

Sharing the benefits
of healthy living

Vitality

A guide to Business Healthcare.

Health insurance · Life insurance · Car insurance · Investments

Contents.

Why private medical insurance?	4
Five Reasons to choose VitalityHealth	7
Build a plan that's right for you	8
Core Cover	10
Additional Cover	14
Tailor your plan	20
Consultant Select	21
Hospital list	22
Excess	23
Underwriting	24
The Vitality Programme	26
Vitality at Work	28
Vitality in your workplace	30
Additional benefits	32
About VitalityHealth	33
Important information	34

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.

Why private medical insurance?

Private Medical Insurance (PMI) gives your employees fast access to high-quality private medical facilities and medical treatments, at a time and place that suits them. 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 employees' 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 they need it most

Already got private medical insurance with another provider?

Moving to Vitality has never been easier and so rewarding. Answer a few simple questions with no long forms to complete, and we'll aim to switch you across as quickly as possible. Plus, we'll assign a dedicated account manager to help oversee your switch.

To find out more visit [vitality.co.uk/business/health-insurance/switching](https://www.vitality.co.uk/business/health-insurance/switching)

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.



*Figures taken from the Vitality People Study 2018

**For example, performance based on employees making higher volumes of lead generation calls.



Why VitalityHealth?

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 your employees navigate the healthcare system, and delivering comprehensive cover for onward treatment when they 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 members to get healthier, we generate value for all stakeholders. Members 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 and enhanced workplace productivity. We call this Shared Value Insurance.

5 reasons to choose health insurance from Vitality.

- 1 Full Cover Promise**

We want your employees to have the peace of mind that they are covered in full. 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.
- 2 Digital Care Access**

When your employees are seeking care, we empower them to access the support and treatment they need through a range of primary and digital care services. Vitality GP provides access to virtual GP consultations, as well as prescriptions and diagnostics. Your employees can also self-refer online or by phone into face-to-face or remote physiotherapy or mental wellbeing treatments like Cognitive Behavioural Therapy. They can request care and manage their claims through the online Care Hub, putting them in control of their treatment journey.
- 3 Advanced Cancer Cover and screenings**

All VitalityHealth Business Healthcare plans include Advanced Cancer Cover. This provides comprehensive cover for the treatment of the cancer, including full cover for biological and targeted therapies. We also provide access to screenings and preventative treatment, as well as personalised support and guidance from our specialist team at every stage of the treatment journey.
- 4 Mental Health Support**

We offer a comprehensive end-to-end approach to mental health - from prevention and maintenance to early intervention, and comprehensive treatment for more severe conditions. As part of Core Cover, your employees 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.
- 5 Vitality Programme**

All members get access to the Vitality Programme, which is evidenced to drive improvements in behaviour and long-term health, with engaged members benefitting from an additional 1.5 years of improved life expectancy due to their healthier lifestyle choices¹. Your employees get the tools to help understand their health risks and engage in healthy behaviour, as well as the incentive to do so through compelling discounts and rewards.

Plus Vitality at Work.

Vitality at Work helps employers to improve health, wellbeing and productivity for their organisation, by extending access to key Vitality Programme benefits, physiotherapy and mental wellbeing support to employees not covered by Private Medical Insurance.



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.

Here's how it works

Core Cover.

All our plans start with Core Cover, which has a variety of benefits. Find out more from page 10

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

1

Cover Options.

To create a plan that suits your needs and budget, you can choose from a range of options. Find out more from page 14

- 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

2

Tailor your plan.

You can tailor your plan further, by choosing a panel or hospital option, a level of excess and underwriting. Find out more from page 20

- Panel and hospital options
- Excess
- Underwriting

3

The Vitality Programme.

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

- Understand your health
- Get healthier
- Be 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.

CORE COVER

Primary 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 in Greater London 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 your employees access to over 5,000 accredited physiotherapists at over 1,700 locations.

As part of Core Cover, they 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 employees state of health - whether this be the opportunity to engage in positive, preventative health behaviours or 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, 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.

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

Care Hub

Get fast, seamless access to care and healthcare professionals, all in one place.

Your employees can use Care Hub to see a Vitality GP, get approval for their care and book a virtual or in-person consultant appointment with the right consultant for their condition. Plus, self-refer for physiotherapy and Talking Therapies treatment, as well as a range of support services. They can also use it to check what their plan covers, what their benefit limits are and what their excess payments are.

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.

Refer to the table below to see some of the features of VitalityHealth's Advanced Cancer Cover:

Targeted Cancer screening	Discounted screens and risk assessments for bowel and cervical cancer
Biological therapy, targeted therapy and immunotherapy	Full cover
Chemotherapy and radiotherapy	Full cover
Hormone therapies and bisphosphonate therapy	Full cover
Scalp cooling	Full Cover
Cancer surgery and reconstructive surgery	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.**

Corrective and weight loss surgeries - 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 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 we state otherwise.

COVER OPTIONS

Out-patient Cover

All 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 your employees 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. Your employees would also be able to 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. This 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 Out-patient Cover so that out-patient diagnostic tests are covered in full. This means only 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 for your employees.

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 if selected.**



Mental Health Cover

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

That is why we provide mental health support as part of Core Cover, and access to our additional Mental Health Cover should you wish to tailor your employees' plan.

Our Mental Health Cover option provides:

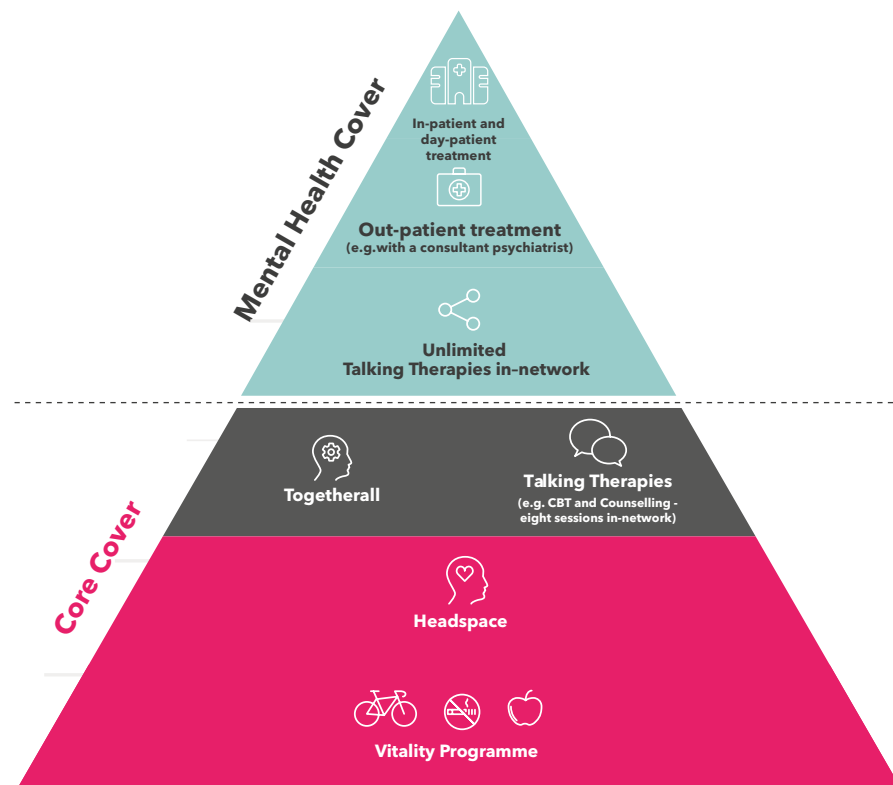
- Full Cover for Talking Therapies (where clinically appropriate).
- £1500 towards other out-patient cover outside Talking Therapies network, (e.g. with a psychiatric consultant).
- Up to 28 days of in-patient cover, plus up to 28 days of day-patient cover, per episode. Your employees will be covered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

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

Providing comprehensive out-patient and in-patient treatment for more severe mental health conditions

Offering early intervention and comprehensive out-patient support for mental health conditions

Promoting better wellbeing amongst the majority who may not consider themselves at risk



COVER OPTIONS

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.**

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 your employees meet some of their 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 their cover 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. Your employees will need to have had a dental check up in the 15 months before their cover 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	Vision Express: 100%
	Any other recognised provider: £300 per plan year	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

This covers trips outside the UK of up to 120 days each. It provides an emergency medical expenses benefit of up to £10 million, as well as cover for cancellation and loss of personal belongings during your employees' trip. Plus, it helps pay for anti-malarial treatment and common travel vaccinations so your employees are protected abroad. 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 some of the benefits.

Overseas Medical Expenses	
Medical cover if taken ill overseas. Including accommodation costs and travel expenses for one person to remain behind with the sick or injured member*	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
Loss of or damage to business machines*	Up to £1,000
Delayed departure	Up to £250
Missed departure*	Up to £1,000
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
Replacement employee travelling costs*	Up to £1,000
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

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

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

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.

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.

TAILOR YOUR PLAN

Panel and hospital options

Option 1 - Vitality Consultant Select: The smart way for your employees to find, choose and book their consultant

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

How Consultant Select works

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

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

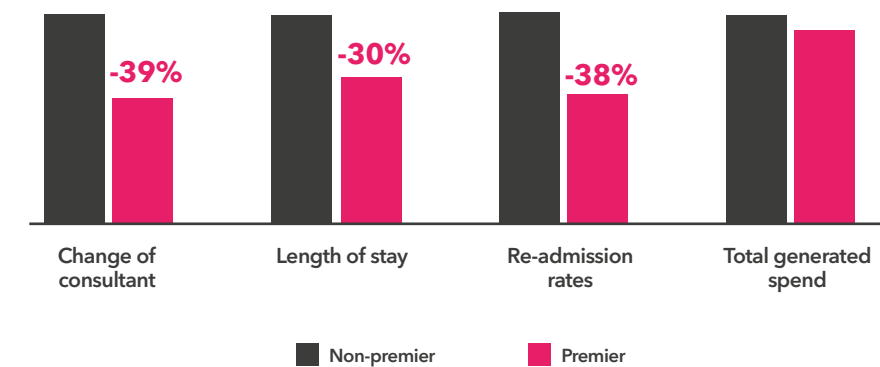
Benefits of using Consultant Select

- 1. Smart** - Consultant Finder uses our full network of consultants to automatically find up to 10 of the highest-ranking consultants for your employee's condition based on specialism, performance and location.
- 2. 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.
- 3. Effective** - Your employees are 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 by a Premier Consultant label.

Premier Consultant performance in 2021



*Health Claims Insights Report 2022.

Consultant Select is not available to applicants who live in the Channel Islands or Isle of Man.

Option 2 - Hospital List

Alternatively, you can give your employees the option to choose the consultant that treats them, and the hospital they wish to be treated in, as long as the consultant is recognised by us. Your employees will still have access to our Panel of consultants should they wish to choose this option. Our Countrywide and London Care lists of leading UK hospitals give your employees control over where their treatment takes place.

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, Ramsay Health Care and Circle Health
- 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 and St Elizabeth, King Edward 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

UK treatment at a hospital not eligible on your plan

If you choose a hospital list, and your employee uses a hospital not eligible on their plan, then they'll need to pay 40% of their treatment costs, excluding the consultants' fees.

If they want to avoid paying this, they'll need to use a hospital that is eligible on their plan. But if they need 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 your employees the treatment they need.



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 Corrective and Weight Loss 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 your employees to lead a healthier life, and reward both them and your business for doing so.

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

The Vitality Programme will also bring benefits to your business. As your employees are getting healthier, Vitality's research has shown that they have fewer sick days, have increased performance, and are a more engaged workforce which in turn should help your business' productivity.*

* The Vitality People Study 2018

VITALITY POINTS NEEDED			
SINGLE 0 JOINT 0	SINGLE 800 JOINT 1200	SINGLE 1600 JOINT 2400	SINGLE 2400 JOINT 3600
BRONZE Vitality status	SILVER Vitality status	GOLD Vitality status	PLATINUM Vitality status



1. Understand your health

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

2. Get healthier

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

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

3. Be rewarded

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

For more information about our partners and rewards, please see our [Guide to the Vitality Programme](#).

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

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
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 practitioners in 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

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.

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.

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.

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%

*Britain's Healthiest Workplace, 2016

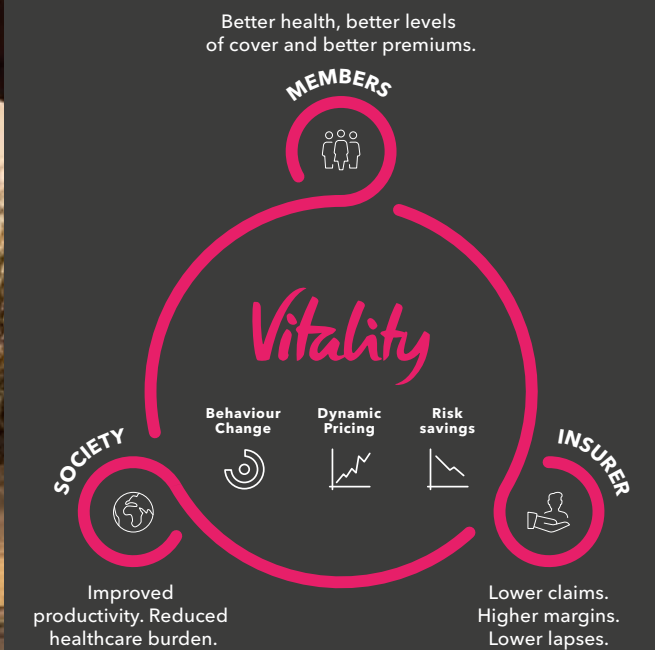
Example

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): $(5 \times 0\%) + (10 \times 2.5\%) + (3 \times 5\%) + (2 \times 10\%) / 20 = 3\%$

About VitalityHealth.

VitalityHealth is part of the Discovery Group, founded in 1992 and now covering over 27 million customers, across 38 markets worldwide.

VitalityHealth's core purpose is to enhance and protect your employees life, which is why we make it easier and more affordable for your employees to get healthier as well as providing them with quality care. VitalityHealth is different to other insurers, as we realise that health risk is closely linked to people's lifestyle behaviour. This underpins our Shared-Value Insurance Model. By incentivising and encouraging our members to be healthier, not only do they benefit from improved health and wellbeing, but VitalityHealth as an insurer benefits from insurance savings from healthy members who are less likely to claim. These savings allow us to offer comprehensive cover with richer benefits, more valuable behavioural incentives, and more sophisticated pricing and underwriting. This approach benefits all stakeholders - the individual, the insurer, and broader society.



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 certificate of insurance 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 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 Corrective and Weight Loss Surgery, 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 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.

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.

Find out more.

If there is anything else you want to know about VitalityHealth or our Business 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.

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