

YOUR POLICY SUMMARY

THIS POLICY SUMMARY HIGHLIGHTS THE BENEFITS OF PRUHEALTH PRIVATE HEALTH INSURANCE COVER. PLEASE READ THE POLICY DOCUMENT FOR THE FULL TERMS AND CONDITIONS OF YOUR POLICY.

This product is designed to meet the needs of those who wish to ensure that their health needs are met quickly, with increased choice and in high quality facilities.



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 take out a PruHealth policy.
- Our plans aim to give members the opportunity to improve and maintain their health, with the potential reward of receiving lower insurance premiums.
- Your policy with us is for a 12 month period.

What benefits does this plan offer me?

- We aim to provide you with the best comprehensive private medical cover available.
- We will put a minimum of 25% of this year's premiums towards the cost of next year's cover if you don't claim.
- 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. There may be an additional charge if your claims exceed your premiums.
- By taking part in our Vitality programme and making an effort to actively look after your health, this no claims bonus could increase to 50%, 75% or with enough effort 100%.
- The PruHealth private health plan offers significant discounts through our health and wellbeing partners.

Please read the 'Renewal' section of your Policy Document for full details.

What will each plan cover?

PruHealth plans cover you for a wide range of acute conditions. These are diseases, illnesses or injuries likely to respond to treatment with the aim of returning you to the state of health you were in before you suffered the condition.

The Core Plan will cover:

- All eligible hospital fees, including specialist and consultancy fees.
- Limited outpatient costs following and directly related to a hospital stay.
- A range of additional benefits with cash benefits for childbirth and for using the NHS.

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.
- A range of additional benefits with cash benefits for childbirth and for using the NHS.

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, cash benefits for childbirth and for using the NHS.

Please read the 'Cover and benefits in detail' section in the enclosed Policy Document for further information on what your plan covers you for. This includes details of our full cancer cover. Please note that an excess is not available with the Core Plan.

What our plans do not cover

As with many private health insurance plans, there are some standard treatments that the PruHealth plans do not cover. For example:

- 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.

Policy Excesses

If you have an excess on your policy, you will need to contribute this amount towards the total value of claims paid in each policy year. Excesses apply per person on the policy. Please see section 3.2 of your Policy Document.

If you joined PruHealth using 'moratorium underwriting', conditions which existed up to five years before the start of cover may be excluded from cover in the first two years of your policy. Please read the 'Underwriting' section within the Policy Document for full information.

How do I claim?

While we hope you never have to claim, we've made the process as simple as possible for you.

Step 1: Visit your GP first and if further treatment is necessary, they'll refer you to a specialist or other practitioner.

Step 2: Call PruHealth on **0800 092 7333** to check eligibility and talk through the next steps.

Alternatively, you can write to us at our Customer Services address shown below.

Step 3: If you receive an invoice once you have sought treatment please send it to PruHealth at the Customer Services address below for payment.

Can I change my mind?

You have 30 days from the start date of your cover, or the receipt of your policy documentation, whichever is later, in which you may cancel your policy and be

entitled to a full refund. Any excess of claims over premiums will be recovered and any outstanding claims will be cancelled. You will not be given a refund in respect of any Vitality activities used or points earned. Cool off provisions for any Health Club membership depend on the terms and conditions of the relevant club.

OTHER INFORMATION

What if I need to complain?

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

PruHealth Customer Services,
Stirling FK9 4UE.

Copies of our Complaint Handling Procedures are also available at this address.

Alternatively, telephone us on **0800 096 6322**.

If you are not satisfied with our response you may then 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.