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Industry Conversation

The Value of Value-Added Services

Topic: The Value of Value-Added Services

Host: Vicky Churcher, Executive Director, IPTF

Participants: Representatives from across the protection industry:

- Kevin Mugisha, Financial Adviser, Vantage Wealth Management
- Steve Casey, Marketing Director, Square Health
- Jamie Page, Head of Protection Distribution, The Exeter
- Dave Marcus, European Court & Director, Teladoc Health
- Sam Hudson, Managing Director, Red Arc
- Tim Smith, Head of Protection, Hannover Re

Personal stories of value-added services changing and saving lives

The conversation did not open with data. It opened with experience.
The host described suffering two unexpected heart attacks in her forties, despite being a non-smoker, a vegetarian, and someone who led a healthy life. It was a value-added service, then called Best Doctors and now part of Teladoc Health, that identified a genetic condition her own doctors had missed. The discovery came too late to prevent her surgery, but not too late to test her children. Two of the three were found to carry the same condition and are now receiving preventative treatment.

A second account came from within the panel. Two weeks after a panellist's wife completed chemotherapy for colon cancer, he was told repeatedly by his GP that he had a chest infection. A consultation through his protection policy's value-added service prompted further investigation and caught lung cancer with just a two-week window for surgery.

"Essential services stopped my critical illness claim being a life claim for my wife."

These were not illustrative examples. They were the lived experiences of people in the room, and they framed everything that followed.

How Value-Added Services have evolved from add-ons into core policy propositions

The panel was clear: value added services are no longer a peripheral feature. They are central to how products are designed, how advisers make recommendations, and how customers experience their cover.

Engagement data from one insurer illustrated the shift. In 2025, downloads of their health and wellbeing app increased by 69%, with more than half of users returning repeatedly. Strong uptake was recorded across dietician support, nutrition guidance, lifestyle coaching, and health assessments. Policyholders are building these services into their daily lives, not just reaching for them in a crisis.

From a reinsurance perspective, value added services are now influencing product design at the earliest stages. The services attracting most interest are those that drive healthier behaviours, provide meaningful health insights, or enable early intervention through wearables, before a claim is ever needed.

The adviser's role in recommending and educating clients

When two providers are similarly priced, the quality of their value-added services can be the deciding factor in an adviser's recommendation. A provider with stronger mental health support, for instance, might win the case over an otherwise comparable competitor.

There is also a practical challenge: keeping pace with a constantly evolving range of services is demanding, and differentiation between providers is not always obvious. The providers that stand out are those that use real client stories to demonstrate genuine impact.

One persistent misconception was addressed directly: that some services amount to little more than a brief chat with a nurse. In practice, a detailed fact-find is carried out, comparable in structure to an adviser's own process, to identify what each individual genuinely needs. That might mean counselling, physiotherapy, a second medical opinion, or bereavement support for adults and children. There are no time limits on conversations, and the service covers any serious physical or mental health condition.

Responsibility for adviser education sits across three distinct parties, and the distinction matters. Providers are the experts in clinical pathways and outcomes. Insurers translate that expertise into a coherent proposition that advisers can explain confidently. Advisers, being closest to the customer, are best placed to contextualise services for individual circumstances. When all three operate as an ecosystem rather than passing a baton, outcomes are measurably better.

Value added services also offer an often-overlooked commercial opportunity. Asking a client who else they know that might benefit from GP access, second medical opinions, or mental health support is a far more natural conversation than asking for a financial referral, and far more likely to generate one.

Why the "policy in the drawer" problem is costing clients vital support

One of the most persistent challenges is that policies and the services attached to them are forgotten. People take out cover, file it away, and only think about it when something goes wrong.

The challenge is not simply awareness at the point of sale. It is keeping that awareness alive across the full policy lifecycle. When described at social events, people are consistently surprised to discover what is already available through their existing policies.

Several practical responses were discussed:

- Follow up after every policy placement to help clients download and set up the relevant apps before they need them.
- Get access sorted when it is not needed, so it is ready when it is. In one portfolio, over 70% of users are repeat users, meaning the service has become a regular resource rather than an emergency fallback.
- More frequent and meaningful touchpoints: quarterly newsletters, annual benefit statements, and communications that remind policyholders of what they already hold.

Many people simply do not remember they hold a policy at all. A Macmillan support worker recently noted she was astonished by how often clients discovered a forgotten policy when prompted to check.

The panel agreed the industry should be doing more to partner with charities and third-sector organisations, including Macmillan, the British Heart Foundation, and Citizens Advice, so that frontline workers routinely ask whether clients hold a protection policy with services that could help them.

The language problem and why "Value Added Services" may need a rethink

The term "value added services" is itself a barrier. It frames vital health and wellbeing support as an optional extra, something over and above what really matters.

"These are essential services. They're no longer added value. They're integral." How services are described, to advisers and consumers alike, directly affects whether they are taken seriously and actually used. This is not a minor communications issue. It shapes how the entire proposition is understood.

How AI is shaping the future of health and wellbeing services

Artificial intelligence has moved quickly since the panel was first convened, and it featured prominently in the discussion.

There was broad agreement that AI is still at an early stage, particularly in clinical settings. For clinician-led businesses, the standard is clear: every application must demonstrate evidence before it is adopted.
Beyond diagnostics, the most immediate value may lie in practical, human-scale applications. Helping a recently bereaved person find a recipe using what is in the kitchen. Suggesting gentle exercise ideas to someone recovering between nurse calls. Small interventions that support people without crossing into clinical territory.

A more strategic point also emerged. As people increasingly turn to AI tools with health concerns, the industry needs to ensure its services feature in those conversations. Just as businesses once invested in search engine optimisation, the emerging priority is ensuring that when someone searches for guidance after a diagnosis, protection services appear in the answer. Comprehensive FAQs, well-structured online content, and clear descriptions of what policies include all contribute to this.

Meeting customers where they are, whether online, through AI, or through an adviser, remains the fundamental principle. Human connection, particularly during a claim, remains irreplaceable.

What the industry needs to do better and a commitment to action

Each panellist was asked for the one thing the industry must improve. The responses pointed consistently in the same direction.

Value added service providers need to work better together, thinking about the client holistically rather than operating in isolation. Services should not be treated as a point-of-sale feature: the real value shows up when customers use them consistently over time. Communication is everything. The conversation with the end customer must be kept going, using case studies and real stories to make the benefit tangible. The stories must get out there, because Insurance Protection is sold because bad things happen, and people need to hear from those who have lived it that support is available all the way through.

The natural alignment of interest between policyholders and insurers, that both want better health outcomes, should be an active driver of product design, not just a background assumption.

The session closed with a practical pledge. IPTF committed to producing a short 2.5-minute video, in collaboration with value added service providers, reinsurers, insurers, and advisers, that tells the story of these services simply and compellingly enough to be used in adviser conversations with clients and shared across social media.

To watch or listen to the full conversation, click **here.**

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