  
HEALTHCARE

# WE AIM TO MAKE PEOPLE HEALTHIER AND ENHANCE AND PROTECT THEIR LIVES.

That's why we believe that encouraging Better Health and offering Better Care are equally important.

## **BETTER HEALTH.**

It's been proven that leading a healthy lifestyle leads to significant reductions in long-term health risk and improved productivity. That's why we make it easier and cheaper for your employees to develop and maintain positive lifestyle choices and offer tangible rewards to help them achieve long-term behavioural change.

## **BETTER CARE.**

Better care is about more than quick access to private hospitals. We know the best way to offer the best medical care is to leave it in the hands of medical professionals. We've therefore developed assets in the healthcare system that not only optimise your employees' access, but ensure they receive the highest quality care, all delivered through a doctor-led healthcare journey.

## **SHARED VALUE.**

The true power of our approach is the unique integration of Better health and Better care which unlocks additional benefits and strives to make you and your employees healthier. This results in fewer claims and higher productivity. We call it giving shared-value because with our healthcare everyone benefits.

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This guide provides a summary of our Business 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.

# WHAT YOU GET WITH CORE COVER

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

The tables that follow represent a summary of what Core Cover offers. For full details see our terms and conditions which are available on request.

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

## IN-PATIENT AND DAY-PATIENT TREATMENT

<b>HOSPITAL FEES</b>	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.	<b>Full cover</b>
<b>CONSULTANT FEES</b>	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.	<b>Full cover</b>
<b>DIAGNOSTIC TESTS</b>	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.	<b>Full cover</b>

## OUT-PATIENT TREATMENT

<b>SURGICAL PROCEDURES</b>	We pay for surgical procedures where your employees are treated as an out-patient.	<b>Full cover</b>
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## PRIMARY CARE

<b>VITALITY GP</b>	Vitality GP offers your employees access to a GP at a time and place that suits them. Using our Vitality GP app <sup>1</sup> they'll be able to talk directly to a Vitality GP and have a private GP video appointment <sup>2</sup> . They'll be offered a choice of GPs, based on their gender and they'll have the ability to securely upload images taken with a smartphone for them to view.	
<b>FACE-TO-FACE GP</b>	We understand that there will be cases when a virtual consultation with a GP isn't appropriate. Face-to-Face GP enables every member in Greater London access to a minimum of two consultations from Vitality's network of Private GPs for only £20 per consultation.	
<b>PRIVATE PRESCRIPTIONS AND MINOR DIAGNOSTIC TESTS</b>	When a private prescription is issued by a Vitality GP, your employees can choose to have their prescription posted to their home address or to a LloydsPharmacy. If they choose to have it delivered to a LloydsPharmacy they can pick up their medication at the pharmacy. No excess is payable for a private prescription.	<b>Up to £100 per plan year to use towards Vitality GP referred minor diagnostic tests and most private prescriptions</b>
<b>GP LED TREATMENT PATHWAY</b>	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.	
<b>WELLNESS PATHWAY</b>	Because the Vitality GP has access to your employees' Vitality Age and Healthcheck results, they can advise them on how to get healthier and help manage any long term conditions.	

1 The Vitality GP app is available on Apple (iOS 8 or later) and Android (5.0 or later) platforms only.

2 The video consultation service is available from 0800-1900 Monday to Friday and 0900-1300 Saturdays, excluding bank holidays.

## ADDITIONAL BENEFITS

<b>NHS HOSPITAL CASH BENEFIT</b>	If your employees choose to get treatment on the NHS, rather than being treated privately through your plan, we give them a cash amount.	<b>In-patient treatment: £250 per night up to a maximum of £2,000</b> <b>Day-patient treatment: £125 per day up to a maximum of £500</b>
<b>CHILDBIRTH CASH BENEFIT</b>	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.	<b>£100 per child</b>

<b>HOME NURSING</b>	If your employees' consultant recommends home nursing instead or more in-patient treatment, we pay for it. It can get them back on their feet after a stay in hospital.	<b>Full cover</b>
<b>PRIVATE AMBULANCE</b>	The use of a private ambulance for transfer between hospitals, whether NHS or private, if a consultant recommends it as medically necessary.	<b>Full cover</b>
<b>PARENT ACCOMMODATION</b>	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.	<b>Full cover</b>
<b>ORAL SURGERY</b>	We cover surgical removal of impacted teeth, 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.	<b>Full cover in specified circumstances</b>
<b>PREGNANCY COMPLICATIONS</b>	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 and hydatidiform mole. If there are 20 or more employees on your plan a caesarean section will be covered in specified circumstances.	<b>Full cover for specified procedures</b>
<b>TALKING THERAPIES</b>	Cognitive Behavioural Therapy or counselling where treatment is agreed as clinically appropriate and arranged through our mental health panel.	<b>Up to 8 sessions of Cognitive Behavioural Therapy (CBT) or counselling</b>
<b>REHABILITATION</b>	We cover rehabilitation treatment following a stroke or serious brain injury.	<b>Up to 21 days immediately following eligible in-patient treatment</b>

<b>LIFESTYLE SURGERY</b>			
	<b>Procedures Covered:</b>	<b>Eligibility Criteria:</b>	
<b>CORRECTIVE SURGERIES</b>	Removal of port wine birthmarks on the face	Age <5 years - maximum of 10 treatments	<b>Subject to a 25% contribution to the cost of consultations and package of treatment.</b>
	Ear reshaping (pinnaplasty)	Age 5-14 years	
	Breast reduction	BMI <27 and under 21 years of age	
	Gynaecomastia	BMI <27 and under 21 years of age	
<b>WEIGHT LOSS SURGERY</b>	<ul style="list-style-type: none"> <li>Gastric bypass</li> <li>Gastric banding</li> </ul>	Surgery will be available to members with a BMI of 35 or greater (with a co-morbidity) or BMI 40+ (with no co-morbidity), subject to clinical approval.	<b>Subject to a 25% contribution to the cost of consultations and package of treatment.</b>

## **CANCER COVER**

If your employees are diagnosed with cancer, VitalityHealth offer a range of treatment options for them to tailor their cover. Cancer Cover is standard with every plan but you can choose to upgrade to Extended Cancer Cover, which pays all eligible costs associated with the condition once diagnosed. Cancer Cover includes:

<b>RADIOTHERAPY AND CHEMOTHERAPY</b>	<b>Full cover</b>
<b>BIOLOGICAL THERAPIES</b>	<b>12-month limit</b>
<b>HORMONE AND BISPHOSPHONATE THERAPIES</b>	<b>3-month limit when prescribed on their own</b>
<b>CANCER SURGERY AND RECONSTRUCTIVE SURGERY</b>	<b>Full cover</b>
<b>STEM CELL THERAPY</b>	<b>Full cover</b>
<b>FOLLOW UP CONSULTATIONS</b> Up to 5 years from last cancer treatment date	<b>Full cover</b>

If your employees' cancer is no longer treatable, we pay for them to have care that can relieve their symptoms. This includes pain relief at the end stage of cancer. The limits apply for the whole of the time a member is covered by VitalityHealth, whether under this plan or any other plan with us. Follow-up consultations are covered for a maximum of five years from the last cancer treatment date and assuming they still have a plan with us.

# VITALITY AT WORK

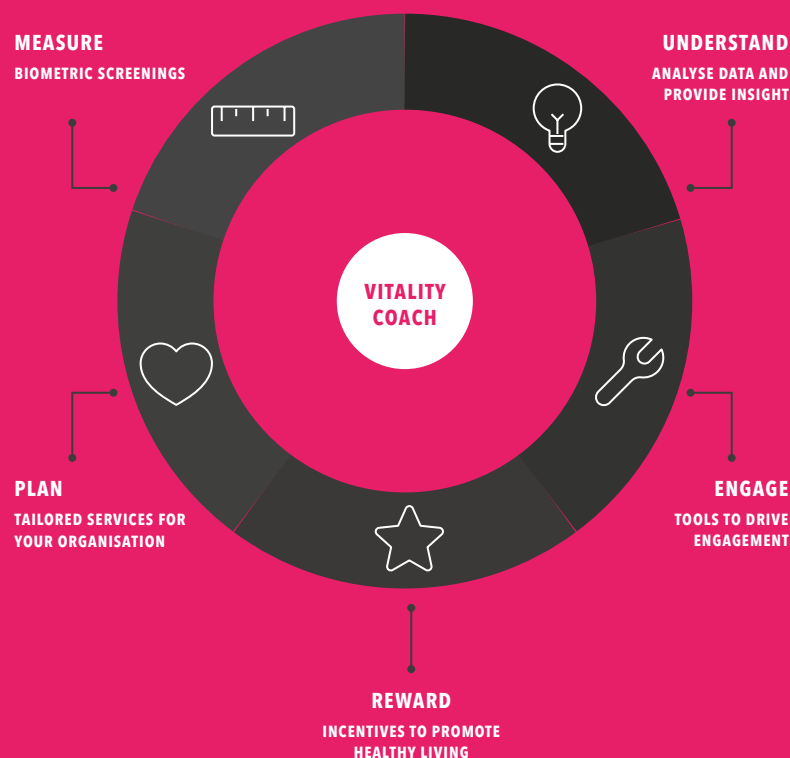
Vitality At Work empowers and inspires positive behavioural change within the workplace to build a healthier, more engaged and productive workforce.

**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 and stop smoking.

**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.

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.



# OUR RANGE OF ADDITIONAL COVER OPTIONS

To create a plan that suits your employees' needs and your budget, you can choose to add any of these options.

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



## COVER OPTIONS

<p><b>OUT-PATIENT COVER</b></p>	<p>Out-patient Cover pays for out-patient costs, such as consultant appointments and physiotherapy, and diagnostic tests – things like MRI scans, blood tests and x-rays.</p>	<p><b>The costs we cover depend on what you add to your plan:</b></p> <ul style="list-style-type: none"> <li>• Out-patient Cover with a limit. We can pay for out-patient diagnostic tests, consultant appointments and out-of-network physiotherapy up to a set limit.</li> <li>• A limit of £500, £750, £1,000, £1,250 or £1,500 can be chosen.</li> <li>• Full Out-patient Cover. We pay for all the out-patient treatment, consultant fees' and diagnostic tests needed.</li> </ul>
<p><b>MRI, CT AND PET SCANS</b></p>	<p>We pay for these scans, as long as your employees have been referred by a consultant.</p>	<p>MRI, CT and PET scans will be paid in full, and not treated as part of your Out-patient Cover limit.</p>
<p><b>PHYSIOTHERAPY COVER</b></p>	<p>The VitalityHealth physiotherapy network includes over 1,400 accredited physiotherapy clinics across the UK. This means that, more often than not, your employees will be able to have treatment at a convenient location, less than 10 minutes' drive away from their home or place of work.</p>	<p><b>Cover for a physiotherapist within our network</b></p> <p>Treatment will be covered in full, and will not form part of the Out-patient Cover limit.</p> <p><b>Cover for a physiotherapist outside of our network</b></p> <p>Treatment will continue to be deducted from your employees', Out-patient Cover limit and will be limited to £35 per session.</p>
<p><b>OUT-PATIENT DIAGNOSTICS</b></p>	<p>If you have chosen a limited Out-patient Cover option, you can choose to add on full cover for diagnostics – you can upgrade your Out-patient Cover so that out-patient diagnostic tests would be covered in full, and only consultant appointments and out-of-network physiotherapy would be covered by your chosen Out-patient Cover limit.</p>	<p>Out-patient diagnostics will be covered in full. Consultant appointments and out-of-network physiotherapy will continue to be covered up to the limit you've chosen for your employees.</p>
<p><b>PSYCHIATRIC COVER</b></p>	<p>We pay for consultations and treatment with a psychiatrist or psychologist. If your employees need it, we can pay for hospital stays. All psychiatric claims are managed on a case-by-case basis.</p>	<p>£15,000 or £20,000 for each plan year.</p> <p><b>Up to £1,500 of this total can be used for out-patient psychiatric treatment</b></p>
<p><b>THERAPIES COVER</b></p>	<p>Chiropractic treatment, osteopathy, chiropody/ podiatry, acupuncture, homeopathy, and two consultations with a dietician following GP or consultant referral.</p>	<p>£350 or Full cover</p>
<p><b>EMPLOYEE ASSISTANCE PROGRAMME</b></p>	<p>At some point, everyone faces emotional problems such as relationship or money worries, stress, and bereavement. If your employees have problems like these and are finding it hard to cope, an Employee Assistance Programme can help.</p> <p>With the programme, your employees get:</p> <ul style="list-style-type: none"> <li>• Debt counselling, legal and financial advice through our 24-hour helpline</li> <li>• Up to six confidential, face-to-face counselling sessions per year</li> </ul> <p>Our Employee Assistance Programme is provided by Health Assured.</p>	<p>Unlimited access to a confidential telephone advice service, 24 hours a day, 365 days a year</p>

**EXTENDED CANCER COVER**

You can choose to add Extended Cancer Cover. If your employees are diagnosed with cancer, we cover their in-patient and out-patient costs in full. This includes:

<b>RADIOTHERAPY, CHEMOTHERAPY AND FOLLOW-UP CONSULTATIONS</b>	Full cover
<b>BIOLOGICAL THERAPIES</b>	Full cover
<b>HORMONE AND BISPHTHONATE THERAPIES</b>	Full cover
<b>CANCER SURGERY AND RECONSTRUCTIVE SURGERY</b>	Full cover
<b>STEM CELL THERAPY</b>	Full cover
<b>END-OF-LIFE HOME NURSING CARE</b>	Up to £1,000 per day for a maximum of 14 days
<b>WIGS AND RESTYLING</b>	Up to £300 per claim
<b>SCALP COOLING</b>	Full cover
<b>MASTECTOMY BRAS AND EXTERNAL PROSTHESES</b>	Up to £200 per claim

If your employees' cancer is no longer treatable, we pay for them to have care that can relieve their symptoms. This includes pain relief at the end stage of cancer.



# DENTAL COVER

You can choose between two levels of dental cover for your employees, depending on how much you want to spend, and how much cover you want to offer them.

**All benefits are per insured member, per plan year unless otherwise stated.**

To get this cover, your employees need to have had a check-up with their regular dentist and finished any recommended treatment within twelve months before their cover starts. If they haven't done this, they'll only be covered once they have had a check-up and finished any recommended treatment.

Separate terms, conditions and exclusions apply to our Dental Cover – please speak to your adviser to find out more.

	MAJOR DENTAL TREATMENT	MAJOR AND ROUTINE DENTAL TREATMENT
<b>ROUTINE EXAMINATIONS</b> Maximum of two claims per plan year		Up to £30 per claim
<b>ROUTINE SCALING AND POLISHING</b> Maximum of two claims per plan year		Up to £40 per claim
<b>DENTAL X-RAY (RADIOGRAPHY OF THE TEETH OR JAW)</b> Charges for radiography of teeth or jaw Maximum of two claims per plan year		Up to £40 per claim
<b>FILLINGS</b> Maximum of two claims per plan year		Up to £40 per claim
<b>NEW OR REPLACEMENT CROWNS</b>	Up to £300	Up to £400
<b>NEW OR REPLACEMENT INLAYS, ONLAYS AND OVERLAYS</b>		Up to £100
<b>NEW OR REPLACEMENT BRIDGES OR IMPLANTS</b>	Up to £200	Up to £300
<b>ROOT CANAL TREATMENT</b>	Up to £150	Up to £250
<b>APICECTOMY</b>	Up to £100	Up to £150
<b>EXTRACTIONS</b>	Up to £150	Up to £250
<b>NEW OR REPLACEMENT DENTURES</b>	Up to £250	Up to £350
<b>EMERGENCY TREATMENT FROM A SPECIALIST IF YOU HAVE A DENTAL ACCIDENT</b> We can cover up to four claims for each year of your plan	Up to £2,500 per claim	Up to £2,500 per claim
<b>EMERGENCY DENTAL TREATMENT FOR SEVERE PAIN, A HAEMORRHAGE OR AN INFECTION</b> We can cover up to two claims for each year of your plan		Up to £300 per claim
<b>EMERGENCY CALL-OUT FEES</b> We can cover up to two claims for each year of your plan	Up to £50 per claim	Up to £50 per claim

# WORLDWIDE TRAVEL COVER

This covers trips of up to 120 days and includes things like emergency medical expenses to a lost passport. You can apply to include this benefit to cover at the plan start date, or a future renewal date, provided all applicants are aged 79 or under at the time the benefit is included.

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

Unless we agree otherwise, the benefits are for each insured member on your plan, per trip. Separate terms, conditions and exclusions apply to our Worldwide Travel Cover – please speak to your adviser to find out more.

<b>OVERSEAS MEDICAL EXPENSES</b>	
<b>MEDICAL COVER IF TAKEN ILL OVERSEAS</b> Including accommodation costs and travel expenses for one person to remain behind with the sick or injured member*	Up to £10 million
<b>REPATRIATION EXPENSES*</b>	
<b>TRANSFER OF BODY OR ASHES BACK TO THE UK</b>	
<b>COST OF BURIAL OR CREMATION OUTSIDE THE UK</b>	Up to £1,000
<b>OTHER TRAVEL EXPENSES</b>	
<b>LOSS OF OR DAMAGE TO PERSONAL BELONGINGS*</b>	Up to £2,000
<b>LOSS OF PERSONAL MONEY*</b>	Up to £1,000
<b>LOSS OF OR DAMAGE TO BUSINESS MACHINES*</b>	Up to £1,000
<b>DELAYED DEPARTURE</b>	Up to £100
<b>MISSED DEPARTURE*</b>	Up to £500
<b>CANCELLING THE TRIP OR CUTTING IT SHORT*</b>	Up to £4,000
<b>PERSONAL ACCIDENT</b>	Up to £25,000
<b>PERSONAL LIABILITY</b>	Up to £2 million
<b>LOSS OF PASSPORT*</b>	Up to £250
<b>DELAYED BAGGAGE*</b>	Up to £200
<b>LEGAL EXPENSES</b>	Up to £25,000
<b>REPLACEMENT EMPLOYEE TRAVELLING COSTS*</b>	Up to £1,000
<b>WINTER SPORTS COVER (COVER IS LIMITED TO 21 DAYS IN TOTAL EACH PLAN YEAR)</b>	
<b>LOSS OF OR DAMAGE TO SKI OR SNOWBOARDING EQUIPMENT*</b>	Up to £500 per plan year
<b>LOSS OF SKI PASS*</b>	Up to £500 per plan year
<b>PISTE CLOSURE (£30 A DAY)*</b>	Up to £500 per plan year
<b>LOSS OF USE OF HIRED SKIS AND SKI PASS DUE TO ILLNESS OR INJURY*</b>	Up to £500 per plan year

# 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 90 days.

You can apply to include this benefit to cover at the plan start date, or a future renewal date, provided all applicants are aged 79 or under at the time the benefit is included.

Emergency Overseas Cover isn't travel insurance - so it might not fully cover the cost of medical treatment abroad. If you're looking for more cover for medical treatment, and also want to cover things like lost luggage and cancelled flights, think about Worldwide Travel Cover instead.

All benefits are per member, per trip, unless otherwise stated. \* Your employees will need to pay a £50 excess for these.

	AMOUNT
<b>MEDICAL COVER IF TAKEN ILL OVERSEAS, INCLUDING:</b>	
Accommodation costs and travel expenses for one person to remain behind with the sick or injured member*	Up to £100,000
<b>REPATRIATION OR EVACUATION EXPENSES*</b>	Up to £1 million
<b>TRANSFER OF BODY OR ASHES BACK TO THE UK</b>	
<b>COST OF BURIAL OR CREMATION OUTSIDE THE UK</b>	Up to £1,000

# 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:

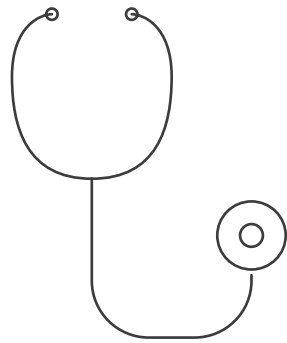
	AMOUNT
<b>OPTICAL TREATMENT</b>	Includes fees for sight tests, fitting, spectacle repairs, prescription swimming or diving goggles. They can also claim for glasses, lenses, spectacle frames, contact lenses, and prescription sunglasses
<b>DENTISTRY CLAIMS</b>	Check ups and treatment at a UK dentist, including braces, fillings, crowns and bridges, plus hygienist fees
<b>HEALTH SCREENS</b>	They can claim back up to 50% of the cost of a health screen with an approved Vitality partner
<b>CHRONIC PRESCRIPTIONS</b>	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
<b>PRIVATE GP APPOINTMENTS</b>	They can use their PHF to pay for an appointment with a private GP
<b>MEDICAL AIDS AND DEVICES</b>	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
<b>£100 TOWARDS A FITNESS DEVICE</b>	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
<b>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.</b>	<b>Start off on Bronze</b>	£75
	<b>Reach Silver</b>	Add £50
	<b>Silver</b>	£125
	<b>Reach Gold</b>	Add another £50
	<b>Gold</b>	£175
	<b>Reach Platinum</b>	Add another £50
	<b>Platinum</b>	£225

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

# YOUR EMPLOYEE TREATMENT CHOICES

Every VitalityHealth plan comes with Consultant Select meaning your employees have access to a panel of quality assured independently selected consultants should they need to claim. In addition, if it's important for your employees to be able to choose where they're treated you can choose from one of our Hospital Select options to suit their needs.



## PUT YOUR EMPLOYEES TREATMENT PATH IN THE HANDS OF THE EXPERTS WITH CONSULTANT SELECT

Consultant Select will ensure that your employees get referred to the most appropriate consultant in a suitable location to suit their needs without the worry of choosing a consultant themselves. Our panel of consultants are all independently selected and regularly audited to ensure they always offer the highest standards of care.



# CONSULTANT SELECT

## ENJOY QUALITY-ASSURED PRIVATE HEALTH TREATMENT

Consultant Select gives your employees complete peace of mind care, because it lets other doctors decide who should treat them – instead of us. That's why we include it with all our VitalityHealth plans.

### HOW IT WORKS

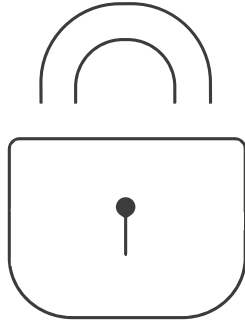
Once your employees get an open referral from their Vitality GP or NHS GP, we pass their details to our independent consultant panel. Based strictly on their medical needs, they choose the best consultant and most convenient for your employee, leaving them with one less thing to worry about at what can be a stressful time.

### PEER-REVIEWED BY EXPERTS

To guarantee quality of treatment, all consultants are reviewed by an independent panel of their peers. They're also happy to endorse every consultant with the statement: *'I would recommend this consultant to treat my family'*.

### A COST-EFFECTIVE ALTERNATIVE

Consultant Select is also a cost effective way to access private healthcare, because it streamlines the treatment path and makes it easier. However if you want your employees to be treated at a particular hospital, you can also select a hospital list to add to your plan.



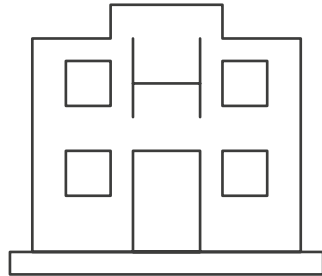
## FULLY PROTECTED BY THE VITALITY PATIENT CHARTER

The Panel will also act on your employees' behalf to uphold The Vitality Patient Charter, our set of quality-assurance principles which say:

1. The chosen consultant has been quality-assured through a consultant peer review process.
2. Your employees will have the right to switch to another Panel-approved consultant if they are not happy with the original named consultant – this will have no negative impact on their benefit limits.
3. The Panel will help your employees find the right consultant quickly and conveniently. Excluding exceptional circumstances, no member will wait longer than 10 days, or travel more than 40 minutes (and much shorter in most instances) for a consultation.<sup>1</sup>
4. If their condition is deemed high risk, our Urgent Care Pathway will ensure that they are seen as quickly as is clinically necessary.<sup>2</sup>
5. We will support your employees in investigating and where appropriate escalating any clinical concerns to the Panel.

Source:

1. Exceptional circumstances explained at [www.vitality.co.uk/health-insurance/core-cover/medical-consultant-panel/](http://www.vitality.co.uk/health-insurance/core-cover/medical-consultant-panel/)
2. High risk conditions, such as potential cancer cases, are defined by the VitalityHealth Clinical Operations team.



## YOU CAN CHOOSE TO ADD A HOSPITAL SELECT OPTION

Alternatively, you can leave your employees to choose their consultant, as long as they are recognised by us. Our Local, Countrywide or London Care lists of leading UK hospitals also give your employees as much control and flexibility as they need over where they want to be treated.

## LOCAL 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
- No Central London hospitals

## COUNTRYWIDE HOSPITAL LIST

### This hospital list includes:

- All hospitals from the UK's largest private hospital groups, Aspen, Spire Healthcare, BMI Healthcare, Ramsay Health Care and Nuffield Health
- The London Clinic, The Hospital of St John & St Elizabeth, King Edwards VII's Sister Agnes Hospital in Central London
- Most other private hospitals outside of London
- All NHS Private Patient Units outside of London
- Some Central London NHS Private Patient Units

## LONDON CARE HOSPITAL LIST

Our London Care option gives your employees unlimited face to face access to a private GP for only £20 per consultation. Where it's not possible to get a Face-to-Face appointment, your employees will still be able to arrange a Vitality GP video consultation within 48 hours. This will ensure that they still receive fast access to specialist care when they need it most.

### London Care also 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 an employee uses a hospital that isn't eligible on the plan, they will need to pay 40% towards their treatment costs, excluding the consultants' fees.

Employees who have Consultant Select must have their treatment authorised in advance.

If they want to avoid paying this, they'll need to use a hospital that is eligible on their plan. But if your employee needs treatment that the hospitals eligible on their plan can't give them, they can contact us. We will find a hospital and a consultant to give them the treatment they need.





# CHOOSING 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 THEY PAY:**

**Once in each 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 your 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 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
<b>EXCESS AMOUNT</b>	£250	£100	No excess	No excess
<b>EXCESS AMOUNT</b>	£150	£100	£50	No excess

These excess levels don't apply when making claims for NHS Hospital Cash Benefit, Childbirth Cash Benefit and Lifestyle Surgery, costs relating to Vitality GP or Face-to-Face GP. We also wouldn't apply this excess to claims made under the Dental Cover option, Worldwide Travel Cover and Emergency Overseas Cover, where a different excess may apply.

# EMPLOYER CASHBACK & THREE YEAR GUARANTEE

Rewarding employers for improving their  
employees' health.





## 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 support you through our wellness programme and reward you, the employer, with cashback as an incentive to drive engagement, leading to a healthier and happier workforce. 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 employees, as follows:

VITALITY STATUS	BRONZE	SILVER	GOLD	PLATINUM
% Cashback	0%	2.5%	5%	10%

\*Britain's Healthiest Workplace, 2016

### EXAMPLE

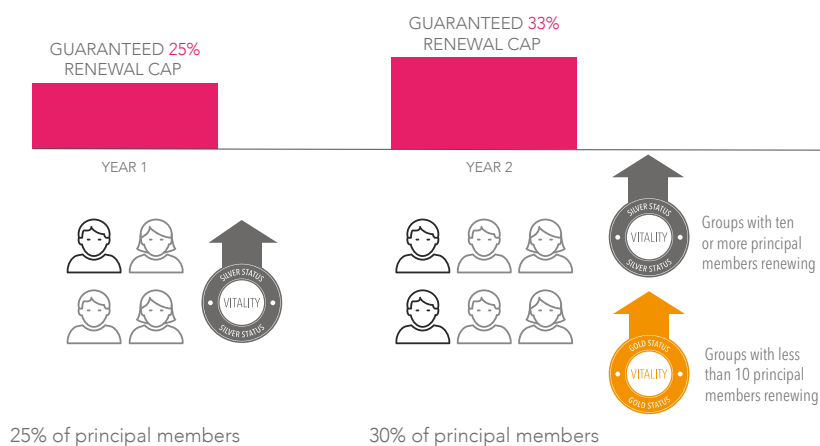
20 employees on a plan. At the end of the plan year: Five have achieved Bronze status, 10 Silver, three Gold and two Platinum. The business would receive cashback equivalent to 3% of their annual premium (less Insurance Premium Tax):  $(5 \times 0\%) + (10 \times 2.5\%) + (3 \times 5\%) + (2 \times 10\%)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



## THREE YEAR GUARANTEE

Improving employee health and engagement is a long-term strategy for any organisation.

By getting your employees engaged with Vitality we believe you are showing your commitment to improving the health of your workforce. This allows us to provide a guarantee that your premium increases will be capped at as low as 25%.



# YOUR UNDERWRITING OPTIONS EXPLAINED

When we're working out whether we can cover your employees, what we can cover them for and how much their cover will cost, we go through a process called underwriting.



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.

## I. 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.

### How it works

- When your employees apply to join your company plan, we ask them some questions about their health. If we need to know more about their medical history, we might need to get in touch with them or, on some occasions, their GP.
- We use this information to decide whether we need to put any personal medical exclusions on their cover.
- If we need to apply any personal medical exclusions, they will be detailed on your employee's certificate of insurance. That way they can be clear from the start what we can and can't cover.
- Your employees' cover starts after we have gone through this process.
- In some circumstances we may be unable to offer cover.

## II. MORATORIUM UNDERWRITING

If you don't want us to ask your employees about their medical history, you can choose Moratorium Underwriting.

Because we don't look at your employees' medical history, we tell them whether they're covered at the time they make the claim.

### How it works

- When your employees apply to join your company plan, they don't need to fill in a health history questionnaire. This means it's quick to apply and we can cover them straight away.
- Because we don't ask about your employees' medical history when they apply, we can't tell them

upfront what personal medical exclusions they may have. Instead, if they need to make a claim, we tell them whether they're covered or not at that time.

- If, after their cover starts, one of your employees needs treatment for a medical condition or symptom that they've never had before, we will cover it subject to the terms and conditions of the plan. The same goes for any medical conditions that they've had more than five years before their cover start date with us.
- But if they've had any conditions in the five years before their cover start date with us, we usually won't cover them. We can only cover conditions like these if, after their cover has started, your employees go for two continuous years without having any treatment, medication or advice for these pre-existing conditions or any directly related conditions.
- That does mean we probably won't ever be able to cover long term conditions like heart problems or psychiatric conditions - that's because your employees probably won't go for two continuous years without having treatment, medication or advice.

## III. 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.

### How it works

- If your plan has less than 100 employees when you transfer to us, we will ask you to sign the relevant declaration depending on the number of employees.
- We use your declaration/the employee health information to decide if we need to apply any more personal medical exclusions to individual employees under

your new plan. Any existing personal medical exclusions are also carried over from your current plan. Any employees currently on a moratorium will have our moratorium clause applied, which may differ from their current insurer, but will be backdated to their original moratorium start date as detailed by their current insurance certificate. In some circumstances we may be unable to offer cover.

- For mid-term joiners who switch to your company plan from another insurer, if your plan has less than 100 employees we ask them to fill in a switch application form. This includes a declaration about their past health, and any treatment they're planning to have, depending on the number of employees. Any existing personal medical exclusions are also carried over. Any employees currently on a moratorium will have our moratorium clause applied, which may differ from their current insurer, but will be backdated to their original moratorium start date, as detailed by their current insurance certificate. In some circumstances we may be unable to offer cover.
- For schemes with 100 or more employees we will not ask you or your employees any questions about their medical history.
- The benefits and cover we offer you might be different from your current insurer. If that's the case, you need to make sure your employees know what the differences are.
- When submitting the application forms, whether for new business or midterm joiner applicants, you / your employees will need to provide a copy of the employees' current insurance certificates showing the details of all the members who you want to cover on your plan and their underwriting

terms, including any personal medical exclusions that may apply.

#### **IV. 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, you could choose Medical History Disregarded Underwriting.

##### **How it works**

- For schemes with 2 - 19 employees you must be currently insured on a Medical History Disregarded basis to obtain Medical History Disregarded terms with us and we will ask you to sign the relevant declaration depending on the number of employees.
- For schemes with 20-49 employees you must be currently insured on a Medical History Disregarded basis or currently uninsured to obtain Medical History Disregarded terms with us and we will ask you to sign a declaration.
- For schemes with 50-99 employees you can obtain Medical History Disregarded terms regardless of your current underwriting and we will ask you to sign a declaration.
- For schemes with 100 or more employees a declaration regarding your employees medical history is not required.
- For mid-term joiners to your plan we will not ask them any questions about their medical history, regardless of the number of employees.

For more information on any of the underwriting options mentioned above, please refer to our terms and conditions document which you will receive when you join. Please let us know if you'd like to see this sooner.

# IMPORTANT INFORMATION

This guide provides a summary of our Business 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 Business Healthcare plan is an annual contract. That means we review your premiums and the terms and conditions each year. But we'll always give you reasonable notice if we're going to change anything.

No private health insurance plan covers every single person for every single condition. If it did, it would be too expensive. As long as your employees are eligible to join your plan with us, they can apply for cover.

But there are some conditions and treatments that we can't cover. These are called exclusions. We list any personal medical exclusions on the certificate of insurance we give each employee when their cover commences. General plan exclusions are listed in the terms and conditions, which each employee will either have sent to them or which can be found by logging on to the Member Zone at [member.vitality.co.uk](http://member.vitality.co.uk)

#### **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.

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 be aware 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)

Any treatment for eligible sports injuries must follow our normal authorisation process unless agreed otherwise by us in writing.

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 employees and any insured dependants 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 employee or their insured dependants 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, checkups 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 employees and any insured dependants 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**

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 Lifestyle Surgery benefit, see page 06 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

Full details of these and other exclusions are contained in our terms and conditions. Please ask for a copy if you'd like to know more.

## **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:**

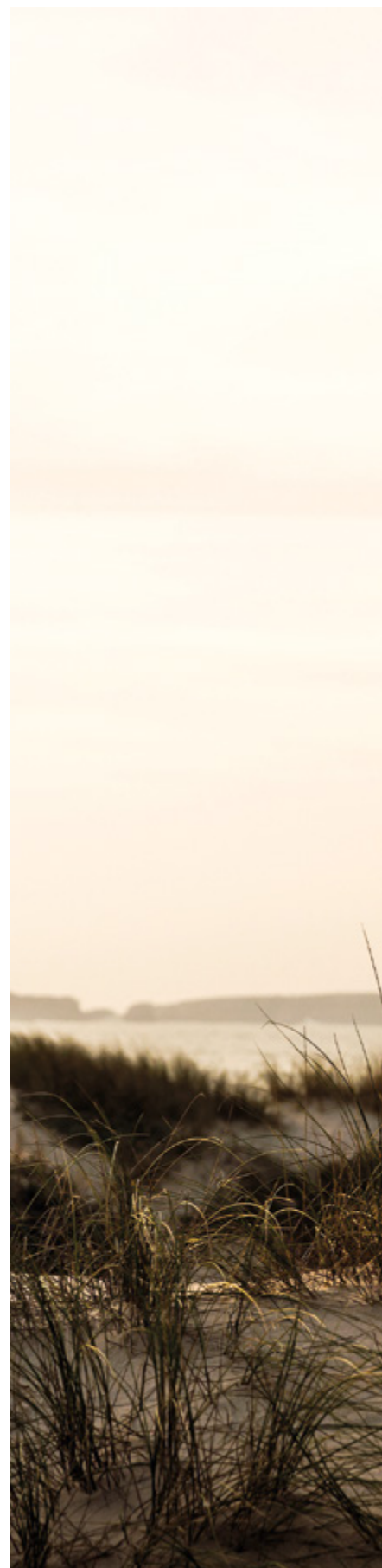
### **EXAMPLE 1 - ALAN**

**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 2 - 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.

## YOUR PREMIUM CAN CHANGE

Lots of things can affect your premium each year. For instance, the older we get, the more likely we are to claim - so, your premiums rise each year in line with how old your employees are. We also review your premiums to reflect increases in the charges made by hospitals and other providers, as well as medical advances in drugs and technology.

When we're reviewing your premium, we don't just look at how many people have claimed across all our plans - we also look at how many people have claimed on your own plan. If you've been with us for longer than a year, we look at your claims in previous years too. If your members have made a lot of claims, we may need to take this into account - but if your members haven't made many claims or have improved their Vitality status then we can reward you with a smaller increase.

## WE SEND YOU ALL THE DETAILS ABOUT YOUR PLAN

As soon as your Business Healthcare plan starts, we send you an employer welcome pack. The pack contains all the terms and conditions of your plan. We send a welcome pack to your employees too. Their pack includes all the details they need to get started with our health and reward partners. Your employees can find their terms and conditions and their certificate of insurance in the secure Member Zone at [member.vitality.co.uk](http://member.vitality.co.uk).

## WE MAKE IT QUICK AND EASY TO CLAIM

If your employees need to make a claim, they can contact our customer services team or make a claim online at [member.vitality.co.uk](http://member.vitality.co.uk). More details about how to claim are in the employee member pack, and in the Member Zone.

### **WE WANT TO KNOW IF YOU'RE NOT HAPPY**

We hope you and your employees will be happy with your plan. But if you're not, please let us know - we'll do everything we can to put things right. Give us a call on 0800 096 6322. Calls may be recorded/monitored to help improve customer service. Call charges may vary.

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.

### **CANCELLING YOUR PLAN**

In the first 14 days

If you change your mind about your Business Healthcare plan, you can cancel it:

- Within 14 days of the start date, or
- Within 14 days of the date you received your terms and conditions

whichever is the later.

And we'll give you a full refund of the premiums you've paid, as long as no claims have been made on your plan during this time.

If you cancel your plan after the first 14 days, you will be required to pay the full annual premium. This doesn't apply to plans where the membership consists of three partners or less, who may cancel their plan at any time.

### **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. Vitality Health Limited is authorised by the Prudential Regulation Authority and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority.





## FIND OUT MORE

For more information visit our  
website [vitality.co.uk](http://vitality.co.uk)

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