

Your policy summary.

This policy summary highlights the benefits of your PruHealth private health insurance.

Please read your policy document for full terms and conditions.

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What is PruHealth private health insurance cover?

- It is an insurance plan underwritten by PruHealth that aims to cover the cost of private medical treatment for acute conditions for UK residents. You must be aged 18 or over to have a PruHealth policy
- We aim to provide you with the best comprehensive private medical cover available
- Your policy with us is for a 12 month period.

What benefits does this plan offer me?

- With our Vitality programme everyone can benefit from a healthy lifestyle. If you eat well and take a bit of exercise you could receive a reward when you renew
- If you don't claim, you're guaranteed a discount of 25% of this year's premium towards the cost of next year's premium
- Prices with our Vitality partners may increase during your policy year. No price increase shall exceed the amount equal to the change in the Consumer Price Index (since our last price increase) against the Bronze price. (Please see section 3.14 of your policy document for full details).

0800 092 7333

pruhealth.co.uk



Even if you do make a claim we will put a minimum of 25% of any unclaimed premium towards the cost of next year's cover. Unclaimed premium is the difference between annual premiums paid (before any discounts or loadings), less any claims paid. If your claims exceed your premium there will be an additional charge.

By taking part in our Vitality programme and making an effort to actively look after your health, you could increase your no claims bonus to 50%, 75% or with enough effort 100%. You'll also receive discounts on our health and wellbeing partners.

Please read the '**Renewal**' section of your policy document for full details.

What will each plan cover?

We have four different types of cover. You'll be able to check which one you chose by reading your Membership Certificate.

The Core plan will cover:

- All eligible hospital fees, including specialist fees
- Limited outpatient costs following and directly related to a hospital stay
- A range of additional benefits including NHS Hospital cash benefit and Childbirth cash benefit.
- Excess not available under this plan.

The Essential plan will cover:

- All the cover of the Core plan, plus greater levels of outpatient care
- Limited outpatient costs but the restrictions do not necessarily relate to hospital stays.

The Comprehensive plan will cover:

- All the cover of the Essential plan, plus greater levels of outpatient care and higher cover limits
- All eligible outpatient costs
- A wider range of additional benefits such as complementary and alternative therapies.

The Select plan will cover:

- All the cover of the Essential plan, plus greater levels of outpatient care
- Compulsory excess of £250
- Gym membership on this plan will be charged at Bronze rate regardless of Vitality status.

Please read the '[Cover and benefits in detail](#)' section in your policy document for full details on what your plan covers. This includes details on our full cancer cover.

What our plans do not cover:

As with many private medical insurance plans, there are some standard treatments and conditions that we don't cover. These are as follows:

- Any regular monitoring or treatment of chronic conditions. Examples of chronic conditions include diabetes, HIV/AIDS and allergies
- Any treatment received outside the UK
- Emergency treatment or visits to your GP
- Preventative treatment (and regular checks)
- Pregnancy and childbirth
- Self-inflicted injuries
- Cosmetic treatment
- Organ transplants
- Medication and dressings (except when administered during hospital admissions)
- Fertility, infertility and menopause-related treatment
- Experimental, unproven or unregistered treatment or practices
- Treatment related to developmental problems, learning difficulties, or delayed speech disorders
- Dentistry
- Refractive eye surgery and optometry
- Treatment for obesity
- Deafness (for policies with a start or renewal date on or after 1 July 2009).

If you selected '[moratorium underwriting](#)', any conditions that you have been affected by in the five years before the start of your cover will not be covered in the first two years of your policy. Please read the '[Underwriting](#)' section in your policy document for full details.

Policy excesses

Any excess will be shown on your Membership Certificate. An excess is the amount of money you must pay towards any treatment you have. Excesses apply per person and only once in each policy year, regardless of the number of claims you make. A new excess applies each policy year even if your claim relates to a condition that you previously claimed for. Please see section 3.2 of your policy document.

Tariff shortfall

A tariff shortfall will happen if the proposed treatment cost is outside the range that is reasonable and customary, the Member will have to contribute the difference between this amount and the claimed amount. Alternatively, the Member can choose to have treatment with a different practitioner. This will be specified at claim authorisation stage.

How do I claim?

We hope you don't need to claim but if you do we've made the process as simple as possible.

- **Step 1: Visit your GP.** If you need medical treatment, the first thing to do is to visit your GP. If they refer you for treatment, tell them you have cover with PruHealth and ask for the following:
 - Full details of your condition/injury, diagnosis and intended treatment
 - Full name and address of the specialist and the hospital/clinic you've been referred to.

How do I claim? – continued

■ **Step 2: Give us a call on 0800 092 7333.**

Once you've got all the details, call our dedicated Claims Team for your authorisation number – jot this down and keep it safe for your trip to the specialist. If you have treatment without it, it could mean you won't be covered.

It's worth remembering that you might be asked to give details of your condition over the phone, so you may want to make the call in private. To double check any of the details of your cover, log on the Member Zone at pruhealth.co.uk/member and click on 'My cover'.

You may be able to receive an authorisation number online. Please log onto the Member Zone at pruhealth.co.uk/member to find out.

■ **Step 3: Book your appointment.** You can now book your appointment with the specialist and start your treatment. When you go, make sure you take the authorisation number we gave you. If you need further visits, ask for a procedure code and description of the treatment or investigation. Always speak to our Claims Team to make sure you're covered for further treatment.

■ **Step 4: Settling the bill.** In most cases, medical bills will be sent direct to us. If you do get a bill, simply forward it on to us at PruHealth Customer Services, Stirling FK9 4UE. If you make a payment yourself, send us the bill with proof of payment and we'll pay you back.

Can I change my mind?

You have 30 days from the start date of your cover, or from when you received your policy documentation, whichever is later, to cancel your policy and receive a full refund. If you have any claims larger than your premium we will collect the difference and any outstanding claims will be cancelled. You will not receive a refund for any Vitality activities used or points earned. Cool off provisions for any gym membership will depend on the terms and conditions of the relevant gym.

Other information.

What if I need to complain?

We hope that you never need to complain, but if you do, you can write to us at:

**PruHealth Customer Services,
Stirling FK9 4UE.**

Copies of our Complaint Handling Procedures are also available at this address. Or you can call us on **0800 096 6322.**

If you are not satisfied with our reply you can take your complaint to:

**The Financial Ombudsman Service,
South Quay Plaza,
183 Marsh Wall,
London E14 9SR.**

This is a free service. Using it will not affect your legal rights.

Compensation

You may have a right to compensation if we or another authority decide that you've bought a plan in which the information provided by PruHealth was incorrect or misleading and resulted in financial loss. Please contact our Customer Services office for more information.

If PruHealth is unable to meet its financial obligations in full you may be entitled to help from the Financial Services Compensation Scheme. Further information is available from the Financial Services Compensation Scheme. Telephone **020 7892 7300** or visit the website at www.fscs.org.uk

How to contact us

Call us on **0800 092 7333** or visit our website pruhealth.co.uk

Or please write to us at: **PruHealth Customer Services, Stirling FK9 4UE**

Please note that PruHealth can only give information on PruHealth products.



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