

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.

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 between 18 and 80 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 25% discount of this year's premium off the cost of your renewal premium

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 3 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

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

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. Please note that if you have chosen our core plan an excess is not available.

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
- 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

Policy Excesses

Any excess will be shown on your schedule of benefits. 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.

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.

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: Go and see your GP. If you need some treatment and your GP feels that you need to see a specialist or therapist, let your GP know that you have private medical insurance
- Step 2: Call the PruHealth authorisations team on 0800 092 7333. Our authorisation team are all clinically trained and will talk you through the next steps
- Step 3: If you get a bill directly from your specialist or therapist, please send it to us at PruHealth, Stirling FK9 4UE or by fax to 0800 015 8700

- If you pay for any treatment or services yourself, please send us the bill with some proof of payment

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 amount 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

PruHealth is a trading name of Prudential Health Limited and Prudential Health Services Limited which are registered in England and Wales. Registered office at Laurence Pountney Hill, London EC4R 0HH. Registered numbers 5051253 and 5933141 respectively.

Prudential Health Limited and Prudential Health Services Limited are authorised and regulated by the Financial Services Authority. This can be confirmed with the Financial Services Authority at www.fsa.gov.uk/register or by calling 0845 606 1234, under reference number 400057 and 461107 respectively.

How to contact us

Call us on **0800 092 7333** or visit our website **www.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.