

Policy Document

Health Cover

Introduction

This policy

Your plan schedule shows if you have selected Health Cover under your PruProtect plan, and to which members it applies.

About this document

This document reflects the terms and conditions of the Health Cover policy as agreed between PruHealth and you. Please refer to this document in conjunction with your plan schedule for full details of cover and exclusions that may apply. Words in italics in this document are defined terms which have a specific meaning. You should check their meaning in the glossary at the back of this document.

Contents

H1. Important regulatory information	4
H2. Eligibility	5
H3. Summary of Health Cover plans and benefits	6
H4. Health Cover and benefits in detail	8
H5. Underwriting	11
H6. Exclusions	11
H7. Health Cover Optimiser	14
H8. Policy terms and conditions, general conditions, policy administration	18
H9. Complaints	23
H10. Law, Interpretation and Currency	24
H11. Glossary of definitions	25

H1. Important regulatory information

Who we are

PruHealth is a trading name of Prudential Health Limited, Prudential Health Insurance Limited and Prudential Health Services Limited. Registered numbers 05051253, 02123483 and 05933141 respectively. PruProtect is a trading name of Prudential Health Services Limited and Prudential is a trading name of The Prudential Assurance Company, registered number 00015454. The Prudential Assurance Company Limited provides and manufactures benefits under the PruProtect Plan. Prudential Health Limited and Prudential Health Insurance Limited provide and manufacture benefits under the PruHealth product. Prudential Health Services Limited distributes and services the PruHealth and PruProtect products and issues the documentation. Companies registered in England and Wales. Registered offices at Laurence Pountney Hill, London EC4R 0HH. All authorised and regulated by the Financial Services Authority.

The products we offer

Prudential Health Services Limited offers products underwritten by Prudential Health Limited and Prudential Assurance Company Ltd. Prudential Health Services Limited can also offer other insurance products from a specific range of insurers. If *you* wish to see this list of insurers and insurance products, it is available on request.

Statement of demands and needs

This Health Cover *policy* is designed to meet the demands of people who wish to ensure their health needs are met quickly. *We* aim to offer increased choice and access to high quality facilities. To ensure *you* are completely confident that *our* products will meet *your* personal demands and needs, *we* would advise that *you* read the information *we* give *you* both before and immediately after *we* have completed a sale with *you*.

Data protection

We think it's important for all *our* customers to be made aware of what information PruProtect as part of the PruHealth Group* holds about them and to reassure *our* customers that *we* comply with the Data Protection Act 1998.

How we use your personal information

PruProtect will use *your* personal information (including information provided about *your* dependants) to underwrite, administer, profile *your* purchase preference and service *your policy*. By taking out a *policy* with *us*, *you* consent to *us* using *your* personal information and sensitive personal information (e.g. health information). *We* will also use *your* information for statistical data analysis, management information and fraud prevention purposes.

Who we may give personal information to

We may disclose *your* personal information to other companies in the PruHealth Group, *our* business associates, agents or service providers for the purposes above. *Your* information may be used by service providers in a country outside the European Economic Area, which may not have the same standard of data protection as in the UK. *We* will ensure appropriate safeguards are in place to protect *your* information.

We will pass *your* personal information and information about *your policy* to any legal or regulatory body if required to do so. *We* may also use *your* information or give it to others, for research, statistical purposes or to improve *our* services, but *we* will remove *your* name and address from this first. *We* may send copies of correspondence relating to *your policy* to *your* Financial Adviser, if you've appointed one. *We* may provide information about a claim to them, although no medical information will be provided without *your* consent.

When giving *us* information about another person, *you* confirm that they have appointed *you* to act on their behalf. This includes providing consent to process the personal information, receive this Data Protection Notice on their behalf and unless *you* decide otherwise, receive marketing information.

Your information, and that of others also covered by the *policy*, may be given to other parties (for example, other insurance companies) with a view to preventing fraudulent or improper claims.

Our marketing policy

PruProtect, PruHealth's group of companies and *our* business associates, service providers and agents may use *your* personal information to inform *you* of other services and products that may be of interest to *you* by telephone, post, email or text. Please call *our* Customer Services Team if *you* would prefer not to receive details of other products.

Obtaining a copy of the information we hold about you

You have the right to request a copy of the information we hold about *you* or someone *you* act on behalf of (for which we may charge a fee) and to have any inaccurate information corrected by writing to the Data Protection Co-ordinator at the below address

PruHealth / PruProtect
Marshall Point
4 Richmond Gardens
Bournemouth
BH1 1JD

Disposal of information

We will continue to hold information about *you* and *your policy* for a reasonable period of time after it has ended. We will then dispose of *your* personal information in a responsible way to maintain *your* confidentiality.

Changing this Data Protection Notice

This Data Protection Notice may change from time to time and *you* should review the contents regularly. We will notify *you* of any changes where we are required to do so by law.

* PruHealth is a joint venture between Prudential in the UK and Discovery Holdings Limited in South Africa. The PruHealth Group includes Prudential Health Limited and Prudential Health Insurance Limited, both trading as PruHealth, and Prudential Health Services Limited trading as PruHealth and/or PruProtect.

Overview

This is the *policy* for the Health Cover *you* have taken out with PruHealth. PruProtect expects that this *policy* will enable *you* to protect and enhance *your* wellbeing and that of *your* dependent *members* in times of both illness and health. It is intended to complement rather than replace NHS services provided in the UK. Any examples contained in this *policy* wording are for illustrative purposes only and do not reflect all circumstances covered by the relevant clause.

Contacting us

For more information or further clarification on the *benefits*, cover, exclusions and the rules included in this *policy*, *you* can contact *us* as follows:

By post:
PruProtect Customer Services
Stirling,
FK9 4UE
By phone: 0845 601 0072
Or contact *your* adviser.

H2. Eligibility

Health Cover is available if *you* have at least one of Life Cover, Serious Illness Cover or Income Protection. If *you* select Health Cover it is selected for all lives insured under the *PruProtect plan*. A spouse and *children* may be added to Health Cover without being covered by a *PruProtect plan*.

A minimum premium may apply to the PruProtect covers being offered.

If *you* select the Health Cover Optimiser, it is selected for all adults with both Health Cover and Serious Illness Cover but cannot be selected for *children*.

Dependent *children* can be added to the *policy* up to the age of 18 years and can then remain until the age of 21, after which they will be treated as adult dependants.

H3. Summary of Health Cover plans and benefits

'Covered' in the summary of Health Cover plans and *benefits* below means we will pay in full where charges are within *our fee maximum* for the services provided.

	Comprehensive	Primary	Heart and cancer
Inpatient			
Hospital charges: consists of accommodation, meals, drugs and surgical dressings, nursing care, operating theatre, intensive and high dependency care, prostheses used during an operation, <i>inpatient</i> physiotherapy.	Covered	Covered	Cover in full for <i>treatment</i> related to a confirmed diagnosis of <i>heart condition</i> or <i>cancer</i>
Specialist/consultant fees: includes, but not limited to, surgeons', anaesthetist and physician fees.	Covered	Covered	Cover in full for <i>treatment</i> related to a confirmed diagnosis of <i>heart condition</i> or <i>cancer</i>
Diagnostic tests: consists of pathology, X-rays, CT scans, MRI scans, PET scans and physiological tests such as an ECG.	Covered	Covered	Cover in full for <i>treatment</i> related to a confirmed diagnosis of <i>heart condition</i> or <i>cancer</i> .
Radio/chemotherapy	Covered	Covered	Cover in full
Psychiatric treatment	Combined psychiatric limit of £20,000 per <i>policy year</i>	Combined psychiatric limit of £7,000 per <i>policy year</i>	None
Outpatient			
Specialist consultations	Covered	Combined limit of £750 per <i>policy year</i> ¹	Cover in full for <i>treatment</i> related to a confirmed diagnosis of <i>heart condition</i> or <i>cancer</i>
Diagnostic tests (scans – MRI, CT, PET)	Covered	Covered	Cover in full for <i>treatment</i> related to a confirmed diagnosis of <i>heart condition</i> or <i>cancer</i> .
Diagnostic tests (other)	Covered	Covered	Cover in full for <i>treatment</i> related to a confirmed diagnosis of <i>heart condition</i> or <i>cancer</i>
Physiotherapy	Covered	Combined limit of £750 per <i>policy year</i> ¹	Cover for <i>treatment</i> related to a confirmed diagnosis of <i>heart condition</i> or <i>cancer</i> . A limit of £250 applies per person per <i>policy year</i>
Chiropractors and osteopaths	Limit of £800 per <i>policy year</i>	Combined limit of £750 per <i>policy year</i> ¹	None

Outpatient			
Radio/chemotherapy	Covered	Covered	Cover in full
Psychiatric treatment	Combined psychiatric limit of £20,000 per policy year	Sub limit of £750 to an overall combined psychiatric limit of £7,000 per policy year	None
Other benefits			
Complementary and alternative therapy	Limit of £600 per policy year	None	None
Maternity cash benefit	£100 per child	£100 per child	Cover in full
Home nursing	Covered	£3000 limit per policy year	£3000 per policy year in lieu of hospital admission for heart condition or cancer
Private ambulance	Covered	£60 per trip	Unlimited for medically necessary transfers following a heart condition or cancer admission
Parental accommodation	Yes (for children of 12 or under, 1 parent)	Yes (for children of 12 or under, 1 parent)	Yes (children under 12, 1 parent) where child treated for heart condition or cancer
NHS hospital cash benefit	£100 per day (overall annual limit of £2000)	£50 per day (overall annual limit of £2000)	£50 per day (overall annual limit of £2000)

¹The *combined limit* means *claims* for specialist consultations, *diagnostic tests*, physiotherapy, chiropractic and osteopathy all aggregate to one limit for each *member* on the *policy*.

- "Specialist/consultant fees" includes surgeons', anaesthetists' and physicians' fees whilst as an *inpatient* or day case patient
- "Diagnostic scans" include CT, MRI and PET scans. These must be following consultant referral only and also within the *member's* selected hospital list. A co-payment of 40% of the *tariff* will apply for scans undertaken outside of *member's* selected hospital list.
- "Other *diagnostic tests*" include pathology, X-rays and physiological tests such as an ECG. For physiotherapy, chiropractic and osteopathy, cover will only apply up to the number of authorised sessions.

H4. Health Cover and benefits in detail

We will only pay for the *treatments* as expressly laid out in the 'Summary of Health Cover plans and benefits' section in [provision H3](#) and subject to the 'conditions of cover' in [provision H8](#). 'Exclusions' are set out in [provision H6](#) and detailed in *your* membership certificate. We will not pay for any other *treatments* unless we expressly agree to do so in writing. Cover is available only to permanent residents of the UK and is for *treatment* in the UK, Channel Islands and the Isle of Man.

We will cover fees charged by consultants who hold or have held an NHS post or equivalent and are registered as a specialist with the General Medical Council. *Therapists* must be registered with appropriate regulatory bodies. If the proposed provider charges outside *our fee maximum*, you may be expected to pay the difference. This will be specified at the *claim* authorisation stage.

H4.1 Hospital lists and co-payments

The selected hospital list where you can be treated is specified in the membership certificate and is available on *our* website. *Our* hospital lists may change from time to time and we recommend that you check the most up-to-date version on *our* Member Zone before *your treatment* commences.

Our hospital lists are made up of some of the UK's leading private hospital groups. *Your* selected hospital list will be able to provide most services which are available within *your* purchased *benefits*. If you have any problems finding a service you need in *your* selected hospital list, you should contact us and we will help to locate a facility and/or consultants who provide that service. In certain circumstances this may mean you will need to travel to obtain the service within the selected hospital list and avoid a co-payment.

If you go to a hospital not on *your* selected hospital list you will be liable to contribute up to 40% of the *hospital charges* relating to *your treatment*.

H4.2 Benefit limits

Any *benefit* limits stated apply for each person covered under the *policy*. These limits also apply to the total of *claims* over the *policy* year.

Where a *combined limit* applies it means that the cost of any *treatment* paid for out of those *benefits* accumulates towards the overall limit. There may be sub-limits within the overall *combined limit* and you should check the 'Summary of Health Cover plans and benefits' set out in [provision H3](#) in this document for further detail.

H4.3 Health Cover Optimiser

If you have selected the Health Cover Optimiser as part of *your* Health Cover, *your* Health Cover and Serious Illness Cover will be linked. This means that if you make a *claim* under your Serious Illness Cover (for an eligible *serious illness*), PruProtect may hold back some of the *benefit* due to you and use it to help cover costs already incurred in diagnosing and treating *your serious illness*. At *your* request, PruProtect may also hold back an additional amount to help pay for any future private medical *treatment* for that *serious illness*.

If you are eligible for *treatment* for a condition under *your* Health Cover, and the condition or illness also gives rise to a *claim* under *your* Serious Illness Cover, you will need to contact us to confirm how to use *your benefits*. Full details are set out in [provision H7](#).

H4.4 Out of hospital list co-payment

An *out of hospital co-payment* applies for services outside *your* selected hospital list. For an *inpatient admission* outside *your* selected hospital, a 40% co-payment will apply to the *hospital charges*. For a diagnostic scan outside *your* selected hospital list, a 40% co-payment will apply to the *hospital tariff*. Please note that the cost of these co-payments does not count towards the *maximum contribution* payable if you have the Health Cover Optimiser.

H4.5 Our fee maximum

If the proposed *treatment* cost is above *our fee maximum* for that *treatment*, you will have to contribute the difference between this amount and the claimed amount. Please note this contribution does not count towards the *maximum contribution* payable if you have the Health Cover Optimiser.

Alternatively, you can choose to have *treatment* with a different practitioner who charges within *our fee maximum* for that *treatment*.

H4.6 Intensive and high dependency care (critical care)

We will pay for *critical care* where it is part of the expected post-operative management of a *member* and where the intention is to treat a disease, illness or injury which is likely to respond quickly to *treatment*.

We will pay for unexpected care in a private hospital providing the following conditions are met:

- it follows an elective, non-emergency *admission*;
- it is provided in a dedicated *critical care* area; and
- it is the most appropriate setting for such *treatment*.

We do not pay for unexpected *critical care* in an NHS hospital under any circumstances. We do not pay for any level of *critical care* which is not medically necessary for the condition being treated.

H4.7 Psychiatric care

Where covered, we will actively manage psychiatric *treatment* in order to achieve the best outcome for you on a case by case basis. Please note that due to the nature of psychiatric illness it may be that over the course of *treatment*, the condition will be deemed to be chronic (see 'Exclusions: *Chronic conditions*' in [provision H6.2](#)).

The overall psychiatric *treatment* limit applies for both *inpatient* and *outpatient treatment* or services and includes both accommodation and *treatment* costs. The *outpatient* sub-limit is for *outpatient treatment* or services and accumulates to the overall psychiatric limit.

H4.8 Rehabilitation

Cover is available for rehabilitation, which is *treatment* intended to restore health or mobility or return a *member* to independent living, following a stroke or injury. The rehabilitation must be integral to eligible *inpatient treatment*, should start no more than 2 months after initial diagnosis or date of injury and will normally be covered for 30 days only and will be managed within *our* guidelines for *chronic conditions*. To be eligible, a specialist should make the referral to a rehabilitation unit.

H4.9 Complementary and alternative therapies

Where covered, this category includes medical and healthcare systems and practices that are not presently considered to be part of conventional medicine. To be eligible for cover, these therapies must be used for *treatment* of an *acute condition* following referral by a General Practitioner (GP) or specialist. All practitioners must have adequate experience and indemnity insurance and must be registered with the appropriate authority and be a *member* of a speciality organisation. *Our* list of criteria for entry for all providers is available on request and on the Member Zone.

Treatment for *pre-existing conditions* or *chronic conditions* is not covered, nor are associated medicines and products.

H4.10 Childbirth cash benefit

This is payable on the birth of a *child* to a *member* who has been covered by a *policy* for at least nine months prior to the birth. In order to claim the *benefit* the *member* must provide us with a copy of the birth certificate and request the payment of *benefit* within six months of the birth. Please refer to 'Contacting us' in H1 for our contact details.

H4.11 Nursing at home

In order to *claim* the nursing at home benefit, such *treatment* must:

- immediately follow a period of *inpatient treatment* for a medical condition covered by the *policy*;
- be for *treatment* that would otherwise be provided in hospital as an *inpatient*;
- be undertaken by a trained *nurse*; and
- be recommended by and carried out under the supervision of the *member's* specialist.

H4.12 Private ambulance

Use of an ambulance is covered for private transfers between hospitals, whether NHS or private. This use is limited to paid services provided by independent companies or the NHS. It is limited to medically necessary transfers where there is a reasonable medical need for the action to be taken. Transfers for non-medical reasons will not be covered.

H4.13 Parental accommodation benefit

This *benefit* is paid to enable one parent to stay in the same hospital as their *child* (up to and including 12 year olds) when the *child* is admitted as an *inpatient* to a private hospital or an NHS private ward within an NHS Private Patient Unit (PPU). Paediatric conditions are mainly treated in NHS hospitals, though some private hospitals still provide *treatment*. If the *child* covered under the *policy* goes to an NHS hospital for *treatment*, the *child* is eligible for the NHS hospital cash *benefit* as described in the clause below.

H4.14 NHS hospital cash benefit

This *benefit* applies only to NHS day cases or stays in a *general NHS ward*, not an NHS PPU. The NHS hospital cash *benefit* is paid out only for conditions that we would have covered if treated privately under the *policy*. Consequently, this *benefit* wouldn't be available for a visit to Accident and Emergency (A&E) as we do not cover A&E. Any standard or personal exclusions still apply (see [provision H6](#)).

If the *member* is admitted to an NHS hospital for an acute event and is eligible for transfer to a private hospital, they will be eligible for the cash *benefit* if they chose not to move to a private facility. If the *member* does choose to *claim* the cash *benefit*, this will be recorded as a *claim* in the normal way. The *member*, or their representative, must call us to request authorisation for the *claim* in accordance with the normal procedure (see [provision H8.9](#)) and submit the NHS discharge form as evidence of their *treatment* or hospital stay.

H4.15 Cancer benefit

We will pay for *treatment* for all stages of *cancer*, for both cure and *palliative care*, subject to our general terms and conditions. Radiotherapy and chemotherapy are fully covered on all plans, subject to authorisation.

Your *plan schedule* shows whether there are any limits on the plan. Where an annual *outpatient benefit* limit applies, consultations and *diagnostic tests* directly related to *cancer treatment* will be fully funded.

Chemotherapy, radiotherapy and surgery for *treatment* of *cancer* will be covered provided it follows guidance issued by the National Institute for Health and Clinical Excellence (NICE). NICE is responsible for providing national guidance on promoting good health and preventing and treating ill health and gives guidance on the use of new and existing medicines and treatments and procedures within the NHS. We will evaluate therapy not yet considered by NICE on a case by case basis using all currently available evidence from properly controlled mature phase III clinical trials and may pay for the use of a new, licensed anti-*cancer* drug, or new use for a drug with a licensed indication where there is credible scientific evidence to support its use.

Appropriate bone marrow or stem cell transplants are also covered. No time limits are placed on *treatment* and follow up care for *cancer* provided cover is continuous and while you are eligible for *benefits*.

Rules covering *chronic conditions* do not apply to *cancer*. A donation is available for hospice care. We will not pay for *complementary and alternative therapies* as the primary *treatment* for *cancer* from the *cancer benefit*. However, we will pay for *complementary and alternative therapy* as part of the *complementary and alternative therapies benefit*. (See [provision H4.9](#)).

H5. Underwriting

H5.1 Full Medical Underwriting

All adult *members* on your *policy* will be fully underwritten, and must have made a declaration regarding their medical history. *Pre-existing conditions* will be identified from that declaration and exclusions applied to the *policy*. You can request that these exclusions are reviewed at renewal. These may be removed at the underwriters' discretion.

We may request further information when a *claim* is being made to establish any relationship to a *pre-existing condition* and/or to check that the condition was disclosed on the medical declaration. It is *your* responsibility to disclose any *pre-existing conditions* to PruProtect upon joining the *policy* and failure to do so may result in personal exclusions being applied and *claims* being declined or any sums already paid out on the *member's* behalf being recovered by *us*. If the *member* has any doubts about such disclosure they should call *our* Customer Services Team on 0845 601 0072.

H5.2 Moratorium Underwriting

All *children* on your *policy* will be accepted on a moratorium underwriting basis. Under "moratorium underwriting", conditions which existed up to five years before the date of the start of cover will not be explicitly identified but may be excluded from cover for two years from the date of commencement.

We will exclude cover for *treatment* for any medical condition or *related medical condition* which the *member* or their covered dependants have had symptoms of, whether diagnosed or not, been aware of, or sought advice on, or received medical *treatment* for in the five years before the start of cover.

We will in most cases request further information when a *claim* is being made to establish any and all *pre-existing conditions* thereby excluded by the moratorium clause.

H6. Exclusions

H6.1 Accident and emergency care

This includes all immediate care until stabilisation has been achieved.

H6.2 Chronic conditions

Any day-to-day monitoring and therapy of *chronic conditions* is excluded from cover. This includes consultations by any healthcare professionals, medication, investigations (blood tests, radiology) etc. Examples of *chronic conditions* include diabetes and asthma. However, acute complications related to *chronic conditions* will be covered subject to the *member's policy* unless a specific exclusion relating to that condition has been applied.

Consultations leading up to the diagnosis of a *chronic condition* will be covered. Many chronic illnesses are of a relapsing and remitting nature e.g. multiple sclerosis. The relapses are part of the normal illness course and therefore cannot be classed as acute complications of the disease.

H6.3 Complications of any treatment not approved by us

This relates to unproven or unregistered *treatment* or *treatment* received whilst overseas. This also refers to increased *treatment* costs incurred for a disease, illness or injury which is ineligible for cover or for which cover has been excluded.

Complications or increased *treatment* costs as a result of an excluded *pre-existing condition* will not be covered.

H6.4 Cosmetic treatment

Any *treatment* primarily for cosmetic reasons or resulting from previous cosmetic treatment is excluded, even if the request is psychologically motivated. Breast reduction or augmentation operations are excluded, whether or not for back pain. *Treatment* which involves the removal of healthy tissue or the removal of surplus or fat tissue is also excluded.

Exceptions to this exclusion include: Post-traumatic or post-surgical reconstruction to restore function or appearance is included if performed within 12 months of major injury or primary surgery.

We will pay for the initial reconstructive surgery to restore function and appearance following *cancer treatment*. Any subsequent related *treatment* will only be covered if it is intended to cure an *acute condition*.

H6.5 Deafness

We will not cover any *treatment* for deafness that arises as a result of any congenital abnormality, maturity or ageing. We will only pay for *treatment* for deafness that arises as a result of an *acute condition*.

H6.6 Dentistry

This includes any general conservative dental procedures, e.g. simple extractions, restorations, root canal treatment, implants, crowns, veneers, bridges and dentures including periodontal or orthodontic *treatment*. Minor enamel, dentine and incisal edge fractures restored through conservative means are also not covered.

Surgical procedures performed by a consultant oral or maxillofacial surgeon will be assessed for eligibility when treating an *acute condition* for example:

- re-implantation of the *member's* own teeth following trauma;
- elective reduction of facial and mandibular fractures following recent trauma;
- surgical removal of impacted teeth, buried teeth and complicated buried roots;
- surgical drainage of a fascial space (tracking) abscess;
- removal of cysts of the jaw; and
- apicectomy.

We do not cover:

- orthognathic surgery for functional (eating and speech) or aesthetic reasons; or
- procedures to prepare for orthodontics or prosthetic surgery.

H6.7 Experimental, unproven or unregistered treatment or practices

This includes those that are not considered to be established *UK* medical practice or for which there is insufficient evidence of safety or effectiveness e.g. not having been reviewed and approved for general use in the NHS by the National Institute for Health and Clinical Excellence (NICE). Experimental *treatment* may be considered for cover if it is conducted in a properly controlled clinical trial.

H6.8 Fertility and hormone-related treatment

Assisted reproductive therapy and other treatments related to infertility and sterilisation are excluded.

Treatment of physiological or natural changes as a result of ageing e.g. menopause or puberty and hormone replacement therapy are also excluded.

H6.9. Frail care

This refers to, for example, care received in convalescence and nursing homes, respite care, and domestic support that does not require a trained practitioner.

H6.10 Gender reassignment operations or any related medical or surgical treatment

H6.11 General practitioner consultations or visits

H6.12 Healthcare services related to:

- Alcohol, drug or solvent abuse.
- Wilfully self-inflicted illness or injury; including *treatment* related to attempted suicide.
- Injuries sustained during *participation in professional or semi-professional sports*.
- Injuries sustained in a road traffic accident where a seat belt has not been worn.
- Injuries sustained during participation in a wilful violation of the law.
- Injuries sustained during war, terrorist activity, riot, civil commotion, rebellion or insurrection.
- Any exclusion. This includes any consultations and other services related to these exclusions.

H6.13 Medication and dressings

Except when administered for use during hospital *admissions*, medicines or *outpatient* dressings provided or prescribed to take home are not covered.

H6.14 Organ transplants

H6.15 Overseas treatment

All *treatment* provided outside the UK, Channel Islands and Isle of Man is excluded.

H6.16 Pregnancy and childbirth

Treatment directly or indirectly arising from or required as a result of pregnancy, childbirth or infertility is not covered except for *ectopic pregnancy, hydatidiform mole, post partum haemorrhage, miscarriage, retained placenta or stillbirth*.

H6.17 Preventative treatment and regular checks

This includes sight tests, regular monitoring of, for example, cholesterol levels, and screening for early detection of diseases such as diabetes, *cancer*, etc. The removal of healthy tissue for prevention of disease is excluded as is genetic testing of any type.

H6.18 Refractive eye surgery and optometry

This is surgical *treatment* to correct long or short sightedness, astigmatism, or any other refractive error, including accommodating lenses following cataract surgery.

H6.19. Retention of disposable and durable medical devices and equipment

The cost of medical devices and equipment is not covered. Examples of exclusions are bandages and dressings, unless part of *inpatient* and *day case treatment*, wheelchairs, crutches, glasses and contact lenses, external prostheses, orthotics and hearing aids. Consultations related to these are not covered.

H6.20 Routine check-ups

Visits to a doctor where there is no specific medical complaint are excluded from cover, e.g. visits to get prescriptions, blood pressure checks, etc.

H6.21 Treatment for obesity

We do not pay for *treatment* for obesity, including surgery for obesity.

H6.22 Treatment related to developmental problems, learning difficulties, or delayed speech disorders

For example, dyslexia, Attention Deficit Hyperactivity Disorder (ADHD)

H7. Health Cover Optimiser

H7.1 Health Cover Optimiser

If you have Serious Illness Cover as well as Health Cover, you can add the Health Cover Optimiser to your Health Cover.

If you make a successful *claim* under your Serious Illness Cover, the Health Cover Optimiser lets you choose, at the time you make the *claim*, how you receive your *benefit*. You can:

- receive the lump sum due (less any costs already incurred for the diagnosis or *treatment* of that illness) under your Serious Illness Cover and either fund private *treatment* yourself, or have your *treatment* on the NHS, or,
- leave a portion of the lump sum due under your Serious Illness Cover to fund private medical *treatment* for that condition. PruProtect will use this portion to cover the costs of diagnosis and private medical *treatment* incurred for the condition that you have claimed for. This will be subject to all the terms and conditions of this *policy*. If you choose this option, you receive the remainder of your Serious Illness Cover *benefit*, as normal, as a lump sum.

The Health Cover Optimiser only applies when you *claim* for a particular set of *serious illnesses*. Where it applies, your Health Cover will not cover the cost of *treatment* for that *serious illness*. *Treatment* will be paid for by your Serious Illness Cover up to the *maximum contribution*. PruHealth will cover the cost of *treatment* once the *maximum contribution* has been exceeded for that *serious illness*. For a list of the illnesses you can use the Health Cover Optimiser for see the table in [provision H7.5](#).

Your *plan schedule* will show whether you have selected the Health Cover Optimiser

H7.2 Leaving a portion of your Serious Illness Cover benefit to fund private medical treatment

If you leave a portion of the lump sum due under your Serious Illness Cover to fund private medical *treatment*, PruProtect will use this portion to help cover the costs of diagnosis and private medical *treatment* for the condition that you have claimed for.

The maximum contribution

Having made this choice, the portion of your Serious Illness Cover *benefit* that you must leave is called the *maximum contribution*. The *maximum contribution* is different for different *serious illnesses*. For a list of the *maximum contribution* that applies for each, see the table in [provision H7.5](#).

For all *serious illnesses* apart from *cancer*, the *maximum contribution* applies only once, regardless of the severity of the illness. For *cancer*, the *maximum contribution* is £15,000 for conditions classified as severity D, E or F, and £30,000 for conditions of severity A, B or C. If you have a severity D, E or F *cancer* that progresses to severity A, B or C, then your *maximum contribution* will rise from £15,000 to £30,000, but any sums paid from the initial £15,000 will still be deducted from the £30,000 total.

For more about severity levels, see [Appendix 1](#) of the *PruProtect plan* provisions.

How it works

When you are diagnosed with a *serious illness*, your Serious Illness Cover *benefit* will automatically be reduced by the amount of any costs already incurred for the diagnosis or *treatment* of that illness. It will only reduce by an amount up to the *maximum contribution* that applies to your *claim* – never more than it.

Unless you instruct PruProtect otherwise, they will withhold the *maximum contribution* (less any costs already incurred) to pay for any private medical *treatment* you need for that illness. PruProtect will pay you the remainder of the *benefit* due to you under Serious Illness Cover as a lump sum.

What happens if the cost of your treatment exceeds the maximum contribution

If the total cost of your *treatment* exceeds the *maximum contribution*, PruHealth will pay the extra costs. This will be subject to all the terms and conditions of this *policy*. Any extra payments we make will not affect the lump sum PruProtect has already paid to you.

What happens if the cost of your treatment is less than the maximum contribution

If *your treatment* ends up costing less than the *maximum contribution*, PruProtect will pay you what's left from the original amount held back. This will be paid as a further lump sum when you have gone 12 months without having *treatment* for the *serious illness* you claimed for. You will need to request this after 12 months and we will need your consultant to confirm that you haven't had further *treatment* for that illness.

What happens if the maximum contribution is higher than the Serious Illness Cover benefit due to you

If the *maximum contribution* exceeds the Serious Illness Cover *benefit* due to you, PruProtect will initially withhold the whole of your *benefit*. This will be used to pay for any private medical *treatment* you need for that illness.

If *your treatment* ends up costing less than the *benefit* originally due to you, PruProtect will pay you what's left from the original amount held back. This will be paid to you, as above, as a further lump sum when you have gone 12 months without having *treatment* for the *serious illness* you claimed for. You will need to request this after 12 months and we will need your consultant to confirm that you haven't had further *treatment* for that illness.

H7.3 Receiving the full benefit due under your Serious Illness Cover as a lump sum

If you choose to receive the *benefit* due to you (less any costs already incurred by PruHealth for the diagnosis or *treatment* of that condition) under your Serious Illness Cover, PruProtect will pay this to you as a lump sum. You can then choose to fund private medical *treatment* yourself, or have *treatment* through the NHS.

What happens if you choose to have treatment through the NHS

Choosing to have your *treatment* through the NHS means that we won't cover any private medical costs during this occurrence of your condition. Once you have gone 12 months without having *treatment* for this condition, your cover will be reinstated for the condition, as long as your consultant confirms that you have not had *treatment* in that time. Reinstating your cover means that we will pay for *treatment* for any future occurrences of the condition you claimed for.

What happens if you choose to fund private medical treatment yourself

If you choose to fund private medical *treatment* yourself, you should still submit the costs for that *treatment* to us, so we can keep track of the total cost of your *treatment*. If the total cost of your *treatment* reaches the *maximum contribution*, then PruHealth will pay for any *treatment* costs above that amount.

Once you have gone 12 months without having *treatment* for this condition, your cover will be reinstated for the condition, as long as your consultant confirms that you have not had *treatment* in that time. Reinstating your cover means that we will pay for *treatment* for any future occurrences of the condition you claimed for – even if your *treatment* for the first occurrence of the condition didn't reach the *maximum contribution*.

H7.4 What happens if you change your mind about how you'd like to receive the benefit

If you originally chose to leave a portion of your benefit to fund private medical treatment

If you originally chose to leave a portion of your Serious Illness Cover *benefit* to fund medical *treatment*, but you then change your mind, you can ask PruProtect to pay you anything remaining of the *maximum contribution* as a lump sum. If this happens, PruProtect will stop paying for your private medical *treatment*. We won't make any more payments for the condition you claimed for until either the cost of your *treatment* exceeds the *maximum contribution*, or you have gone 12 months without having *treatment* for it.

You can request the return of your portion of *benefits* at anytime including before 12 months have passed without *treatment*. However, this means PruProtect will not make any further payments towards the cost of your *treatment*. Again, you will need to request this to happen, and we will need your consultant to confirm that you haven't had further *treatment* for that illness. We will also need to make sure that there are no payments for medical *treatment* outstanding under your *claim* before we can give any remaining sum to you. This could take up to six months.

If you originally chose to receive the full benefit as a lump sum

If you originally chose to receive the full *benefit* due under your Serious Illness Cover as a lump sum, but you then change your mind, you can reinstate your private medical cover. To do this, you need to pay PruProtect the *maximum contribution* that applies for your illness at the time you reinstate your private medical cover. This may be different from the *maximum contribution* that applied at the time you made your *serious illness claim*.

Paying PruProtect the *maximum contribution* will mean that your *benefit* is distributed in the same way that it would have been if you had originally chosen to leave a portion of your Serious Illness Cover *benefit*. And it means you will be covered for private medical costs in the same way as described in [provision H7.2](#).

H7.5 Maximum Contributions

The table below shows the *maximum contribution* that applies for each illness. Any *serious illness* not listed here does not have a *maximum contribution*. In most cases, this means that the illness is not covered under Health Cover or the Health Cover Optimiser.

Serious Illness Cover condition	Maximum Contribution
Cancer	
Early stage cancer (any condition below severity C in cancer category of Serious Illness Cover)	£15,000
Advanced cancer (any condition of severity C or greater in cancer category of Serious Illness Cover)	£30,000
Heart and artery	
Heart Attack	£15,000
Angioplasty (Coronary) or PTCA (Percutaneous Transluminal Coronary Angioplasty) without Stent	£5,000
Angioplasty to Correct Carotid Artery Stenosis	£30,000
Cardioversion for Cardiac Arrhythmia	£5,000
Femoral Artery Aneurysm Repair	£10,000
Iliac Artery Aneurysm Repair	£10,000
Permanent Pacemaker Insertion	£10,000
Severe Peripheral Vascular Disease	£10,000
Surgery for Cardiac Arrhythmia	£10,000
Surgery to Correct Carotid Artery Stenosis	£10,000
Angioplasty (Coronary) or PTCA (Percutaneous Transluminal Coronary Angioplasty) with stent	£15,000
Balloon Valvuloplasty	£15,000
Aorta Graft Surgery	£20,000
Bypass Graft Surgery to 3 or More Coronary Arteries	£20,000
Coronary Artery Bypass Grafts	£20,000
Endovascular Heart Valve Replacement	£20,000
Endovascular Repair of an Aortic Aneurysm	£20,000
Heart Valve Replacement or Repair	£20,000
Infective Endocarditis	£20,000
Keyhole Coronary Artery Bypass Surgery	£20,000
Pericardectomy	£20,000
Surgical Repair of a Structural Lesion of the Heart	£20,000
Surgical Repair of an Atrial or Ventricular Septal Defect	£20,000
Permanent Defibrillator Insertion	£30,000

Serious Illness Cover condition	Maximum Contribution
Stroke and Nervous System	
Craniotomy	£20,000
Shunt Insertion for Hydrocephalus	£10,000
Benign Brain Tumour	£15,000
Endovascular treatment of a Cerebral Arteriovenous Malformation	£15,000
Spinal Tumours	£15,000
Craniotomy to Treat a Cerebral Arteriovenous Malformation	£20,000
Drainage of Brain Abscess by Craniotomy	£20,000
Stereotactic Brain Surgery	£20,000
Stroke (up to 21 days rehabilitation may be covered)	£30,000
Gastrointestinal	
Surgical Repair of a Tracheal-Oesophageal Fistula	£15,000
Partial Hepatectomy	£20,000
Permanent Rectal Fistula	£20,000
Total Colectomy	£20,000
Moderately Severe Inflammatory Crohn's Disease	£15,000
Severe Inflammatory Crohn's Disease	£15,000
Urogenital Tract and Kidney	
Bilateral Orchiectomy	£5,000
Bladder Fistula	£15,000
Cystectomy	£15,000
Nephrectomy	£15,000
Partial Cystectomy	£15,000
Partial Nephrectomy	£15,000
Surgical Repair of a Kidney	£15,000
Acute Renal Dialysis	£30,000
Respiratory Disease to age 70	
Pulmonary Embolus	£5,000
Pleurectomy	£10,000
Removal of One Lobe of the Lungs	£10,000
Removal of Two or More Lobes of the Lungs	£10,000
Surgical Drainage of a Lung Abscess	£10,000
Surgical Drainage of Empyema	£10,000
Musculoskeletal Trauma	
Amputation of Two or More Fingers or thumbs	£5,000
Le Fort III Reconstruction	£10,000
Eye to Age 70	
Surgical Removal of One Eye	£5,000
Surgical Repair of a Detached Retina	£5,000

Serious Illness Cover condition	Maximum Contribution
Ear to Age 70	
Radical Mastoid Surgery	£10,000
Endocrine and Metabolic Disease	
Radiotherapy to the Pituitary Gland	£5,000
Surgical Removal of the Pituitary Gland	£15,000
Major Organ Transplant	
Bone Marrow transplant	£30,000
All other serious illness conditions	
All other	£0

H8. Policy terms and conditions, general conditions, policy administration

H8.1 Compliance with policy terms

Our liability under this *policy* will be conditional upon the *policyholder* and each insured *member* complying with its' terms and conditions and not having misled PruProtect by misstatement or concealment, either knowingly or unknowingly.

H8.2 Policy duration

The *policy* will run from the start date of cover until the renewal date, which is the same date as the plan anniversary of your PruProtect plan. It is therefore a one year contract, except when Health Cover is added to an existing PruProtect plan mid-plan year, in which case in your first year your Health Cover will last for less than twelve months.

H8.3 Cooling off

You have 30 days in which to change your mind.

You should notify us within those 30 days if you do not want your Health Cover to continue. The 30 days starts from the later of the following:

- a) the start date of the cover of the *policy*; or
- b) receipt of the *policy* documentation.

Please contact us on 0845 601 0072. During this period, a full refund of any premiums paid less any *claims* is available. Any excess of Health Cover *claims* made over Health Cover premiums paid will be recoverable by us from you and any outstanding *claims* will be cancelled.

H8.4 Amounts due to us

This includes, but is not limited to, health insurance premiums and Vitality premiums owed by the *policyholder* or *member*. Premiums include any Insurance Premium Tax (IPT) that is payable on the cover provided, as well as other taxes, levies or charges that may be introduced which are payable by law.

Settlement is required within 30 days of the date payment is due in order for cover to be maintained. Failure to settle within 30 days will result in a temporary hold being placed on the *policy* with the authorisation and payment of all *claims* being suspended.

We reserve the right to cancel the *policy* after 30 days of payment not being received.

We reserve the right to use a debt collection agency for the collection of any unpaid amounts.

H8.5 Change of risk

Standard premium rate changes will take effect at the end of each *policy year*. PruProtect reserves the right to apply plan and premium changes during the *policy year* when the following have occurred:

- addition or removal of a dependant or partner;
- correction of an error that produces a change in the premium billed e.g. correction in date of birth; or
- any other material changes in the information or membership given as part of the application for cover under this *policy* (note, this excludes underwriting information).

H8.6 Membership additions, withdrawals or other changes

Dependants or partners can be added to the Health Cover *policy* throughout the *policy year*. Adults must be added on a Full Medical Underwriting basis, whereas *children* must be added on a Moratorium Underwriting basis (see [provision H5](#)). PruProtect will allow a maximum of 8 *children* to be added to the *policy*.

With the exception of adding newborn or newly adopted *children* to the *policy*, all membership additions, withdrawals or changes must occur on the same day of the month as the *policy* start date.

Should membership additions, withdrawals or other changes be made to the *policy* with an effective date prior to the date the change is requested, the *policyholder* will be liable for the outstanding amount from the effective date which will be included in the subsequent bill.

New dependants or partners will be entitled to the full amounts of *benefit* limits regardless of the time of year they joined.

Dependants or partners can be withdrawn from the *policy* throughout the *policy year*, on the same day of the month as the *policy* anniversary. We must be notified no less than 30 days in advance of the termination.

To make changes to *your policy* contact Customer Services on [0845 601 0072](tel:0845 601 0072).

H8.7 Changes during the year

There will be no change in premiums during the *policy year* unless prompted by a change covered in [provision H8.5](#) or [H8.6](#) above.

Subject to the above, we may vary the other terms and conditions of the *policy* during the *policy year*. We shall notify the *policyholder* in writing identifying any variations in the terms and conditions at least 28 days before the variations take effect. If the *policyholder* does not wish to accept the variations, the *member* can cancel the *policy* within the 28 days without any further liability to us.

If all covers on your PruProtect plan are cancelled, you will no longer be entitled to any Vitality benefits. However you may still be subject to the notice period of any relevant Vitality partner. Please note that alterations to terms and conditions relating to Vitality partners, or charges due from *members* to access a particular Vitality *benefit*, do not form part of the *policy* terms and conditions and so do not fall under the scope of this term.

H8.8 Cancellation

Rights to cancel

You are free to cancel the *policy* during, or at the end of, each 1-year term by giving notice in accordance with the terms of this section.

We may only cancel the *policy* during each 1-year term if you fail, as detailed in this section, to meet your obligations.

You may cancel your Health Cover without cancelling any other covers you have under your PruProtect plan (for example, Life or Serious Illness Cover).

How to cancel

The *policy* may be cancelled with effect from the end of any *policy* month (the "cancellation point"). For example, if *you* joined PruProtect on the 15th of any month, *your policy* month will end on the 14th of the following month and the months thereafter.

Please note that the 15th of the month is only an example and *you* will need to check the date *you* joined PruProtect to calculate the end of *your policy* month.

To cancel, *you* must contact Customer Services on 0845 601 0072. This must be before *your* chosen cancellation point. Therefore, if *you* joined PruProtect on 15th January, *you* would need to call PruProtect no later than the 14th of any month in order for the cancellation to be effective at the end of *your policy* month.

If *you* fail to cancel by the end of *your policy* month (for example if *you* called on the 15th of that month), *you* would be liable to pay a further monthly premium and the *policy* would be effective until the 14th of the following month.

You shall remain liable for any premium payments due in respect of all cover in the periods prior to the cancellation point.

You will remain liable for all payments due under the *policy* until *you* instruct *us* directly (either by telephone or in writing) to cancel in accordance with this section, or until *we* cancel the *policy* as outlined below.

You cannot cancel the *policy* by instructing *your* bank to cancel any applicable direct debit, or by otherwise failing to pay any sum due, or by failing to observe any of the terms and conditions of this *policy*.

Effect of cancellation of Health Cover

The *policy* will end on the cancellation point and Health Cover for all *members*, including any dependants of the *policyholder*, will end.

We shall not make any payment for *treatment* which is provided after the cancellation point, irrespective of whether it has been previously authorised. Nevertheless, prior to the cancellation point, *claims* may continue to be authorised and *treatment* provided and paid for, regardless of whether the *policyholder* has already given notice to cancel the *policy*.

If an amount up to the *maximum contribution* has been held back under the Health Cover Optimiser, any remaining balance will be returned to *you* once all outstanding *claims* have been processed. This may in some cases take up to six months.

Health Cover may be cancelled without cancelling other *benefits* of *your PruProtect plan*.

When we may cancel

We reserve the right to cancel the *policy* if *you* fail to pay any due sum on its payment date. Except as outlined in the remainder of these provisions *we* will first give *you* notice that the *policy* is suspended for one month until the next payment date. During such a period *we* reserve the right to make no authorisations or payments under the *policy*. If, after that second payment date, any sums remain due, *we* will cancel the suspended *policy*, and reserve the right to recover any outstanding sums (which, for the avoidance of doubt, shall not include any additional premium in respect of the suspended month). Nevertheless, if any outstanding sums are paid on or before that second payment date, *we* may, at *our* discretion, reinstate the suspended *policy*.

If *you* instruct *your* bank to cancel *your* direct debits, *we* will receive notice of the direct debit cancellations from the bank and will cancel the *policy* with effect from the end of *your next policy* month. *We* reserve the right to recover any unpaid premiums up until this date.

We may immediately cancel this *policy* or terminate an insured person's cover or subject the cover to different terms (with retrospective effect where appropriate) if *you* or a *member* has at any time:

- misled *us* by misstatement or concealment, whether or not done knowingly;
- agreed to, assisted or concealed any attempt by a third party to defraud *us*; or
- otherwise failed to observe the terms and conditions with *us*.

Continuation options

In the event that none of the three core PruProtect covers (Life Cover, Serious Illness Cover, Income Protection Cover) remain on the *policy* due to *claims* (e.g. a *serious illness* sum assured is depleted to £0), the Health Cover can continue without other PruProtect covers continuing for the remainder of the *policy year*. After such period, or at the end of the PruProtect *policy* term, *you* may choose to re-apply to *us* for stand-alone Private Medical Insurance provided that *your* Health Cover remained in force until the end of *your* PruProtect *policy*. In this case *you* may continue on the same underwriting basis. In addition, *you* will carry forward *your* Vitality status to the new PruHealth *policy*.

In the event that *you* choose to lapse all remaining core covers, *your* Health Cover will automatically be cancelled also. In such an instance, *you* may choose to re-apply to PruHealth for stand-alone Private Medical Insurance, but *you* would need to be re-underwritten. However, *you* would carry forward *your* Vitality status to the new *policy*.

H8.9 Claims

The procedure for *members* to follow in making a *claim* is laid out below.

Referral

You will need to be referred by a General Practitioner (GP) for a specialist consultation or other *outpatient treatment*, except for diagnostic scans where *you* need to be referred by a specialist for that *treatment* or consultation to be covered. *You* will need to be referred by a specialist for *admission* to hospital in order for *treatment* at that hospital to be covered.

Authorisation

You must call *our* claims team on 0800 012 1792 before any *treatment* including consultations, *outpatient*, day case or *inpatient treatment* to check:

- that the intended *treatment* date falls within the *member's* period of cover;
- that *you* are eligible for cover for the *treatment* (diagnosis and *treatment* details will be clinically assessed);
- whether any *pre-existing conditions* or other exclusions apply. *We* may request medical information from a GP/specialist to confirm the history and status of the condition as part of the authorisation process;
 - that the specialist or therapist is recognised by *us* or that the conditions specified in [provision H4](#) are satisfied;
 - that the specialist's fees are covered by the *member's* plan, if the specialist's fees are higher than *our fee maximum*, the *member* will be responsible for the difference; and
 - that the costs of the facility to which the *member* is to be admitted, e.g. a hospital or day clinic, are fully covered. All authorisation requests are reviewed against *our* clinical protocols.

You should have to hand:

- the details of *your* condition and intended *treatment*;
- *your* GP contact details; and
- the details of the relevant specialist or therapist i.e. full name, phone number, address and postcode.

For hospital *admissions*, *you* will be given an authorisation number and target length of stay, which the hospital will require.

Where *you* pay fees or charges, *claims* for reimbursement should be submitted within 6 months of the *treatment* date to be eligible.

Where *you* do not obtain authorisation from *us* before being treated, *you* may be liable to pay all or part of the costs of *treatment*.

We are not always able to confirm at the time of authorisation whether or not total *benefit* limits have been exceeded. It is therefore possible that other *claims* submitted by a *member* will have caused their *benefit* limits to be exceeded. In such circumstances, any *treatment* costs over and above the *benefit* limits will not be covered.

Third party claims

You must, without delay, give us written notification of any *claim* or right of action against any third party for any circumstances which gave rise to the *claim* under this *policy*, for example, if a *member* claims for *treatment* following a car accident where the third party may have been at fault.

If the *member* decides to pursue a third party for damages, *you* must continue to keep us fully informed in writing and take all steps we reasonably require in making a *claim* against the third party, which may include recovery of PruProtect's outlay.

If *you* fail to inform us of a third party *claim*, and make a recovery (which includes any settlement made) without including our outlay, we reserve the right to recover the outlay and any sums due from *you*.

We shall be entitled to initiate proceedings in a *member's* name for recovery of the outlay or any sums due under this *policy*. We shall have full discretion in the conduct of any such proceedings and in the settlement of any such *claim*.

Prevention of fraud

If any *claim* under this *policy* is in any respect fraudulent or unfounded, all *benefits* paid or due in respect of that *claim* will be forfeited and recoverable. Failure to disclose material information could result in the *policy* being cancelled. We also reserve the right to take appropriate legal action and/or refer the matter to the police to seek criminal prosecution. Information relating to such matters may be disclosed to others with a view to preventing fraudulent or improper *claims*.

H8.10 Renewal

Plan and premium changes

Except for the changes listed in [provision 8.5](#), plan and premium changes will take effect only at the end of the *policy year*. Plan changes may be subject to underwriting requirements.

We reserve the right to decline a plan upgrade based on the *claims* experience of the *policyholder* or a dependant or partner in respect of the risk of the *policy*.

We will automatically renew the *policy* unless there has been fraudulent activity or the *policyholder*, *member* or *policy* dependants have misled PruHealth or PruProtect in any way. We will not decline renewal based on *claims* experience alone. Where a plan is discontinued, we will move the *member* to the closest available alternative.

Policy renewal

At the end of the *policy year* we may elect to offer to *you* renewal of the *policy*, possibly on altered terms to those in force, for example with different cover offered or different premiums charged based on age, medical inflation and *claims* experience. We cannot guarantee that Health Cover will be available for the full duration of a PruProtect contract including long-term insurance contracts such as Life Cover or Serious Illness Cover.

We will send out a renewal notice detailing the terms of renewal at least one month before the end of the *policy year*. In the unlikely event that *you* do not receive these terms at least one month before the end of the *policy year*, *you* should notify Customer Services or contact *your* adviser.

Acceptance by *you* of the renewal terms made available in this way to the *policyholder* and *members* will be assumed unless we are informed otherwise by the *policyholder*.

The premium for Health Cover will not alter with Vitality status, even if premiums payable for other *benefits* on the PruProtect plan do, e.g. Life or Serious Illness Cover.

If a Health Cover Optimiser is active on a *policy*, this will normally give rise to a discount on the premium. This discount may reduce however over time, due to either medical inflation or reductions in the *serious illness* Sum Assured decreasing the level of overlap between the Health Cover and Serious Illness Cover.

You have 30 days after your renewal date in which to change your mind. You should notify PruProtect within those 30 days if you do not want your cover to continue. During this period, if any *claims* are paid in respect of *treatment* during this period, you will be liable for the full premium up to the end of your *policy* month. You will only be able to withdraw at the start of the next *policy* month.

H8.11 Other insurance

If there is any other insurance covering any of the same *benefits* insured under this *policy*, the *policyholder* must disclose this to us and we shall not be liable to pay or contribute more than our proportionate share between the insuring parties.

H8.12 Liability for treatment

Our liability under this *policy* is limited to the liability to pay for *treatment* or services in respect of *claims* qualifying for cover under this *policy*, in accordance with the 'Conditions of cover' and the 'Exclusions' set out above. The choice of provider of the *treatment* or services ("provider") is the responsibility of the *member* claiming under this *policy*. We make no representations or recommendations to any *member* regarding the availability and standard of any *treatment* or services offered or provided to the *member* by any provider. We will not be held liable to any *member* for any loss, harm or damage of any description resulting from lack of availability or from a defect in the quality of any *treatment* or service offered or provided by such provider.

This *policy* represents the whole and only agreement between the *policyholder* and PruHealth relating to the provision of Health Cover.

Treatment authorised while the *policy* is active and takes place after termination of the *policy* will not be covered.

Any advice, conversations, e-mails, leaflets, letters or similar communications received by the *policyholder* or any *member* in relation to the cover do not form part of this *policy*.

This is without prejudice to our rights in respect of declarations made by the *policyholder* or *member* in their completed application form for this *policy*.

H9. Complaints

H9.1 Making a complaint

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

PruProtect Customer Services
Stirling
FK9 4UE
Or call us on: 0845 601 0072

If we cannot settle your complaint you may be entitled to refer it to the Financial Ombudsman Service.

H9.2 Our complaints process

We want to deal with concerns fairly, effectively and promptly. However, some complaints are more complex than others and may take some time to investigate. We will keep you informed of the progress made to resolve the complaint.

If we have not resolved *your* complaint within 8 weeks of receiving it we will send *you* a letter explaining why the complaint has not been resolved and confirming when we will make contact again. We will also send *you* details of *your* right to refer the complaint to the Financial Ombudsman Service, if eligible to do this. *Our* complaints process is available on request, by contacting *us* on 0845 601 0072.

Escalation of complaints

If *you* are not satisfied with PruProtect's response *you* may then be eligible to take *your* complaint to the Financial Ombudsman Service by contacting them at:

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

Telephone: 0800 023 4567
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financialombudsman.org.uk

H9.3 Compensation

You may have a right to compensation if *we* or another authority decides that *you* have bought a plan in which the information provided by *us* was incorrect or misleading and resulted in financial loss.

Please contact Customer Services for more information.

If *we* are unable to meet *our* financial obligations in full, the *policyholder* or the *members* may be entitled to help from the Financial Services Compensation Scheme. The limit applicable for an eligible claimant is 90% of the *claim*.

Further information is available by contacting them at:

Financial Services Compensation Scheme
7th floor, Lloyds Chambers
Portsoken Street
London, E1 8BN

Telephone: 020 7892 7300 or 0800 678 1100
Email: enquiries@fscs.org.uk
Website: www.fscs.org.uk

H10. Law, Interpretation and Currency

This *policy* will be governed by and construed in accordance with the laws of England and Wales and will be subject to the exclusive jurisdiction of the English Courts.

The schedule and paragraph headings are for convenience only and do not form part of the *policy* itself nor do they affect its construction.

A person who is not party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms of this *policy*. In addition to the *policyholder*, *members* covered by the *policy* are considered to be parties to this *policy*.

Every payment to PruProtect or by PruProtect under this *policy* shall be payable in the lawful currency of the United Kingdom.

H11. Glossary of definitions

Words and phrases printed in italics in this *policy* document have the meanings set out below. The following are standard definitions of common *PMI* terms and some specific to PruProtect:

Acute condition

A disease, illness or injury that is likely to respond quickly to *treatment* which aims to return *you* to the state of health *you* were in immediately before suffering the disease, illness or injury, or which leads to *your* full recovery. We consider that an acute condition would resolve within three months or less.

Treatment of an acute condition should be intended to deal with the underlying condition rather than provide temporary relief of symptoms.

Admission

The interval between the time a *member* enters a hospital ward as a day case or for an overnight stay until the time they are discharged. This does not include an admission to an Accident and Emergency department/ward nor an *outpatient* attendance.

Benefit

Money paid if *you* successfully *claim* under the *PruProtect plan* or *policy*.

Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Child/Children

The term "children" incorporates biological and adopted children as well as children under guardianship. The main criterion is that they are financially dependent on the principal *member* taking out the *policy*.

Children can remain on the *policy* past the age of 21 years, being charged as an adult and will only be removed on notification from the *policyholder*.

Chronic condition

A disease, illness, or injury that has one or more 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

Claim

- a) a *serious illness* claim is a cash lump sum payable when a *member* with Serious Illness Cover is affected by a *serious illness* meeting the relevant criteria set out in the *PruProtect plan* provisions.
- b) a Health Cover claim is a payment to a recognised healthcare provider (e.g. a hospital or consultant) for *treatment* relating to an illness.

Complementary and alternative therapy

Complementary disciplines are those which usually, if not invariably, complement conventional medical *treatment*, whilst alternative disciplines are those which purport to offer diagnostic and therapeutic alternatives to conventional medicine.

Combined limit

Claims for specialist consultations, *diagnostic tests*, chiropractors, osteopaths and physiotherapists all aggregate to one limit, for each *member* of the family.

Critical care

Any care given in an Intensive Care Unit, Intensive Therapy Unit, Coronary Care Unit, High Dependency Unit, Paediatric Intensive Care Unit, Neonatal Intensive Care Unit, Special Care Baby Unit or similar level of care is considered to be critical care.

Date of expiry

The date a cover ends. The date of expiry of each of *your* covers is shown on the *plan schedule*.

Day case treatment

Treatment which means the *member* has to be admitted to hospital or a day case unit because they need a period of clinically supervised recovery but do not have to stay overnight.

Diagnostic tests

Investigations, such as x-rays or blood tests, to find or to help to find the cause of *your* symptoms.

Ectopic pregnancy

An abnormal pregnancy where the fertilised egg attaches itself outside the cavity of the uterus.

Eligible treatment

Treatment of an *acute condition* together with the products and equipment used as part of the *treatment* that:

- is consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the *UK*;
- is clinically appropriate in terms of type, frequency, extent duration and the facility or location where the services are provided; and
- is demonstrated through scientific evidence to be effective in improving health outcomes.

H11. Glossary of definitions

(continued)

Family membership

A family membership covers two adult *members* or more.

Fee maximum

Our fee maximum defines the upper limit of the range of fees expected by *us* for any *treatment* provided by a healthcare provider.

General NHS ward

This is a ward within an NHS hospital where there is generally no charge for the bed.

Heart condition

Any primary or secondary disease of the heart which results in symptomatic change in its structure or function.

Hospital charges

The portion of total fees paid by PruProtect for a *member's treatment* (whether *inpatient* or *outpatient*) that relates to costs incurred by the hospital. This includes, but is not limited to, accommodation, meals, drugs and surgical dressings, nursing care, operating costs, eligible intensive and high dependency care, physiotherapy and any prosthesis used during an operation.

Hydatidiform mole

A tumour in the placenta that occurs in early pregnancy.

Inpatient

A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

Interaction

A visit by a *member* to their healthcare provider.

Maximum Contribution

The maximum amount (set annually, and by *serious illness*) that a *member* with the Health Cover Optimiser option can be asked to contribute towards the cost of *treatment* for a given *serious illness*, following a *serious illness claim*.

Member

Refers to the people including the *policyholder* who are covered under the *policy*. It may also include the partner and any dependants who are covered.

Miscarriage

Loss of a pregnancy under 24 weeks' gestation.

Nurse

A qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

Outpatient

A patient who attends a hospital, consulting room, or outpatient clinic and is not admitted as a day patient or an *inpatient*.

Out of hospital co-payment

Where *treatment* is received outside of the designated hospital list, a percentage co-payment may apply to the *hospital charges*.

Palliative care

Holistic therapy aimed to relieve or reduce the symptoms of those with advanced *cancer* but not to produce a cure.

Participation in professional or semi-professional sports

Taking part (including part-time participation) in a sporting activity as a means of livelihood or for direct financial gain.

Plan schedule

A document that shows:

- the cover or covers in the *PruProtect plan*.
- the amount of each cover.
- the premium for each cover.
- the *date of expiry* of each cover, unless the cover is whole of life.
- any special conditions.

PMI

Refers to private medical insurance.

Policy

The contract of insurance between the *policyholder* and PruHealth to provide *PMI* cover for *members*, as detailed in this document.

Policyholder

Refers to the person taking out this *policy*.

Policy year

The period of time between the first date of cover under *your* Health Cover and the day on which *your* Health Cover is due for renewal (which is the same as the plan anniversary of the linked *PruProtect plan*). This period is usually twelve months, unless the Health Cover was added to an existing *PruProtect plan* in advance of the plan anniversary.

Post partum haemorrhage

Loss of over 500ml of blood from the genital tract within 24 hours of delivery.

PPU

Private Patients Unit. These can be separate wings or wards within an NHS hospital.

Pre-existing condition

Any disease, illness or injury for which:

- you have received medication, advice or *treatment*; or
- you have experienced symptoms;

whether the condition has been diagnosed or not in the 5 years before the start of *your* cover.

PruProtect plan

A protection contract, which provides at least one of Life Cover, Serious Illness Cover or Income Protection, between the Prudential Assurance Company, who provides and manufactures *benefits* under the contract, PruProtect, who provides administration services in respect of the contract, and *you*.

Related medical condition

Any symptom, disease, illness or injury, which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.

Retained placenta

Part or all of the placenta (afterbirth) remains in the womb during the third stage of labour.

Serious Illness

An illness or condition that:

- is defined in [Appendix 1](#) or [2](#) of the *PruProtect plan* provisions, and
- meets *our* criteria for that illness or condition.

The serious illnesses are divided into body system categories. These categories are set out in [Appendix 1](#).

Single membership

A *single membership* covers one adult *member*.

Stillbirth

Delivery of a *child* which has not shown any signs of life after the 24th week of pregnancy.

Tariff

The charges negotiated by PruProtect and the healthcare provider in relation to their healthcare services provided.

Therapists

These include physiotherapists, chiropractors, osteopaths, acupuncturists, homeopaths, podiatrists and other practitioners as may be agreed by PruProtect.

Treatment

Surgical or medical services (including *diagnostic tests*), that are needed to diagnose, relieve or cure a disease, illness or injury.

UK

United Kingdom (excluding the Channel Islands and Isle of Man).

We, Us, Our

Refers to PruHealth.

You, Your

Refers to you the *policyholder*, or a *member* of the Health Cover *policy*.



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