

The complaint

Mr E is unhappy with how Vitality Health Limited (Vitality) has handled his complaint in relation to his private medical insurance policy.

What happened

In January 2024, Mr E joined a private medical insurance policy through his employer. Vitality is the insurer.

The policy provides Mr E access to Vitality Health rewards. This included the benefit of a 12-month subscription to a third-party service.

In January 2025, Mr E experienced issues generating a code to redeem a subscription to a third-party service. The relevant code was provided to Mr E manually so he could access the service.

He made a complaint to Vitality. He said he had to contact Vitality to advise it of the technical issues and this caused him distress and inconvenience.

Vitality apologised for the issues caused and said it was promptly resolved when Mr E contacted it.

Unhappy, Mr E brought his complaint to this service. Our investigator didn't uphold the complaint. She didn't think Vitality had treated Mr E unfairly.

Mr E disagreed and asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, I won't be upholding the complaint. I'll explain why.

The insurance industry regulator, the Financial Conduct Authority ('FCA'), has set out rules and guidance for insurers in the 'Insurance: Conduct of Business Sourcebook' ('ICOBS').

ICOBS says that insurers should act honestly, fairly and professionally in accordance with the best interests of their customers. I've taken these rules into account when looking at this complaint.

On 2 January 2025, Mr E contacted Vitality to inform it of the problems he encountered in accessing the third-party service provided within the Vitality Health rewards, under the policy.

Vitality tried calling Mr E and also sent him an email on 3 January 2025. A complaint was logged. It also informed Mr E that it advises its members to allow up to 36 hours for their

benefits and rewards to unlock once the information had been completed. It nevertheless generated a manual code on Mr E's account, which allowed him to redeem the service by 31 December 2025.

Mr E responded and said he had spent two hours trying to deal with and resolve the issue. He asked for Vitality to provide a final response to his complaint.

I've considered the final response issued by Vitality on 7 January 2025. It said a manual workaround was provided within a timely manner and therefore it doesn't consider a compensation payment is fair. I'm satisfied that Vitality dealt with Mr E's complaint satisfactorily and promptly.

I don't agree that Vitality placed barriers in Mr E making a complaint. It issued a final response well within the timescales expected so I can't see any evidence that it tried to stop him or created barriers to him making a complaint. And whilst Mr E thinks he should be awarded compensation for the way it handled the complaint, I don't think that's fair or reasonable.

I appreciate that Mr E spent time contacting Vitality to get his issue resolved and this must have been frustrating. But I'm satisfied that Vitality dealt with this fairly and reasonably. In the circumstances here, I think an apology is sufficient here and I think a monetary compensation award is unfair based on what happened.

I'm sorry to disappoint Mr E but it follows that I don't require Vitality to do anything further.

My final decision

For the reasons given above, I don't uphold Mr E's complaint about Vitality Health Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr E to accept or reject my decision before 13 October 2025.

Nimisha Radia
Ombudsman