



PERSONAL HEALTHCARE



About Private Health Insurance

Private health insurance can play an important part in giving you and your family reassurance that you'll get the treatment you need, when you need it, in hospitals that pride themselves on their high standards of quality. Your health insurance is there to cover the cost of surgery and access to medical specialists and nursing during a stay in either a private hospital or in a private ward of an NHS hospital. It can also cover you for tests and investigations to diagnose health problems.



About PruHealth

PruHealth is a specialist health insurer backed by two large international financial services companies – Prudential and Discovery Holdings. Established in 1848, today Prudential plc is an international financial services group with significant operations in Asia, the US and the UK. It serves approximately 25 million customers and has £309 billion of assets under management. Discovery Holdings was founded in 1992 and is the market leader in health and life insurance in South Africa. It is internationally recognised for integrating health and wellbeing into its insurance products and operates in the US and China through its Vitality wellness programme.

At PruHealth we are proud of our awards. In 2010, for example, we won the Moneywise Customer Services Award for 'Most Trusted PMI Provider' and the Health Insurance Award for 'Best Individual PMI Provider'.



Most trusted PMI provider
2009 & 2010



Best Individual PMI Provider
2006,
2007, 2008 & 2010



Best Individual
PMI Provider 2006,
2007, 2008 & 2010
Health Insurance Company of
the Year 2006 & 2007

Why choose PruHealth?

Our vision is to be the leading health insurer in the UK, providing you with the best products and service possible. When you choose PruHealth you can be sure that:

- Our plans are designed with you in mind.
- When you call us we'll provide assistance from professional and knowledgeable people who care and understand your needs.
- We'll be open and clear about what you're covered for. When we say 'full cover' we mean it and won't leave you with extra costs.
- We'll help you to live a healthier life by giving you access to Vitality, our health and wellness programme.

We're committed to creating innovative products and investing in your wellness.

What makes us different

We provide health insurance with a difference. We were the first health insurer in the UK to recognise that health insurance shouldn't only benefit people when they are sick but also reward them for living a healthy lifestyle. Our members' wellness continues to be central to everything we do.

Feel reassured with health insurance from PruHealth

Fast access to expert care

With our Personal Healthcare plan you can benefit from quick access to high-quality private care. What's more, with out-patient cover you could benefit from a faster diagnosis, so you're not kept waiting for results and you can get the treatment you need, when you need it most.

'Full Cover'

When we say 'Full Cover', we mean it. There is no set time or money limit, and we'll pay costs in full if the treatment is covered on your plan.

It also means, for instance, that if you need an operation, we'll pay the fees for your specialists (your surgeon and anaesthetist) in full. This is different from most other health insurance plans which have their own fee limits (even where they say *full cover*), leaving customers to make up any shortfall if their specialists' fees happen to be higher than those limits.

We believe our Personal Healthcare plan provides peace of mind, so you don't have to worry about paying bills you weren't expecting.

Access to the latest drugs and treatments

Advances in medical technology such as new drugs and new surgical procedures are being made all the time and our plans aim to cover these as they become available. Sometimes, treatments such as new cancer drugs are not funded by the NHS but the clinical evidence shows that they are helping patients. In these cases, we will cover the cost of these drugs and, under our Full Cancer Cover option, we won't place any time or money limits on them.

Flexibility

Our Personal Healthcare plan allows you to pick from our range of options, ensuring your plan meets your needs and your budget. We understand health insurance can be complicated so we'll be on hand any time you need assistance or support.

Vitality

At PruHealth we were the first health insurer in the UK to not only cover the cost of our members' treatment if they get sick, but also to provide incentives and rewards for living a healthier lifestyle so they could benefit from being well too.

First-class customer service

Our experienced and knowledgeable customer care team is there to support you throughout your illness and treatment. We'll always be open and honest about what we cover, and professional, understanding and compassionate – whatever your situation.

If you ever need to make a complex claim, you can rely on PruCare - our Managed Care team, a group of highly trained nurses and experienced case managers who will give you extra support during difficult times.



PruHealth is committed to a policy of full transparency and as such we'll highlight any important details we think you ought to pay close attention to with this icon, in order to ensure you understand your cover and don't get any surprises when you need to make a claim.

About Personal Healthcare from PruHealth








Our Personal Healthcare plan offers a comprehensive range of options that puts you in control. Because we don't make you pick an off-the-shelf plan you are able to create your plan to suit your needs and budget. Starting with our Core Cover you can then choose from our range of additional cover options, excesses, hospital lists and underwriting options. The result is a plan that's unique to you and has the potential to change with your needs each year.

Of course, we understand that not everyone wants lots of options. As a starting point you can look at page 22 where we've laid out three example plans. Your Adviser can help you to pick the one that best suits you by identifying your needs first.

All PruHealth members also benefit from our unique Vitality programme which offers access to a range of activities, discounts and partners to help you get and stay healthy. What's even better is that the more you take part in Vitality, the more we'll reward you for it.

How it works

Your PruHealth Personal Healthcare plan is made up of the key elements below. You can read about each section in more detail to help you create your plan. Your Adviser can help you decide what's best for you.

-  **Core Cover** - Everyone starts with Core Cover.
-  **Vitality** - Vitality is included in all our plans.
-  **Cover enhancements** - Get extra peace of mind with options like Out-patient Cover or cover for therapies such as chiropractic treatment or acupuncture.
- 
-  **Vitality Plus** - You can get more from Vitality with Vitality Plus.

Hospital List

Choose from our four hospital lists to suit your location or budget.

Excess

Choose from our excess options which are £0, £100, £250, £500 or £1,000.

Underwriting

Choose from our three types of underwriting.

Core Cover

The benefits described below form the foundations of your Personal Healthcare plan. If you need to stay in a private hospital for treatment, you are fully covered when you go to a hospital on your chosen list. Cancer treatment and MRI, CT and PET scans are also covered whether as an in-patient or an out-patient. You also have access to a number of other benefits, including our unique Vitality programme which could help you improve your health.

In-patient and Day-patient Cover

Hospital Fees

This covers all the costs you would associate with a hospital admission. This includes overnight stays, nursing, any drugs you're given whilst you're in hospital, intensive care treatment and operating theatre charges.

Specialists' Fees

This provides full cover for all specialists' fees for in-patient and day-stay treatment. We're the only health insurer that promises to pay all these fees in full for any specialist, providing they are recognised by us, so you'll never be asked to make up any shortfalls when you have treatment in a hospital on your chosen list.

Diagnostic Tests

This provides cover for all diagnostic tests that you may require whilst staying in hospital.

MRI, CT and PET Scans

MRI, CT and PET scans are covered in full while you are staying in hospital, and also as an out-patient if you are referred by your specialist.

Core Cancer Cover

All in-patient and out-patient costs related to the treatment of cancer, once diagnosed, are covered.

This includes:

- Radiotherapy, chemotherapy and follow-up consultations.
- Biological therapies – these aid the body's natural defence system in order to inhibit the growth of a tumour. Cover is limited to 12 months of treatment.
- Hormone and bisphosphonate therapies which are covered in full when combined with chemotherapy but limited to three months if prescribed on their own.
- Cancer surgery and reconstructive surgery.
- Stem cell transplantation.

Also see our Full Cancer Cover option.



NHS Hospital Cash Benefit

This provides a cash amount that you can claim if you choose to receive treatment on the NHS that you could otherwise have received privately under your Personal Healthcare plan. You could receive £250 for each night spent in an NHS hospital (up to a maximum of £2,000 per plan year), and £125 for day-patient treatment (up to a maximum of £500 per plan year).

Childbirth Cash Benefit

This is a single cash payment of £100, which we pay following the birth of a child.

Home Nursing

We cover home nursing needed to help you get back on your feet immediately after a stay in hospital for treatment, should your specialist recommend it instead of further in-patient treatment.

Private Ambulance

We cover use of a private ambulance for transport between hospitals where medically necessary.

Parent Accommodation

If you have a child aged under 14 on your plan, we'll cover the cost of hospital accommodation for one parent to accompany them if they need to stay overnight for treatment.

Vitality

At PruHealth we believe in helping you take care of your health so our Vitality programme is core to your Personal Healthcare plan. There are discounts with our health partners and half price health screens, as well as useful tools to help you understand and monitor your health, and set goals to improve it. As you take part in the programme, you'll earn Vitality points which count towards your Vitality status which helps you to see your progress. Everyone starts at Bronze and can move up to Silver then Gold, and finally Platinum. After your third year with us, and providing you continue your plan, we'll also pay you some of your premium back in cash if you've reached at least Silver status. You can read about the Vitality programme in more detail on page 16.



Enhance your cover

There are a number of ways you can enhance your cover to benefit even more from your Personal Healthcare plan. The optional benefits below come at an additional cost, but allow you to tailor your plan to suit your needs and budget.

Full Cancer Cover

We cover all in-patient and out-patient costs related to the treatment of cancer, once diagnosed. In addition to all the benefits listed under our Core Cancer Cover, our Full Cancer Cover doesn't apply limits on the use of biological therapies, hormone or bisphosphonate therapy, giving you full peace of mind. Even if the cancer is no longer treatable, with Full Cancer Cover we will still continue to provide cover for care needed to relieve the symptoms, including pain relief at the end stage of cancer.

Out-patient Cover

This benefit gives you cover for consultations, specialist fees, physiotherapy and diagnostic tests such as blood tests and x-rays, on an out-patient basis. You can choose from:



1. No cover enhancement - MRI, CT and PET scans only – these are covered automatically under Core Cover but would leave you with no other out-patient cover.
2. Out-patient Cover with a limit – this would mean you would be covered for out-patient diagnostic tests, specialist consultations and physiotherapy up to a set limit for the year, in addition to the scans included in Core Cover. You can choose either £500, £750, £1,000, £1,250 or £1,500 as your limit.
 - + You can choose to add on Full Cover for Diagnostics – you can upgrade your Out-patient Cover so that out-patient diagnostic tests are covered in full, and only your specialist consultations and physiotherapy would be subject to your chosen Out-patient Cover limit.
3. Full Out-patient Cover – no limit on out-patient treatment, specialist fees, or diagnostic tests, in addition to the scans included in Core Cover.

Therapies Cover

If you're suffering from back or neck pain, food intolerances or other general ailments, your GP or specialist might refer you to a therapist. Therapies we cover include:

- Chiropractic
- Osteopathy
- Chiropody/podiatry
- Acupuncture
- Homeopathy
- Two consultations with a dietician

You can choose cover up to £350 per plan year or take the Full Cover option.

Psychiatric Cover

Your health insurance can look after your mental health too, providing cover for treatments such as stress counselling, consultations and treatment with a psychiatrist or psychologist and, where necessary, hospital stays. All psychiatric claims are managed on a case-by-case basis.

You can choose cover up to £15,000 or £20,000 for each plan year. Out-patient psychiatric treatment is covered up to £1,500 within that total.

Private GP helpline

This is a 24-hour phone line giving you access to a doctor seven days a week, so you don't have to wait for an appointment with your GP. The doctor won't be able to prescribe medicine but can often work out what's wrong from your symptoms. If you need to visit your own GP afterwards, having that initial diagnosis is likely to speed things up. And if it's something serious, you should be able to get an emergency appointment more easily. To be referred for treatment, you need to see your own GP.

Vitality⁺

With Vitality Plus we make it easier and more rewarding to live a healthier life. You get all the benefits of Vitality, as well as 50% off the full individual monthly membership price for Virgin Active and LA fitness gyms*. You also get five times the usual number of Nectar points for buying certain healthy foods at Sainsbury's and great discounts on travel and leisure activities with our reward partners, Eurostar, Champneys, Mark Warner and Cineworld, which increase as you improve your Vitality status. You can read about the Vitality programme in more detail on page 16.

* 25% off full individual monthly gym membership for Virgin Active 'Classic clubs' and LA fitness South Kensington club.



Dental Cover

There are two levels of Dental Cover to choose from depending on your needs and budget. We also give you the freedom to use any dentist you choose.

Major Dental Treatment

This provides cover for major dental treatment such as crowns, bridges, root canal treatment, extractions, dentures and emergency dental work after an accident, subject to the limits in the table.

Major and Routine Dental Treatment

This extends cover to include routine dental check-ups in addition to the major dental treatment mentioned above. Most of the limits for those treatments are higher under this option.

Dental Cover	Major Dental Treatment	Major and Routine Dental Treatment
Maintenance: routine examinations Maximum of two claims each plan year		Up to £30 per claim
Maintenance: routine scaling and polishing Maximum two claims each plan year		Up to £40 per claim
Maintenance: dental x-ray Charges for radiography of teeth or jaws. Maximum of two claims each plan year		Up to £40 per claim
Treatment: fillings Maximum of two claims each plan year		Up to £40 per claim
Crowns: new or replacement	Up to £300	Up to £400
Inlay/onlay/overlay: new or replacement		Up to £100
Bridges/implants: new or replacement	Up to £200	Up to £300
Root canal treatment	Up to £150	Up to £250
Apicectomy	Up to £100	Up to £150
Extractions	Up to £150	Up to £250
Dentures: new or replacement	Up to £250	Up to £350
Accident and emergency: Accidental dental: charges made by a dental practitioner or specialist for an accidental dental injury. Maximum of four claims each plan year	Up to £2,500 per claim	Up to £2,500 per claim
Emergency dental: Charges for immediate relief of severe pain, haemorrhage and/or infection. Maximum of two claims each plan year		Up to £300 per claim
Emergency call-out fees: Maximum of two claims each plan year	Up to £50 per claim	Up to £50 per claim



Benefits are per person covered, per plan year, unless otherwise stated.

To be eligible for this benefit, you must have undergone a check-up with your regular dentist and have completed any dental treatment they recommended in the 12 months before your cover start date.

If you have not seen your dentist in the 12 months before your cover start date, then eligibility for this benefit will only begin after you have undergone a check-up and completed any recommended treatment.

Worldwide Travel Cover

This covers everything from personal possessions to emergency medical expenses when you're travelling abroad, including Winter Sports Cover. Worldwide Travel Cover applies to trips of up to 120 days.

Travel benefit	Amount of cover
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 £1,000
Loss or damage to personal belongings*	Up to £2,000
Loss of personal money*	Up to £1,000
Delayed departure	Up to £100
Missed departure*	Up to £500
Cancelling the trip or cutting it short*	Up to £4,000
Personal accident	Up to £25,000
Personal liability	Up to £2 million
Loss of passport*	Up to £250
Delayed baggage*	Up to £200
Legal expenses	Up to £25,000
Winter Sports (cover is limited to 21 days in total in a plan year)	
Loss or damage to ski or snowboarding equipment*	Up to £500 each plan year
Loss of ski pass*	Up to £500 each plan year
Piste closure (£30 a day)*	Up to £500 each plan year
Loss of use of hired skis and ski pass due to illness or injury*	Up to £500 each plan year
Notes	
Benefits per each person covered, per trip, unless otherwise stated.	
* A £50 excess applies.	

Separate terms and conditions apply to our Worldwide Travel Cover. Please ask your Adviser for details.

Choose a Hospital List

As a PruHealth member you can have access to some of the leading private hospitals throughout the UK ensuring you receive the highest standards of care. You have a choice of four hospital lists which contain an increasing number of hospitals. The list you select will affect your premiums, so you should factor that in when you make your choice. Please also check that in relation to where you live, your most suitable hospitals are on the list you choose.

Local Hospital List includes the UK's two largest private hospital groups, Spire Healthcare and BMI Healthcare, and also some hospitals from the Ramsay and Nuffield Health Hospital groups. This does not include any Central London hospitals.

Countrywide Hospital List extends your coverage to include the majority of private hospitals across the country, including a good range in Greater London, as well as NHS private patient units. This list does not include any Central London hospitals.

London Hospital List further extends your hospital cover to hospitals in Central London, including all of the HCA Healthcare hospitals (the largest private hospital provider in London) and direct access to the NHS private patient units in the centre of London.

Premier Hospital List offers the widest choice, with access to all the private hospitals and NHS hospitals with private facilities in the UK.

The hospitals on our lists offer first-class facilities providing single room accommodation with en-suite facilities in clean, comfortable surroundings.

Your Adviser will be able to provide you with a copy of our hospital list to help you choose the most appropriate list.

Using a hospital not on your chosen list

If you choose to have in-patient treatment or any MRI, CT or PET scan in a hospital outside your hospital list, you will have to pay 40% towards the cost of treatment. If you need treatment which is not available in your chosen hospital list, you must contact us and we'll locate a facility and consultant to provide the required treatment. If you wish to avoid a co-payment, this may require you to travel to a different hospital within your nominated hospital list to receive treatment.



Choose your excess

An excess is a fixed amount of money that you pay towards the cost of your treatment. It's a great way to help reduce your premium without compromising your cover. All you need to do is decide how much you're comfortable to pay if you need to claim, from nothing at all to a maximum of £1,000. The greater the excess you choose, the lower your premiums will be.

Choosing your excess

The five levels of excess to choose from are £0, £100, £250, £500 or £1,000. You can also choose between paying your excess on a claim-by-claim basis, or paying it just once in each plan year.



Paying an excess each plan year

If you choose to pay your excess yearly, you'd only pay it once in a plan year, even if you make more than one claim. However, if the claim continues into the following plan year, then you'd have to pay the excess again. The same rule applies to each person covered under your plan.



Excess on a claim-by-claim basis

If you choose to pay an excess for each claim, then if you happen to make two claims in the same year, you'd need to make two excess payments. If a claim for treatment of the same condition continues for longer than 12 months, then we'll consider it a new claim at that point and you'll need to pay the excess again for any further treatment.

No-claims discount

When you take out a Personal Healthcare plan, we give you our maximum no-claims discount of 65% if you're buying health insurance for the first time. If you make a claim in any plan year, you will move down two levels on the scale below for each separate claim. If you don't claim in the following plan year, then you will move back up one level.

No-claims discount scale

0%	10%	20%	30%	40%	50%	55%	60%	65%
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Some claims won't affect your no-claims discount for example if you receive the Childbirth benefit. Please refer to your terms and conditions for details.

Switching from another insurer

If you're switching to PruHealth from another insurer, we can often give you the same personal underwriting terms as you currently have. There's more about this in the Underwriting section. To determine what your no-claims discount will be, up to a maximum of 65%, we'll take into account any previous claims you've made and the number of years you've been insured.

Choose your underwriting

Underwriting is simply the process we go through to determine the basis on which we can accept you for cover. Usually, this is done by assessing your medical history if you choose to complete a full health questionnaire (known as full medical underwriting).

If you've not had health insurance before then you can choose between full medical underwriting and joining on our moratorium clause. If you're switching from another insurer then you can complete our switch application form. More detail about each of these options is below.

Full medical underwriting or FMU

Full medical underwriting is available to everyone under the age of 80. As the name suggests, full medical underwriting means we consider your medical history when deciding what you will be covered for.

First of all we ask you three medical questions. If you answer 'No' to these questions you do not need to provide any further medical information. If you answer 'Yes' for any applicant, we will need you to provide further details about that person.

When providing this history, it's really important that you answer to the best of your knowledge. We may also ask for additional information from your GP if we think it's necessary. You must ensure that the information you give us is full and accurate; if you don't it may mean we cannot cover a claim or even have to cancel your plan.

If your application is eligible for FMU we'll give you a discount on your premium. Please note that this information may result in an exclusion being placed on your plan. An 'exclusion' is a condition or treatment which we can't cover. It is usually a pre-existing condition or previous illness. We will show any exclusions that will apply to you, or anyone else on your plan, on your Certificate of Insurance.



Of course, any new medical conditions arising after you take out your plan will be covered immediately. Please check your terms and conditions for more details.

If you choose this type of underwriting, we will start you off at our maximum no-claims discount of 65%.

Moratorium underwriting

Moratorium underwriting is available to everyone under the age of 80.

Choosing this option may help to speed up the application process as you don't have to complete a full medical questionnaire. Instead you sign a simple declaration on your application form. If you need treatment in the future, we'll confirm whether the condition is covered at the time of your claim.



We automatically exclude any pre-existing conditions which you (and anyone else to be covered on the plan) have received treatment and/or medication for, or had symptoms of, or asked advice on, or were aware of during the five years before your plan started.

However, if you do not have any treatment, medication or advice for those pre-existing conditions (and any directly related conditions) for two continuous years after your plan starts, then after that the conditions will be considered eligible for benefit, subject to the plan terms and conditions. This two year period is known as the moratorium.

Your plan will probably never cover any pre-existing long-term medical conditions such as heart problems, cancer and psychiatric conditions, which are likely to require regular or periodic treatment, medication or advice. This is because the moratorium period starts each time you receive such treatment, so it's unlikely you'll ever have two consecutive years free of treatment. Of course, we strongly advise you not to delay seeking medical advice or treatment for a pre-existing condition during the moratorium period simply to obtain cover under your plan.



Any new medical conditions arising after your cover starts will be eligible for benefit immediately, subject to the terms and conditions of your plan.

If you choose this type of underwriting, we will start you off at our maximum no-claims discount of 65%.

Continued Personal Medical Exclusions (CPME) or Switch underwriting

If you are under 80 and currently have private health insurance with another insurer, we can often give you the same personal underwriting terms as you currently have. These switch terms are sometimes referred to as Continued Personal Medical Exclusions (CPME).

If we offer you cover on this basis, it means that any special terms or exclusions that apply with your current insurer will continue to apply on your new plan with us. If cover on your current plan is subject to a moratorium clause on pre-existing conditions, then we'll apply our own moratorium rules but backdated to the start of your cover with your current insurer.

You will need to provide a copy of your current insurance certificate showing the details of all the members who you want to cover on your new plan. This will show any special terms or exclusions that you currently have.

On the 'Switch' section of the application form, you will be asked to provide some health history and recent claims information. If you are aged 55 or over there are 4 questions, and if you are under 55 there are 2 questions.

Once we've received your application, we'll review the information you have provided and decide if we can offer to switch you on the same underwriting terms. We may need to apply further medical exclusions and in some circumstances we may not be able to offer cover.

Until you have received confirmation from us that you can be accepted on those terms we strongly advise you not to cancel your existing health insurance plan.

Depending on the number of years for which you have been covered and the number of claims you've made, you could get up to our maximum 65% no-claims discount.



The Vitality programme

Our reason for creating the Vitality programme is simple. If you stay healthy by exercising regularly, eating well and not smoking, you could add years to your life. And that's why we believe health insurance shouldn't only benefit the people that need to claim.

Vitality is core to our Personal Healthcare plan. This means everyone has access to our proven wellness programme which includes activities and partner discounts to help you get and stay healthy.

As you take part in the programme, you'll earn Vitality points which count towards your Vitality status which helps you to see your progress. Everyone starts at Bronze and can move up to Silver then Gold, and finally Platinum.

There are *three steps* to Vitality

1

Know your *Vitality Age* and set goals

The first thing you need to do is find out your *Vitality Age* – this is calculated using your responses to an online health assessment – the Health Review – and reflects your overall health and wellbeing. The lower your *Vitality Age* is compared to your actual age the healthier you are. The Health Review also gives you an idea of how much or how little you need to do to improve your health and fitness, and helps you set goals. You can improve your understanding of your health by going for a free fitness assessment or a half price health screen with one of our Vitality partners.

2

Get active

Exercise is key to your health, so to help get you moving we offer pedometers and heart rate monitors at discounted rates. We also have a partner to help you quit smoking and you can track your progress online to see how well you're doing.

3

Get cash back

Being healthy should offer its own reward, but the truth is that most of us need motivation to get started. So if you take part in our Vitality programme, and improve your Vitality status, you're entitled to some of your premium back in cash. We've designed it so that the more you look after yourself, the more we boost your cash back. Each year we add up a cash amount based on your Vitality status. After your third year with us, if you have reached Silver status and providing you continue your plan, we'll pay out this amount to you. We've made sure that Vitality rewards everyone who takes steps to improve their health.



Get even more from Vitality with *Vitality+*

With Vitality Plus we've made it even easier and more rewarding for you to look after your health.

We know that eating well and taking regular exercise are the two most important things we can do to help improve our all round health and wellbeing. That's why we have focused on these two elements for our Vitality enhancement – Vitality Plus.

To help you exercise for less we'll give you a 50% discount on your full individual monthly gym membership fee with our health club partners Virgin Active and LA fitness*. Plus when you buy certain healthy foods at Sainsbury's you will get five times the usual number of Nectar points. Both of these will earn you Vitality points which will help you to improve your status.

* 25% off full individual monthly gym membership for Virgin Active 'Classic clubs' and LA fitness South Kensington club.

Rewards for healthier living

And because you have taken these extra steps to look after your health, we'll reward you for it too, with discounts on Eurostar travel, Mark Warner Holidays, Cineworld movies and luxurious stays at Champneys Health spas. The higher your Vitality status, the bigger the discounts become. You can see the discounts available on page 21.

Vitality

Getting started

It's easy to get started – once you've taken out your plan just go to the Member Zone at pruhealth.co.uk and find out your *Vitality Age*. Your *Vitality Age* is calculated using your responses to the online health assessment - the Health Review - and reflects your overall health and wellbeing. The lower your *Vitality Age* is compared to your actual age the healthier you are. The Health Review is quick and easy to complete, and it's the key to getting the most out of our Vitality programme. Not only could it help to improve your health, but if you choose Vitality Plus it also unlocks access to our reward partners.

It has never been easier to set goals and track your activities. We've lined up a host of tools and trackers on the Member Zone to help you learn about all the ways in which you can increase your Vitality status. And, of course, increasing your status means you'll be able to enjoy more cash back, providing you continue your plan after your third year with us. It's your very own health and wellbeing management tool.

You can earn Vitality points across a range of activities, for example:

Know your *Vitality Age* by:

- ✓ completing a Health Review
- ✓ doing a stress test

Getting active by exercising regularly:

- ✓ using a Fitbug pedometer or Polar heart rate monitor and achieving set targets while exercising
- ✓ taking part in an organised event through Active Europe
- ✓ working out at a PruHealth partner gym, if you choose Vitality Plus

Looking after your health by:

- ✓ having a full or basic health screen plus, for certain ages, a mammogram, a Pap smear, tests for cholesterol, glucose and glaucoma, to name a few
- ✓ maintaining or improving your body mass index (BMI)
- ✓ not smoking and completing a non-smoker's declaration
- ✓ creating a healthy meal plan online
- ✓ buying certain healthy foods from Sainsbury's, if you choose Vitality Plus

Vitality status levels

As you earn more Vitality points, you increase your Vitality status. Your Vitality status helps you track your progress and guides the level of your cash back reward as well as the reward partner discounts if you choose Vitality Plus.







Your Vitality status levels are:

Status	How many points each adult needs
Bronze	0
Silver	800
Gold	1,600
Platinum	2,400



Health partners

Healthy living doesn't have to be expensive. To make it easier for you to take steps to improve your health, you'll have access to our Vitality health partners:

<p>Stop smoking 75% off the retail price*</p> 	<p>Get active 45% off Polar retail prices*</p> 
<p>PruHealth members can attend an Allen Carr's Easyway to stop smoking session for just £49 (rrp. £220)</p>	<p>PruHealth members get a 45% discount on the standard retail price of a range of Polar personal heart rate monitors. They can also buy a Fitbug pedometer for £30 plus postage and packing and could earn Vitality points for using either.</p>
<p>Health screening 50% off standard retail prices</p>    	
<p>PruHealth members get a 50% discount on the standard retail price for health screens at The Diagnostic Clinic, roadtohealth, Nuffield Health and BMI Healthcare. Choose from a range of screens from basic to the most comprehensive.</p>	

*retail prices as at December 2010



Rewarding you for making an effort

We reward you for making an effort to look after your health. At the end of each plan year, we'll look at your Vitality status and set aside a percentage of the premium you paid for that year, providing your Vitality status is higher than Bronze. The higher your status the higher the percentage of your premium we'll set aside as follows:

Bronze status	Silver status	Gold status	Platinum status
0%	5%	10%	20%





At the end of the third year, and providing you renew your plan with us for the following year; we'll pay you the total amount of money set aside over those three plan years. What's more, this amount is paid regardless of any claims you might have made.

An example:








With Vitality Plus we've made it even easier and more rewarding for you to look after your health, should you choose it.

<p>Gym membership 50% off full individual monthly membership rates</p>  	<p>Eating well Five times as many Nectar points</p>  
<p>PruHealth Vitality Plus members get 50% off the full individual monthly membership fees at Virgin Active and LA fitness health clubs* and could earn Vitality points for attending. Please note an activation fee will apply when joining.</p>	<p>PruHealth Vitality Plus members get five times the Nectar points that could normally be earned when buying certain healthy foods at Sainsbury's and could earn Vitality points for those purchases too.</p>

*25% off full individual monthly gym membership for Virgin Active 'Classic clubs' and LA fitness South Kensington club.

Enjoy the rewards with Vitality Plus

Once you've completed your Health Review, you'll have access to significant savings with a number of our reward partners. The more you do to look after your health and the higher your Vitality status, the better the discounts – a great incentive to healthy living.

	Partner	Partnership details	Retail	Bronze	Platinum	Price based on example
CHAMPNEYS	Champneys	Discounts on room rates	£219	£95	£55	Per person, per night, standard single room*
	Cineworld	2 tickets for the price of 1 or a Cineworld Unlimited Card	£8.10 per ticket or £162 annual card	£100 Unlimited Card	£35 Unlimited Card	Average adult ticket price (not 3D movies) and non West End Unlimited Card
	Eurostar	Discounts on return trips to Paris, Disneyland Resort Paris, Lille and Brussels	£147	£85	£20	Average price per adult for return trip, standard class, non-flexible ticket
	Mark Warner	Discounts on sun and ski holidays	£4,900	5% off (£4,655)	40% off (£2,940)	Average price for 7 day holiday for family of 4 in August. Based on 2 adults and 2 children under 12.

*Champney's Tring supplement: £25 per person, Saturday night supplement: £30 per person.

Retail prices correct as at December 2010.

Example plans

To help you create your Personal Healthcare plan we have created some example plans. Your Adviser can help you identify which of these would be best for you and provide a personalised quote.



Example 1

James and Claire Jones are a young married couple. They have a limited budget and are looking for a plan that gives them the essential elements of health insurance should they need treatment in hospital. They would also like some out-patient cover for things like diagnostic tests. They are relatively health conscious so are interested in using their health insurance to help them maintain their healthy lifestyle.



Example 2

Alistair and Maria Green have a young son, George. They are looking for a mid-range plan which provides them with a good level of out-patient cover and full cover for diagnostic tests. They would also like some cover for alternative therapies. As a family they are active at weekends so are interested in using their health insurance to keep their activity levels up and improve their health.



Example 3

John and Gillian Tyler are a semi-retired couple. They are less concerned about price as they are looking for the highest level of cover they can get for in-patient and out-patient treatment. As well as having full cover for diagnostic tests they would like cover for alternative therapies and psychiatric care. They exercise regularly so are interested in using their health insurance to get a discount on gym membership.

Example 1 Personal Healthcare	Example 2 Personal Healthcare	Example 3 Personal Healthcare
Core Cover Included	Core Cover Included	Core Cover Included
Vitality Included	Vitality Included	Vitality Vitality Plus
Cancer Cover Core Cancer Cover	Cancer Cover Core Cancer Cover	Cancer Cover Full Cancer Cover
Out-patient Cover £500	Out-patient Cover £750	Out-patient Cover Full Cover
Out-patient Diagnostics MRI, CT, PET + other to OP limit	Out-patient Diagnostics Full Cover	Out-patient Diagnostics Full Cover
Therapies Cover Not included	Therapies Cover £350	Therapies Cover Full Cover
Psychiatric Cover Not included	Psychiatric Cover £15,000	Psychiatric Cover £20,000
Private GP Helpline Included	Private GP Helpline Included	Private GP Helpline Included
Dental Cover Not included	Dental Cover Not included	Dental Cover Not included
Worldwide Travel Cover Not included	Worldwide Travel Cover Not included	Worldwide Travel Cover Not included
Excess Type Per Claim	Excess Type Per Claim	Excess Type None
Excess Amount £100	Excess Amount £100	Excess Amount None
Hospital list No default	Hospital list No default	Hospital list No default



What's not covered (exclusions)

As with many private health insurance schemes, there are some standard treatments and conditions that our Personal Healthcare plan does not cover. For example:

- Any regular monitoring or treatment of chronic (long-term) medical 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.
- Cosmetic treatment.
- Organ transplants.
- Experimental, unproven or unregistered treatment or practices.
- Treatment related to developmental problems, learning difficulties, or delayed speech disorders.

Full details of all exclusions are in the plan terms and conditions you receive when you take out your plan with us. Please don't hesitate to ask for a copy if you'd like to know more now.

Our plans are designed to cover only new conditions that arise after your cover begins. If you join PruHealth under "moratorium underwriting", conditions which existed in the five years before the start of cover will automatically be excluded. However, these conditions can become eligible for cover if you don't need treatment for them or any related conditions for two consecutive years after your plan starts. For other types of underwriting which involve you disclosing your medical history, any medical conditions that we exclude will be shown on your Certificate of Insurance. Please read the "Underwriting" section within the plan terms and conditions for full information.

For an independent guide on what to look out for when choosing a plan, we recommend you download the Guide to Buying Private Medical Insurance published by the Association of British Medical Insurers from our website pruhealth.co.uk.

Chronic conditions

Private health insurance provides cover for short-term treatment of acute conditions, i.e. disease, illness or injury that starts after your plan has begun and is likely to respond quickly to treatment. It does not provide cover for long-term chronic conditions.

What is a chronic condition?

A chronic condition is a disease, illness or injury, which has at least one of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

In many cases a chronic condition can be effectively controlled with medicines and preventative treatment which can usually be obtained through the NHS. As a result these conditions are not covered by your insurance. This is true whether they emerge before or after you take up cover.

Please note

Chronic conditions can also lead to additional acute conditions. If these conditions relate to a chronic condition that existed prior to taking out cover, they will not be covered as they relate to a pre-existing condition. If they relate to a chronic condition that developed after cover began, they will be covered.

Please refer to the plan terms and conditions, or our website pruhealth.co.uk, for more information.

Examples of chronic conditions

Example 1

Alan has been with PruHealth for many years. He develops chest pain and is referred by his GP to a specialist. 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 specialist until his symptoms are well controlled.

Two years later, Alan's chest pain recurs more severely and his specialist 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 has been with PruHealth 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 policy 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, PruHealth 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.

Important information

Your Personal Healthcare plan is an annual contract which means that your premiums and the terms and conditions of your plan can change at renewal. We'll always give you reasonable notice of any changes.

How your age and medical advances can affect your premium

As you get older, you are more likely to claim on your plan so premiums rise with age. However, as we have exact age pricing this means your premiums gradually rise each year rather than getting the bigger increase that often happens with wide age bands.

As new drugs, therapies and treatments are developed every year, medical costs usually rise quicker than inflation. This will also affect your premium when you come to renew.

How Vitality can change

Our Vitality programme naturally changes over time as new opportunities and technologies arise. It is also dependent on our relationship with third party providers and the range of services they offer. These changes may need to take effect during the plan year but we'll always give you plenty of notice if this happens.

We may change the way we award points and/or the eligible activities in the Vitality programme and the Vitality status you may achieve as a result. We may also change our Vitality partners from time to time and the incentives we offer. There may be instances where other aspects of the Vitality programme, such as particular benefits, may be significantly enhanced, changed or withdrawn.

Cancelling your plan in the first 14 days

You may cancel your plan from the plan start date providing you tell us within the first 14 days or within 14 days from when you receive your terms and conditions, whichever is the later. You do not have to give a reason for cancelling it and we will refund all premiums you have paid, providing you've not already made a claim. The same cancellation rights also apply at each annual renewal date of your plan.

Cancelling your plan after the 14 day period

If for any reason you decide to cancel your plan, please let us know either by telephoning, emailing or writing to the customer care team that administers your plan. We will then email or write to you to confirm that it has been cancelled. We will also refund any premiums you have paid that relate to a period after your cancellation date. Please note that we will not pay for any treatment that takes place after your last day of cover.

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

Telephone: 0845 080 1800

Email: complaint.info@financial-ombudsman.org.uk

www.financial-ombudsman.org.uk

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

Compensation

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.

