



[wpa.org.uk](http://wpa.org.uk)

# NHS Top-Up

Supplementing your valuable NHS care

## A Guide to Your Policy

Effective for registration or renewal on or after 1<sup>st</sup> December 2015

### Individual and Voluntary Policies



FS 28452



BCMS 538164



EMS 505226



IS 553152

# Introduction

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This Guide sets out your and our rights and obligations affecting your **NHS Top-Up Policy**. When you receive your Policy documents you should check them carefully to be sure you understand them and keep them in a safe place.

Email [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk) or telephone **01823 625230** if there is anything about which you are uncertain.

Certain words in this Guide have special meaning. An explanation of these words can be found under Definitions.

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Western Provident Association (WPA) has taken every care in the preparation of the material contained in this booklet, however if it does contain any errors, WPA expressly excludes to the fullest extent permitted by law all liability arising from any such inaccuracies or errors.

## Your NHS Top-Up core benefits

This Benefit Table provides a summary of your core cover. For more detail, please read the specific rules for each benefit on pages 7-9.

Please refer to your Certificate of Registration to confirm which level and cashback percentage you have. **Depending on your level of cashback percentage we will reimburse either 75% or 100% of eligible treatment costs up to the annual benefit limit of the benefits marked † (e.g. dental).**

Core cover	annual benefit		
	Level one	Level two	Level three
Dental †	£65	£100	£150
Optical †	£65	£100	£150
Therapies †	£200	£300	£400
Specialist consultation & second opinion †	£150	£200	£250
GP services & prescription charges †	£50	£100	£150
New baby	£50	£100	£200
Hospital stay – up to 20 days/nights	£20	£35	£50
A&E attendance – £20 per visit	£20	£40	£60
NHS car parking	Up to £300 on all levels		
Medical/legal helplines	Included on all levels		

† 75% or 100% reimbursement available.

### Important – Please Note:

A 30 day qualifying period applies to all benefits with the exception of the new baby benefit which has a 10 month qualifying period and A&E attendance which can be claimed straight away.

New baby benefit is only available for persons over the age of 18 years.

A maximum of 5 children under the age of 18 can be included on your Policy free of charge. All children will have the benefit limits available for your chosen level of cover.

# Summary of the Extras

Please refer to your Certificate of Registration to confirm which extras, if any, you have selected. These extras are explained in more detail on pages 10-15.

## Scans and screens (page 10)

£200

Towards MRI and CT scans, ultrasound and health screens

### Important – Please Note:

A 30 day qualifying period applies.

We will only provide benefit for one health screen every two Policy years.

## mycancerdrugs (page 10)

£50,000

Cancer drugs which are licenced by the European Medical Agency (EMA) & recommended by your cancer specialist but not yet approved by the National Institute for Health & Care Excellence (NICE) & therefore not available from the NHS

(lifetime benefit) for the cost of these drugs and their administration

### Important – Please Note:

This benefit will be removed at the renewal following your 66th birthday.

You will not be eligible for cover if:

- You have had, or at the time of application have, cancer or symptoms of cancer or you are on a medically supervised health screening or review programme because you are considered to be at higher risk of developing cancer (or you were advised by a health care professional to join such a programme);
- Either your parents, brothers or sisters have developed cancer under the age of 60.

There is a 90 day deferment period for this option.

This extra is not available if you already have Private Medical Insurance either with WPA or another company.

## Essential European cover (page 11)

GP/medical fees and medically referred x-rays, tests and prescription medication

£150

Hospital treatment for medical emergencies overseas (injury or sudden acute illness) including evacuation/repatriation <sup>1 2</sup>

£100,000

Network of medical professionals with valuable local knowledge

24/7 telephone support

### Important – Please Note:

Benefits apply to trips abroad of no more than 21 days and a maximum total of 90 days in each Policy year. Covers any trips outside the UK to the European Economic Area (EEA), Switzerland and Norway and does not cover trips where the FCO advises against travel.

- 1 Evacuation/repatriation including family members, by air ambulance when local medical facilities are inadequate.
- 2 WPA only provides medical evacuation to the nearest suitable medical facility where the treatment you need is available. We will repatriate you to the UK where treatment cannot be obtained locally and continued treatment is medically necessary.

### Cosmetic surgery (page 13)

£20,000

Provides expert reconstructive plastic surgery to upper body (arms, face, neck & breasts) following an accident or injury

#### Important – Please Note:

Hands are excluded from cover. There is a 30 day qualifying period for Cosmetic surgery. Benefits are only available for scars in excess of 1cm in length that have been caused by accidents and injuries. Deliberately self-inflicted injuries are not covered. We will not pay for any treatment of the insured which results from accident or injury sustained which has, or may be, the subject of a criminal proceeding or conviction to the insured, including road traffic offences.

### Dental trauma (page 13)

£10,000

Restorative dental treatment caused by an external blow to the face, teeth or jaw

#### Important – Please Note:

A 14 day qualifying period applies.

### Personal accident (page 14)

£15,000

For injuries that result in the loss of sight or loss of (use of) a limb

#### Important – Please Note:

A 14 day qualifying period applies.

All benefits shown are per person per Policy year, with the exception of mycancerdrugs which offers a £50,000 lifetime benefit per person. We will also only cover one health screen per person as part of the Scans and screens benefit every two Policy years. A maximum of 5 children under the age of 18 can be included on your Policy free of charge. All children will have the benefit limits available for your chosen level of cover.

## Your Policy

The purpose of your Policy is to supplement the valuable services available under the National Health Service (NHS) which, although generally free at the point of care, can involve an element of self-funding.

This Policy indemnifies you for your medical costs in accordance with your prevailing benefits at the time of treatment.

# How to make a claim

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## Your core levels one, two and three

- To claim please visit [wpa.org.uk/claim](http://wpa.org.uk/claim) and download and complete the claim form.
- Please send this to us together with any original receipted invoices within 6 months of the treatment date.

## Your extras

All claims for **Essential European cover, Cosmetic surgery, Dental trauma, Personal accident and mycancerdrugs** must be pre-authorised.

Please contact us in advance to tell us about any proposed treatment.

- For Scans and screens please visit [wpa.org.uk/claim](http://wpa.org.uk/claim)  
Call **0345 122 3100** (National call rates apply) for:
  - Mycancerdrugs
  - Cosmetic surgery
  - Dental trauma (you must have an emergency appointment and call us within 72 hours of sustaining the injury)
  - Personal accident

Call **(+44) 20 8680 3800** for Essential European cover.

Call **0300 100 2226** for Medical/legal helplines.

## Important

- We require the original invoice and proof of payment such as a valid credit card receipt.
- We will pay in line with the rules which are in force on the date of your treatment, not on the date that your condition was first noticed or diagnosed.

## All invoices must:

- Be unaltered originals and not copies;
- Show the full name, address and qualifications of the treatment provider;
- Show the patient's full name;

- Show a description of the treatment given, including dates and amounts paid. Please note: we do not accept treatment plans; invoices and receipts will not be returned.

- You will need to be referred by your GP for specialist consultations. Your specialist has to refer you for MRI, CT and ultrasound scans – if you have the Scans and screens Extra. Your GP or specialist has to confirm that therapy treatment is medically necessary if you have more than 4 sessions within a benefit year.
- You must send us your claim within 6 months of your treatment.
- You may claim for treatment which relates to the benefits listed on your Benefit Table which apply to your Policy at the date your treatment is given provided the Policy is in force at the time of treatment.
- We will pay in line with the rules which are in force on the date of your treatment, not on the date that your condition was first noticed or diagnosed.
- We will only pay eligible claims to a valid UK bank account held in the Policyholder's name at a bank regulated by the Prudential Regulation Authority (PRA).

## We can only pay your claim if:

- Your treatment is carried out by a provider we recognise – see Definitions;
- We reserve the right to withdraw or amend our list of recognised providers (without prior notice) in such a way as we feel is reasonable and commercially necessary – this may include hospitals, specialists, therapists etc.
- You send us a fully completed claim form with attached original receipted invoices;
- You continue to live in the UK for at least 6 months a year;
- Your Policy is in force and/or the premiums are paid up to date at the time of treatment;
- Your treatment is not covered by another Insurance plan with another insurer. However, please refer to Dual insurance below.
- Your treatment is not undertaken during the qualifying period;

- Your treatment does not take place outside the UK (except for eligible claims under the Essential European cover extra);
- You submit your claim within 6 months of the treatment date;
- Your claim has been authorised as required.
- Your treatment is not carried out solely at your own request;
- You have provided any information we request.

**Please note that we are unable to pay your claim if your treatment:**

- Is carried out by any provider of treatment who is related to you/the patient or is recommended by a GP who is a member of your/the patient’s family or takes place at a facility in which you have a financial interest.

If we make a claims payment in error we will explain this to you and we reserve the right to recover the value of the incorrect payment against the amount payable for other claims on your Policy.

**Claims Processing and Access to Medical Reports Act 1988**

- If we need medical evidence in support of your claim or your application for cover we will invite you to contact your doctor to provide it to us. This may be in the form of a medical report or access to your relevant medical records;
- We reserve the right to review your medical records in the event of a claim soon after the start of your Policy;
- If you refuse to co-operate fully and do not give us all the information we reasonably require, we may refuse your claim or decline your Policy and may recover anything we have already paid in respect of that medical condition from you;
- We can also require the provider of your treatment to give us any information we feel reasonably necessary about your treatment details, costs and bills submitted to us so that we can process your claim and minimise fraud.
- Hand written receipts will not be accepted.

**Personal Injury claims including Clinical Negligence**

- In the event that WPA funds any treatment costs attributable to the fault or negligence of a third party (including accident, illness, clinical negligence) WPA has a right in law to recover all such medical expenses in the event that your Personal Injury/Clinical Negligence claim is successful;
- It is a condition of your Policy that if WPA funds any treatment costs you agree to comply with the claims co-operation procedure which can be viewed on our website [wpa.org.uk/injury](http://wpa.org.uk/injury)
- It is important that you understand the legal implications of these rules. If you are in any doubt as to the meaning of this, then you must contact us or take legal advice as soon as possible.

**Dual insurance**

- If you are making a claim on your Policy, and you have insurance with another insurer for private medical insurance/health cash plan, you must tell us and agree to our contacting them;
- We may then contact the other company as neither we nor they are liable to pay more than our proportionate share of the claim;
- The total claimed from both insurers must not exceed the total eligible cost incurred;
- It is a general legal principle that no-one can be paid more than once for the same expense under one or more insurance indemnity policies (i.e. may not make a profit from claims).

**Claim settlement**

Any eligible claim for settlement by a dependant or family member will be paid to the Policyholder.

# What is covered : Core Cover

When reading the benefits available please refer to the Benefit Table at the start of this Guide and your Policy documentation that confirms the cover options you have chosen.

You may claim for treatment which relates to the benefits listed on the Benefit Table which apply to your Policy at the date your treatment is given provided the appropriate Qualifying Period has expired and the Policy is in force at the time of treatment.

We use the following symbols to illustrate what is and what is not covered.

✔ This is covered by your Policy.

✘ This is not covered by your Policy.

Please refer to your Certificate of Registration to **confirm which level of cover you have**. The Certificate of Registration will also **confirm if you have 75% or 100% cashback** for eligible treatment costs. If selected, the 75% cashback on receipted invoices refers to Dental, Optical, Therapy, Specialist consultations/second opinions and GP services benefits.

You are not covered for any treatment received during the qualifying period.

We will pay in line with the rules which are in force at the date of your treatment not at the date your condition was first noted or diagnosed.

The general exclusions stated in the 'What is not covered' section on page 16 apply to all benefits.

We will never pay more than the receipted amount.

## Qualifying Periods

The qualifying period is the period of time following the date you join the Policy or upgrade your cover, during which you cannot claim benefit.

With the exception of optical and dental treatment you are not covered for any benefits associated with medical conditions you had when you took out the Policy (pre-existing conditions). Please refer to the relevant sections for full details.

## Dental treatment

✔ We will pay up to the amount shown on the Benefit Table per Policy year towards preventative care or general dental treatment provided by a registered dentist or dental hygienist in general dental practice. This includes: check-up fees, hygienist fees, x-rays, fillings, crowns, bridges and dentures.

*A 30 day qualifying period applies.*

- ✘ **You are not covered for:**
- Dental prescription charges;
  - Dental consumables such as toothbrushes or appliances such as mouth guards;
  - Dental practice plan premiums and dental insurance premiums;
  - Dental implants;
  - Cosmetic treatment including veneers and teeth whitening;
  - Charges for missed appointments or completion of claim forms;
  - Dental treatment that is not undertaken by a registered dentist or dental hygienist in general dental practice.

## Optical treatment

✔ We will pay up to the amount shown on your benefit table per Policy year towards the cost of sight tests, prescribed glasses, adding new prescribed lenses to existing frames, contact lenses, prescription safety spectacles and refractive eye surgery.

*A 30 day qualifying period applies.*

- ✘ **You are not covered for:**
- Postage costs associated with mail order glasses;
  - Non-prescription glasses;



- Optical consumables, for example contact lens cases, spectacle cases and spectacle chains/cords, or cleaning materials;
- Lenses supplied under an optical insurance plan;
- Optical insurance premiums;
- Ophthalmic consultant charges;
- Complications arising from refractive eye surgery;
- Charges for missed appointments or completion of claim forms.

## Therapies

- ✓ We will pay up to the amount shown on the Benefit Table per Policy year towards the cost of physiotherapy, chiropractic treatment, osteopathy, chiropody, podiatry, homeopathy and acupuncture. Treatment needs to be provided by a WPA recognised provider (has to be qualified and registered with an approved professional organisation recognised by us in the appropriate field – see Definitions). If you have more than four sessions of therapy in a Policy year, your GP/Specialist needs to confirm that your treatment is medically necessary.

*A 30 day qualifying period applies.*

- ✗ **You are not covered for:**
  - Treatments including, but not limited to, reflexology, aromatherapy, herbalism or massage even if performed by a WPA recognised therapist;
  - Prescription fees, medication and appliances such as lumbar roll, back support, TENS machine;
  - Homeopathic medicines, herbal remedies or supplements;
  - Charges for missed appointments or completion of claim forms.

## Specialist consultation & second opinion

- ✓ We will pay up to the amount shown on the benefit table per Policy year towards:
  - The cost of private consultations with a specialist and x-rays and tests carried out at your specialist's request, following referral from your GP; and/or

- A private consultation with a second specialist if you would like a second opinion.

*A 30 day qualifying period applies.*

- ✗ **You are not covered for:**
  - Charges for missed appointments, or completion of claim forms.

## GP services & prescription charges

- ✓ We will pay up to the amount shown on the Benefit Table per Policy year towards the cost of treatment by a GP, and charges made by your GP for consultations, inoculations, x-rays, signing claim forms, other tests, medical reports and NHS or private prescription charges.

*A 30 day qualifying period applies.*

- ✗ **You are not covered for:**
  - Charges for missed appointments.

## New baby

- ✓ On adding a new baby to the Policy, we will make a single payment up to the amount shown on the Benefit Table. This applies to the birth (or adoption) of each child provided that the mother or father is covered by the Policy at the time of the birth (or adoption) and is aged 18 or older. We will make one payment per child per Policy if you send us the relevant documentation.

*A 10 month qualifying period applies.*

- ✗ **You are not covered for:**
  - Miscarriages up to 24 weeks of pregnancy;
  - Foster children;
  - Adoption of a child related to you or your partner before adoption;
  - Babies born to a person covered by the Policy who is under 18 years of age at the time of the birth;
  - Pregnancy termination.

## Hospital stay

- ✓ We will pay the cash benefit shown on the Benefit Table per day/night when you are admitted to an NHS hospital as an NHS day-patient or in-patient and you occupy a bed, up to a maximum of 20 days/nights per Policy year.

When we calculate the amount we will pay the day you are admitted to hospital and the day you are discharged count, together, as one day.

*A 30 day qualifying period applies.*

- ✗ **You are not covered for:**
  - Private hospital treatment;
  - Cosmetic/aesthetic treatment or sexual problems.

## A&E attendance

- ✓ We will pay a cash benefit of £20 when you attend an NHS Accident & Emergency (A&E) department, up to the maximum amount of your chosen level of cover per Policy year.

- ✗ **You are not covered for:**
  - Pregnancy, neonatal or birth related conditions or admissions;
  - Private hospital treatment.

## NHS car parking

- ✓ We will pay up to £300 per Policy year towards NHS car parking fees whilst you are receiving cancer treatment as an NHS patient, or £50 per Policy year for car parking charges incurred by you or your family (whilst they are visiting you) during your stay as an in-patient or day-patient in an NHS hospital. You must send us these car parking receipts with your hospital stay benefit claim.

- ✗ **You are not covered for:**
  - Car parking charges relating to a private admission;
  - Car parking charges that were not incurred at an NHS hospital;
  - Car parking charges relating to treatment not covered by this Policy;
  - Car parking charges relating to pre-existing conditions.

## Medical/legal helplines

These helplines are provided by Validium and are available 24 hours a day, 7 days a week.

**Simply call: 0300 100 2226.**

### Health & Medical Information

- Health and Medical Information – a wide range of health information and non-diagnostic guidance on medical matters, including side effects of drugs, self help groups, waiting lists, general health and fitness, childhood illnesses and vaccinations, and travel health and immunisation.

### Confidential Stress Counselling Service

- Provided by counselling professionals from Validium, who can give you confidential counselling over the phone on personal issues including bereavement and, where appropriate, onward referral to relevant voluntary or professional services.

### Legal Helpline

- Experienced legal specialists, who are selected for their skill in explaining complex legal matters in everyday language, provide personal legal guidance. Due to the technical nature of some enquiries it may be necessary to arrange a call back. Neither Validium nor WPA will accept responsibility if the helpline services are unavailable for reasons they cannot control. The territorial limits of the legal advice service are under the laws of the member countries of England, Wales, Scotland and Northern Ireland.

# What is covered : Extras

Please refer to your Certificate of Registration to **confirm whether you have any of the Extras listed below.**

The general exclusions stated in the 'What is not covered' section on page 16 apply to all benefits.

## Scans and screens

- ✓ We will pay up to a maximum of £200 per benefit year towards out-patient MRI, CT and ultrasound scans and health screens. Although health screens fall under this benefit limit, we will only provide cover for one health screen every two Policy years. We cover full body health screens, wellman, wellwoman, bone density screening, breast screening and heart disease screening which must be carried out by medically qualified staff in a hospital or clinic. MRI, CT and ultrasound scans must be requested by your specialist (not your GP).

*A 30 day qualifying period applies before you can claim for Scans and screens.*

- ✗ **You are not covered for:**
  - Health screens needed for legal, pension, insurance, emigration or employment reasons;
  - Pre-existing, long term (chronic) or psychiatric conditions.

## mycancerdrugs

Recent and dramatic advances in medical technology make treatments ever more effective; such as Avastin for those with metastatic bowel or breast cancer. mycancerdrugs can help fund the cost of such advanced drugs where the NHS may deny use of them.

- ✓ mycancerdrugs provides each person on cover with up to £50,000 lifetime benefit towards the cost of providing you with cancer drugs not available from the NHS. The drugs must be prescribed by the UK consultant in charge of your cancer treatment with curative intent. **The £50,000 benefit limit is applied across the lifetime of each person whilst they are insured by this Policy (not per Policy year) and aged 66 and under.**

Cover is only available for cancer drugs that have been licenced and approved by the European Medicines Agency (EMA). In addition they must be used to treat the specific stage and type of cancer (i.e. the therapeutic indications) that the drugs are authorised for. The drugs that WPA authorise are constantly updated and are available on our website at [wpa.org.uk/cancer](http://wpa.org.uk/cancer)

Further information is available from the EMA website.

WPA will fund **customary and reasonable** private sector charges for the administration of the drug and any directly related costs within the lifetime benefit limit of £50,000.

**Funding for these drugs will only be provided where objective evidence of clinical benefit and curative intent is available (typically reviewed every 3 months).**

- ✗ **You are not covered for:**
  - Cancers diagnosed, or for which symptoms develop, before or within the first 90 days of your Policy starting (or the date from which you add mycancerdrugs cover – also referred to as the 90 day deferment period);
  - Maintenance or remission of cancer, where these agents are used to maintain good health in the absence of symptoms;
  - Cancer treatment where there is no objective evidence of improvement or evidence of clinical benefit/curative intent;
  - Accommodation charges;

- Treatment undertaken solely at your request;
- Treatment where you have not obtained pre-authorisation in advance;
- This specific cancer treatment if it is covered by another private medical insurance plan;
- Treatment that took place outside the UK.

⊗ **You will not be eligible for cover if:**

- You have had, or at the time of application have, cancer or symptoms of cancer;
- Either your grandparents, parents, brothers or sisters have developed cancer under the age of 60;
- You are on a medically supervised health screening or review programme because you are considered to be at higher risk of developing cancer (or you were advised by a healthcare professional to join such a programme);
- You may not be eligible for cover if any of your aunts/uncles have developed breast or colorectal/bowel cancer under the age of 60;
- You have private medical insurance cover either with WPA or an alternative provider.

**The mycancerdrugs cover will cease from the renewal date following your 66<sup>th</sup> birthday.**

## Essential European cover

Many people rely on reciprocal NHS care throughout Europe (provided by your EHIC card available to all from [ehic.org.uk](http://ehic.org.uk)). But what people don't realise is that although you may get medical treatment at a reduced cost or sometimes free, expensive repatriation costs are not covered.

Essential European cover provides supplementary EHIC cover up to £100,000 per year in the European Economic Area (EEA) including Switzerland and Norway (**except where the FCO advises against travel**). Cover is available for repatriation, hospital costs, x-rays, GP fees and 24/7 international support. Where you receive treatment in a European state funded facility we will only pay for eligible treatment costs that are over and above those covered by the EHIC.

**This is not a substitute for a comprehensive travel insurance plan.**

Unless we explicitly tell you otherwise, the general rules in the Guide will apply.

### GP/medical fees

- ✔ You are covered for GP/medical fees and medically referred x-rays, tests and prescription medications up to a maximum of £150 per Policy year.

### Hospital treatment for medical emergencies

- ✔ You are covered for trips to a country of the EEA, Switzerland and Norway for up to 21 days each (with the calculation starting on the day of outward travel) subject to an annual maximum of 90 days and an annual maximum benefit of £100,000.

### Important rules:

- No treatment will be funded unless you have contacted the Co-ordination Centre on (+44) 20 8680 3800 and cover has been agreed;
- We will not pay for any medical conditions for which you have previously suffered or experienced symptoms prior to joining;
- Your European cover does not cover medical conditions (or related conditions) that require current treatment in the UK or for which you have undergone treatment in the 6 months prior to travel;
- It does not cover winter sports of any kind or any accident or injury that occurs whilst on a winter sports holiday and whilst staying in a winter sports resort;
- This is not a full travel insurance plan but an additional benefit of your Policy which offers restricted cover for emergency medical treatment in countries of the EEA, Switzerland and Norway. However, unlike most travel insurance, it covers eligible medical conditions that arise after you take out your WPA Policy that do not require current treatment in the UK or where you have not undergone treatment for the condition in the 6 months prior to travel.
- We strongly recommend you have appropriate cover for travel overseas and you must let us have the details of any travel or any other relevant insurance cover you have so that we can pay our proper share of your claim.

- Emergency treatment means unforeseen treatment that is due to a sudden, acute illness or injury that, for medical reasons, cannot be delayed until your return to the UK.
- It is essential to obtain and use a European Health Insurance Card (EHIC) to which all EU citizens are normally entitled.
- You are also advised to contact the Department of Health or visit their website at [doh.gov.uk](http://doh.gov.uk) to understand the reciprocal health agreements in place between the UK and other countries before travelling.
- Where you receive treatment in a European state funded facility we will only pay for eligible treatment costs that are over and above that covered by the EHIC or reciprocal health agreements in place with the country where treatment occurs.
- If you undergo private treatment where the EHIC is not valid or a reciprocal health agreement is not in place, the cost will be reimbursed under the terms of your Policy.
- Treatment must be given by locally recognised providers or in locally recognised hospitals.
- Overseas means outside the UK, Channel Islands and the Isle of Man and when travelling to a country of the EEA, Switzerland or Norway;
- If you are taken ill during your trip before 21 days have elapsed, cover for eligible treatment will continue until such time as medical advice indicates you are well enough to travel home, but no longer – subject to the overall £100,000 limit.

### Medical evacuation/repatriation

- ✓ If you are in an EEA country, Switzerland or Norway and need eligible medical treatment that in our opinion is not available in the country you are in, we will, through the Co-ordination Centre, evacuate you to the nearest suitable medical facility where the treatment you need is available.

We may, in extreme circumstances, repatriate you to the UK for treatment where this is medically necessary and the treatment cannot be obtained locally.

In the event of the death of an insured person, our Co-ordination Centre will make arrangements (including the completion of any documentation) for the return of the deceased to the UK. Cover does not include funeral expenses.

In the event of evacuation or repatriation of an insured person we will cover the cost of immediate insured family members (i.e. partner/children), who are overseas with the patient at the time of the illness or injury, to travel with the patient or return to the UK by the most appropriate means and by economy class.

Cover for medical evacuation/repatriation is available subject to the overall £100,000 annual benefit limit (21 days per trip, maximum 90 days) outlined above.

### Network of medical professionals

Access to a multi-lingual professional – 24 hours a day, 365 days a year.

**Simply call (+44) 20 8680 3800.**

- ⊗ **You are not covered for:**
  - Trips outside the EEA, Switzerland and Norway;
  - Psychiatric and long term (chronic) conditions;
  - Treatment not authorised by the Co-ordination Centre;
  - Treatment that you can have using your European Health Insurance Card (EHIC) or if there is a reciprocal health agreement between the UK and the country where treatment takes place;
  - Trips outside the UK falling outside the limits set out on the Benefit Table;
  - Elective overseas treatment;
  - Any costs which you can also claim under the terms of a Travel Insurance or other insurance plan. We will only pay our share of the claim;
  - Pregnancy, neonatal or birth related conditions;
  - Treatment either overseas or on your return to the UK for a medical condition contracted or injury sustained whilst in a location to which you travelled (during the period of the advice) against advice issued by the Foreign and Commonwealth Office (FCO) either as **all travel** or **all but essential travel**.

Please check their website [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice) before you travel;

- Treatment either overseas or on your return to the UK for a medical condition contracted or injury sustained if you travelled against medical advice;
- Any costs incurred where the necessary precautions were not taken, for example vaccinations;
- A medical condition (or related condition) that you are receiving treatment for, or have undergone treatment for in the 6 months prior to travel;
- A medical condition/symptoms you have suffered prior to joining (pre-existing conditions);
- A medical condition that is terminal;
- Any accident or injury sustained during winter sports holidays and whilst staying in a winter sports resort;
- Treatment that was carried out abroad solely at your request.

## Cosmetic surgery

- ✔ We will pay:
  - Up to £20,000 per Policy year towards reconstructive cosmetic surgery following an accident or injury resulting in a scar of over 1cm in length which happened after you took out the Policy to any part of your arms, face, neck and breasts – not your hands.

*A 30 day qualifying period applies.*

You must receive initial medical treatment, GP or hospital (e.g. A&E attendance) within 72 hours of the accident or injury which resulted in the scarring of over 1cm in length and you must inform WPA within 72 hours of the accident or injury.

- ✘ **You are not covered for:**
  - Any treatment of the insured which results from an incident/collision sustained which has or may be the subject of a criminal proceeding or conviction to the insured including road traffic offences, including the use of mobile phones other than 'hands free'
  - Birth defects;
  - Disfigurement through illness or treatment received;

- Scars on the hand;
- Dangerous activities/circumstances;
- Deliberately self inflicted injuries or attempted suicide;
- Scars that are less than 1cm;
- Treatment that we did not pre-authorise;
- Treatment given following an accident or injury if you did not inform WPA within 72 hours of the accident or injury.
- Injuries that occurred before the start of your Policy (adding the extra) or within the qualifying period.
- Treatment arising as a result of a road traffic incident/collision where you were not suitably restrained and/or wearing/using appropriate protection e.g. seatbelt, helmet or suitable child restraint. If your claim for treatment results from an incident or injury which is or may be subject to criminal proceedings against you or conviction, including road traffic offences, then you must provide all relevant details and we will suspend payment of your claim pending the outcome of proceedings. If you are convicted then no benefit will be paid.

**Note:** it often takes over a year for an injury to settle before reconstructive plastic surgery can take place. Benefit is available up to 2 years after reporting the injury/accident provided you are still covered by the Policy. Surgery must be conducted under the care of a surgeon who is a member of The British Association of Aesthetic Plastic Surgeons (see [www.baaps.org.uk](http://www.baaps.org.uk))

## Dental trauma

- ✔ We will pay:
  - Up to £10,000 each Policy year for treatment required for dental injuries received as a result of an injury to the patient's teeth caused by an extra oral impact (an external blow to the face, teeth or jaws).
  - You must inform us and have the emergency appointment within **72 hours of the injury**.
  - You can only claim this benefit if you have had an emergency appointment first.
  - WPA must pre-authorise any restorative treatment plan following a dental injury (this is for any treatment that cannot be undertaken at the emergency appointment).

*A 14 day qualifying period applies.*

### **Your dentist must provide:**

- A fully completed claim form which will be sent to you when you contact WPA;
  - A treatment plan for any treatment that cannot be undertaken at the emergency appointment and to tell us:
    - the type of treatment,
    - the date the treatment will start and the date treatment will be completed,
    - the name of the recognised provider who will undertake the treatment,
    - detailed treatment costs;
  - A full report on the incident and all injuries sustained; including:
    - photographic evidence of facial injury;
    - evidence of x-rays to show the injuries sustained including pre and post injury x-rays;
    - evidence (dental records) that the injury is not related to chronic periodontal disease or material dental neglect.
  - On the basis of this information, WPA will give prior written approval (pre-authorisation) of your treatment and associated costs;
  - Cover will not commence until this pre-authorisation has been sought and given. The extent of cover will be limited to the treatment detailed on the plan provided by your dentist;
  - Benefit will be paid in line with the WPA Dental Schedule for customary and reasonable fees as appropriate (available from [wpa.org.uk/dentalschedule](http://wpa.org.uk/dentalschedule) and [wpa.org.uk/guideline](http://wpa.org.uk/guideline)).
- ⊗ **You are not covered for:**
- Treatment given if you did not inform us, or have an emergency appointment, within 72 hours of the injury;
  - Treatment given without our prior written approval;
  - Treatment given more than 12 months after the date of the injury to which the treatment relates unless we have agreed in writing to cover it;
  - Orthodontic treatment except the repair or replacement of orthodontic appliances as a result of a dental injury;
  - Treatment for dental injuries sustained while participating in any contact sport (e.g. American Football, Boxing, Hockey, Ice Hockey, Lacrosse, Martial Arts, Rugby) when the appropriate mouth protection was not worn at the time of injury;
- We reserve the right to ask for evidence of a mouth protector being worn at the time the injury was sustained.
  - Treatment by a provider who is not recognised by WPA;
  - Veneers: We will only provide benefit for the cost of a replacement veneer if the original is damaged as a result of a dental injury;
  - More than 2 implants per Policy year;
  - Periodontal (gum) disease or material dental neglect;
  - Private in-patient treatment following an accident and emergency admission to an NHS hospital unless the transfer to a private bed is arranged by the specialist at the patient's own request and of his own free will. The patient needs to complete and sign the hospital's appropriate authorisation form. Private treatment will only be covered with effect from the date the form was signed;
  - Specialists' fees when the patient receives treatment as an NHS patient in an NHS hospital;
  - Treatment outside the UK;
  - Charges made by the dentist/specialist for completing the claim form.
  - Extractions of wisdom teeth, consumables, appliances (such as mouth guards);
  - Out-patient drugs/dressings;
  - Fees which are recoverable from other indemnity schemes.

## Personal accident

If you have a personal accident/bodily injury which may result in a claim, as set out in the Definitions, we may ask you to place yourself under the care of a registered medical practitioner, follow any medical advice which is given, and supply any certificate or medical report which we may ask for at your own expense.

The purpose of the benefit is to provide you with a percentage of the cash sum of £15,000 if you suffer the following effects as a result of an accident.

- ✔ You are covered for:
  - Permanent total disablement (other than stated below) – 100%;
  - Total and irrecoverable loss of sight of both eyes – 100%;

- Total and irrecoverable loss of sight in one eye – 50%;
- Loss of or total loss of the use of two limbs – 100%;
- Loss of or total loss of the use of one limb – 50%;
- Total and irrevocable loss of sight of one eye and loss of one limb – 100%.

⊗ **You are not covered for:**

- Any treatment arising from any illness or injury sustained while travelling by air except as a fare-paying passenger in a licensed passenger carrying aircraft;
- Any treatment arising from any illness or injury sustained while engaging or taking part in martial arts, equestrian sports, diving, boxing, wrestling, mountaineering or rock climbing (necessitating the use of ropes or guides), parachuting, potholing, professional sports or any form of racing other than on foot;
- Any treatment arising from any illness or injury sustained whilst engaging or taking part in naval, military or air force operations;
- Any treatment arising from any illness or injury sustained during your own criminal act;
- Treatment arising as a result of a road traffic incident/collision where you were not wearing a seat belt or suitable child restraint (as appropriate) as required by law.



# What is not covered

Some conditions and types of treatment are not covered by your Policy. The following exclusions apply to all the benefits in this Guide and on your Benefit Table. Please note that there is no cover for the care and/or treatment arising from or related to the exclusions in this section, unless stated otherwise.

## ⊗ **Alcohol/Drug/Substance Abuse/Dependency**

- Treatment required, directly or indirectly, as a result of dependency on or abuse of alcohol, drugs or other addictive substances;
- Oral cancer (and related NHS hospital cover) arising directly or indirectly from your chewing tobacco and/or consuming alcohol, having been advised by your doctor to reduce alcohol intake.

## ⊗ **Allergic conditions**

- Care and/or treatment related to or arising from neutralising/desensitising these.

## ⊗ **Cosmetic/aesthetic treatment**

- Treatment intended to improve the patient's appearance whether or not for psychological purposes except when needed as a direct result of an accident or injury;
- Care and/or treatment arising from or related to breast reduction or enlargement;
- Further treatment arising from or related to cosmetic surgery;
- Any form of cosmetic dentistry (e.g. bleaching, veneers or implants).

## ⊗ **Dangerous activities/circumstances**

- Care and/or treatment arising from or related to you or any family members covered on your Policy taking part in winter sports of any kind, or any accident or injury that occurs whilst on a winter sports holiday and whilst staying in a winter sports resort;
- Scuba diving and motor sports of any kind;
- Care and/or treatment either overseas or on your return to the UK for a medical condition contracted or injury sustained while taking part in dangerous activities or whilst in a location to which you travelled (during the

period of the advice) against advice issued by the Foreign and Commonwealth Office (FCO) either as all travel or all but essential travel;

- Medical conditions arising out of war, invasion, riot, revolution, act of terrorism, act of piracy, nuclear, biological or chemical contamination or any similar event;
- Activities which are or may be subject to a criminal proceeding or conviction to the insured (including Road Traffic Offences). If you are not sure whether an activity you plan to do falls within this rule you should check with us first.

We reserve the right to decline claims from family members where the claim results from what can reasonably be considered a dangerous/high risk occupation unless we were made aware of this when the family member joined and agreed in writing to waive this clause.

## ⊗ **Deliberately self-inflicted injuries or attempted suicide**

- Care and/or treatment arising from or related to deliberately self-inflicted injuries or attempted suicide.

## ⊗ **Developmental (physical or psychological), behavioural or educational problems (or speech problems arising from these)**

- Care and/or treatment arising from or related to these.

## ⊗ **Genetic tests**

- Unless used in the diagnosis of cancer.

## ⊗ **HIV, AIDS**

- Care and/or treatment arising from or related to HIV, AIDS or similar infections or illnesses and injuries or medical conditions arising from these.

### ⊗ **Long term (chronic) conditions**

- Your Policy covers short term, not long term, treatment of acute medical conditions which start after you have taken out your Policy;
- Your Policy does not cover treatment for conditions that keep on coming back or need long term monitoring and management. Examples include: Diabetes, Glaucoma, Alzheimer's disease, Macular degeneration, Ulcerative colitis, Rheumatoid or Juvenile arthritis, Crohn's disease and recurrent urinary tract infections;
- In the unfortunate event that your treatment becomes recurrent, continuing or long term, the costs of treatment for this long term condition – including monitoring, consultations and check-ups – and associated conditions will not be covered. We will write to let you know if this is the case;
- There are certain conditions that are likely to require on-going treatment such as Crohn's disease, Multiple Sclerosis and long term depressive illnesses – which require management of recurrent episodes where the condition's symptoms deteriorate. Because of the ongoing nature of these conditions we will write to tell you when benefit for that condition will no longer be available;
- We will also cover the in-patient treatment of new severe or life-threatening complications which have not been previously experienced in order to quickly return the chronic condition to its controlled state;
- This would not include investigations such as endoscopies that are primarily diagnostic or treatment for relief of symptoms relating to a long term illness e.g. pain relief injections;
- We do not consider cancer as a long term (chronic) condition.

### ⊗ **Natural causes**

- We do not pay for treatments intended to relieve symptoms arising from or related to any natural cause which are not due to any underlying disease, illness or injury.

### ⊗ **Newborn/congenital disorders**

- Treatment for unborn babies/foetuses/embryos;
- Any birth defect or congenital abnormality whether identified at birth or later in life. This includes, but not limited to, conditions such as a Patent Foramen Ovale (PFO) and genetic disorders such as Down's syndrome.

### ⊗ **Obesity**

- Investigations and/or treatment either medical or surgical arising from or related to obesity including bariatric surgery;
- Care and/or treatment arising from or related to the removal of fat or surplus healthy tissue from any part of the body even if this is for medical or psychological reasons.

### ⊗ **Pre-existing medical conditions**

- Pre-existing medical conditions are defined as any disease, illness or injury for which:
- You have received medication, advice or treatment; or
  - Treatment that was planned by your dentist or known about by you before the Policy start date;
  - You have experienced symptoms whether the condition has been diagnosed or not before the start of your cover;
  - Any symptom or condition which occurred in the first 14 days of cover unless declared and accepted in writing by WPA.

### ⊗ **Preventative tests**

- Tests to rule out the existence of a condition for which you do not have any symptoms, even if you have a family history of that condition.

### ⊗ **Professional sports**

- Care and/or treatment arising from or related to engaging in professional sport that is a sport where any fee, donation or benefit in kind is received either directly or indirectly for playing, training or coaching.

### ⊗ **Psychiatric conditions**

- Care and/or treatment arising from or related to mental illness or disorder (including stress).

### ⊗ **Rehabilitation**

- Treatment helping towards improving physical and/or mental capacities, following illness or injury.

### ⊗ **Reproductive system**

- You are not covered for any investigations, care or treatment arising from or related to pregnancy, fertility problems, assisted conception, contraception, miscarriage, sterilisation and child birth. The exception to this rule is treatment for the following

specified medical conditions when they occur during pregnancy:

- Ectopic pregnancy (where the foetus grows outside the womb).
- Hydatidiform mole (abnormal cells growing in the womb).

⊗ **Road traffic collision/illegal activity**

- Treatment arising as a result of a road traffic incident/collision where you were not suitably restrained and/or wearing/using appropriate protection, e.g. seat belt, helmet or suitable child restraint;
- If your claim for treatment results from an incident or injury which is or may be subject to criminal proceedings against you or conviction, including road traffic offences, then you must provide all relevant details and we will suspend payment of your claim pending the outcome of proceedings. If you are convicted then no benefit will be paid.

⊗ **Sexual problems**

- Care and/or treatment arising from or related to investigating and/or treating sexual dysfunction however caused;
- Care and/or treatment for sexually transmitted diseases.

⊗ **Sex change/gender reassignment**

- Care and/or treatment arising from or related to sex change/gender reassignment.

⊗ **Sleep disorders (including snoring)**

- Care and/or treatment arising from or related to sleep disorders, including sleep studies or corrective surgery. Examples include: sleep apnoea and snoring.

# Policy administration

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Please note that this is an annual contract of insurance.

You can apply to join this Policy as an individual Policyholder up to and including the age of 65.

You and your family members must reside in the UK for at least 6 months of the year and must have been registered with an NHS GP for at least 6 months.

Cover will automatically cease or become void if this is not true or if you leave the UK to live elsewhere for more than 6 months a year.

Whilst a person aged under 18 years can benefit from cover under this Policy as a Policyholder, their parent or guardian will be deemed to be the Policyholder, being responsible for paying premiums to WPA and for submitting claims, until the person insured reaches the age of 18.

If you die your partner may take over your Policy, provided they are named on the Certificate of Registration as a family member. They will be bound by the Policy rules and exclusions as long as the premium is paid.

We reserve the right to undertake credit checks on you and any adult covered by the Policy during the term of the Policy.

We reserve the right to request medical information either as part of your application or during the term of your Policy, any costs for which will be at your expense.

In our sole discretion we reserve the right to decline terms to applicants in appropriate circumstances.

## Paying your premiums

### Your premium depends on:

- Your age;
- The number of enrolled family members;
- Their ages;
- Your chosen level of cover and cashback level
- Any extras chosen;
- How you pay your premiums and the percentage of Insurance Premium Tax applicable.

All premiums must be paid via a valid UK bank account held at a bank regulated by the Prudential Regulation Authority (PRA). We will also only pay eligible claims to such a valid UK bank account held in the Policyholder's name.

The Policyholder may pay the full annual premium by cheque, direct debit, debit card or credit card. Please note payments made by credit card will attract a surcharge of 1.5%. You can also pay by 12 equal monthly payments. Direct debit, credit and debit card payments are accepted on a continuous authority. We will write to the Policyholder when payment is to be taken. You must let us know straightaway if your card has expired or been replaced.

Any information regarding the payment of the Policy will be sent to the Policyholder.

It is the Policyholder's responsibility to ensure the premium is paid to us when it is due, whether annually or by equal monthly instalments. If the Policyholder fails to pay the premium to us, the Policy will lapse and any claim you make will be void.

## Cancelling the Policy

If the Policyholder cancels the Policy then:

- No further premiums will be due;
- Neither you or anyone named on your Policy is entitled to take out another Policy with us;
- The date of cancellation cannot be backdated;

- No premiums will be refunded;
- We may charge you if we incur any additional costs in processing the cancellation.

If the Policyholder cancels the Policy within 14 days of joining we will:

- Refund the premium paid if you have not submitted a claim;
- Charge an administration fee of £25 to process the refund of the premium;
- Repay the refund to the bank account or the debit/credit card from which the premium was paid.

If you do not exercise the right to cancel within the notice period, you may cancel at a later date but are not entitled to a refund of premium.

## Children

You can include a maximum of 5 children under the age of 18 on your Policy free of charge. Each child will have the maximum benefit limits of your chosen level of cover. You cannot add your children to more than one Policy. Children under the age of 18 are not entitled to the New Baby benefit. When a child turns 18, they will be charged an adult premium and have their own full benefits available; this takes effect on the renewal date following the child's 18th birthday.

If your children leave the main residence they will no longer be covered unless they only live elsewhere for higher education, or from the annual renewal date following his/her 18th birthday.

Whilst babies can be added to your Policy (as long as there are already no more than 5 under 18 years old) no claims will be paid for any treatment for your baby before it is born. Your Policy excludes any condition that is present at birth.

## General

### **wpa.org.uk/secure**

Please visit [wpa.org.uk/secure](http://wpa.org.uk/secure) and start using your personal account which is available 24 hours a day, 365 days a year. You can download a claim form and track claims,

update your details and amend your level of cover (this can only be done at your annual renewal date).

## Making changes

- You can only renew the Policy or make changes to your Policy (such as upgrading or downgrading your level of cover, changing your cashback percentage, adding or removing extras) with effect from your annual renewal date;
- Changes, including the addition of new family members and cancellations, cannot be backdated;
- If you change your name or address you must tell us straightaway, and give us the new name or address and the date of the change or you may visit our **website at [wpa.org.uk/secure](http://wpa.org.uk/secure) to make these changes yourself online**. We will issue a new Certificate of Registration within 4 working days to confirm the change.
- If you would like to add the mycancerdrugs extra you will only be able to do so when you first join the Policy or on the annual renewal date;
- You will be asked to complete a cancer specific medical declaration;
- You will not be covered for any cancers or symptoms or signs later diagnosed as cancerous if these occur before, at or within 90 days of that date;
- You will not be eligible for mycancerdrugs cover at the time of application (or at the time you are adding this extra) if:
  - You have had, or have, cancer or symptoms of cancer or you are on a medically supervised health screening or review programme because you are considered to be at higher risk of developing cancer; (or you have been advised by a healthcare professional to take part in such a programme);
  - Either your parents, brothers or sisters have developed cancer under the age of 60;
  - You are aged 66 or older;
  - You have private medical insurance either with WPA or an alternative provider.
- Any change we permit is in our sole discretion and cannot be backdated.

## Renewing the Policy

- Your Policy is an annual contract of insurance and runs for a period of 12 months from the start date shown on your Certificate of Registration;
- At least 21 days before the contract expires we will advise you that we will renew the Policy for a further 12 months and will send you the relevant information including any changes to the Policy for the forthcoming year. This may include changes to rules and terms of the contract and your premiums. After your renewal date the new rules and premiums will apply;
- Please note the provisions set out in 'Ending the Policy' will apply.

## Ending the Policy

We may at any time end or change the terms of your Policy or stop providing benefit if you or your family members:

- Fail to act honestly in relation to your Policy and WPA;
- Recklessly or negligently mislead us, either intentionally or carelessly including giving us incorrect information or leaving out something that might influence whether we accept you as a customer or agree to pay a claim;
- Fail to pay the premium when due.

In any of these circumstances you must return any benefit we have paid and we will not refund any part of your premiums.

We reserve the right to discontinue all or part of the Policy and may not pay claims you have made.

### **Your Policy will automatically become void and no claims will be payable if:**

- You leave the UK to live elsewhere for over 6 months; or
- If a resolution or an order has been passed for the winding up of WPA.

If you join/transfer to another of our private medical insurance Policies, we may need to fully underwrite your Policy and apply personal medical exclusions.

## Change in legislation

Any insurance Policy may cease to comply with current legislation. In these events we will refund the premium on a pro-rata basis.

## Insurance Premium Tax (IPT)

IPT is a tax levied by the UK government on the value of insurance premiums and is applied on this Policy. Irrespective of the date your Policy starts, the rate of IPT that applies to your premium is that prevailing at the date your payment is due. We may alter premiums to reflect any changes in the tax charged on them or services for which benefit is paid, provided we give you at least 3 weeks written notice of the change.

# Key information

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## WPA and our services to you

### Regulation

WPA is a company registered in England and Wales with registration number 475557. Our registered office is at Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and Prudential Regulation Authority.

We are authorised to arrange and underwrite general insurance contracts. Our FCA registration number is 202608. Our authorisation can be checked at [fca.org.uk/register](http://fca.org.uk/register)

WPA promotes its Policies through distribution channels which includes WPA Appointed Representatives.

### Ownership

WPA is a company limited by guarantee with no shareholders.

### The Policies we offer

We offer only our own medical insurance Policies, dental insurance Policies and NHS Top-Up (cash plans). Our products can be renewed annually.

### The service we will provide

We look to provide all the information you need to choose a Policy appropriate for your needs. If you require advice or a recommendation please contact your Independent Financial Advisor or contact WPA on 0800 783 3 783. We can advise you on our range of medical insurance and cash plans, but not those of other providers.

All our staff and Appointed Representatives receive full training in their role. In the course of their discussions with you, our staff/Appointed Representatives will discuss whether they can offer appropriate Policies and services to meet your needs. You will be sent a letter/Customer Needs Questionnaire confirming any recommendations we make.

### No fees

You will not be charged any fees by WPA for arranging cover.

### Treating customers fairly

We will endeavour to:

- Make sure you receive all the documents you need;
- Make sure all the information we give you is clear, fair and not misleading;
- Protect any personal information or money we hold for you;
- Handle claims fairly and promptly;
- Act fairly and reasonably when we deal with you.

### Our standard of service is that we will:

- Process properly presented claims within 7 working days and make administrative changes within 4 working days.

### In addition:

- We promise that we will never cancel your Policy or raise premiums on the grounds that you have made too many claims;
- You may make as many eligible claims up to any benefit limit.

## What are my cancellation rights?

If you are not entirely satisfied with your Policy and the benefit it provides you have the right to cancel your Policy.

To cancel you must notify us within 14 days of receiving your Policy documents or 28 days if you purchased online (the notice period). To cancel by email during the notice period please email [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk)

We may charge you if we incur any additional costs in processing the cancellation. If you are entitled to a refund of the premium paid to us we will charge an administration fee of £25.

Cancellation of your Policy cannot be backdated. If you cancel your Policy and wish to rejoin you will be required to join as a new customer.

### **Cancelling existing cash benefit plans**

Please check all WPA documents before cancelling any other cash benefit product you already have. It is important that you understand what the WPA Policy you have chosen provides for, that it has the benefits you require and that the product meets your needs.

### **How do I make a complaint?**

This process is overseen by the Director of Best Practice.

If you have a complaint you can write, e-mail or telephone the member of staff or Appointed Representative you have been dealing with and ask them to refer the matter to the appropriate level of management. Once a complaint has been made a manager will carry out a full review of your concerns and then issue a response letter detailing our findings and decision on your complaint.

Any dispute is subject to the exclusive jurisdiction of the courts of England and Wales.

### **Financial Ombudsman Service (FOS)**

WPA is a member of the FOS. This provides an independent and impartial method of resolving complaints. The FOS will need to know that you have given us the chance to put things right and cannot investigate your complaint if you haven't contacted us to let us try to resolve your complaint or if the matter is already the subject of legal proceedings or arbitration.

#### **The FOS's address is:**

The Financial Ombudsman Service  
Exchange Tower, London  
E14 9SR

#### **Consumer helpline open 8am to 8pm, Monday to Friday, 9am to 1pm Saturday.**

0800 0234 567 – calls to this number are free on mobile phones and landlines.

0300 123 9 123 – calls to this number cost no more than calls to 01 or 02 numbers.

#### **Email:**

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

### **Financial Services Compensation Scheme (FSCS)**

WPA customers are covered by the FSCS which can provide entitlement to compensation to customers where an insurer cannot meet its obligations. The maximum level of compensation is 90% of the claim with no upper limit. Further information about compensation scheme arrangements is available from the FSCS ([www.fscs.org.uk](http://www.fscs.org.uk)).

### **Exclusion of Third Party Rights**

Neither this Policy or any document issued under this Policy is intended to confer any rights on any third party or family members.

No third party or family member may enforce any terms of this Policy. The provisions of the Contracts (Rights of Third Parties) Act 1999 are expressly excluded from this Policy and any document issued under this Policy.

### **How we use information about you**

We will hold and process your personal information in accordance with the Data Protection Act 1998.

To detect and prevent fraud or improper claims we may check your details with a fraud prevention agency/agencies. If you give us false or inaccurate information and we reasonably suspect fraud, we will record and investigate this. We work with other organisations including other insurers to pool information about applications or claims which are believed to be fraudulent. Where potential fraud is notified to us, or identified by us, we will investigate this.





If we believe you have committed fraud (or attempted to do so) then we reserve the right to notify the person who pays your premium which may include your employer or family member.

If we obtain evidence of fraud or reckless or deliberate misrepresentation in relation to your Policy we will take legal action for recovery of all losses to us, the interest on these sums and all associated costs. This will involve recovery of any claims we have paid to you. If this happens we reserve the right to make the Policy void from the date it started and will not refund any premiums you have paid to us.

We use your information to administer your Policy including underwriting, claims processing, assessment and analysis and to improve our services.

We take great care in the safe custody and use of your personal data. We are one of the few insurance companies to hold the ISO 27001:2013 Standard – the International and British Standard for Information Security.

We never share any information about customers with third parties other than to a limited number of essential people including those who provide a service to us, or act as agents, including our Appointed Representatives and our wholly owned subsidiary located outside the European Economic Area. We may also share medical information with those involved in a patient's care or treatment e.g. their GP, specialist, therapist. We may also share information with someone reasonably acting on your behalf, if you are incapacitated.

We may require any treatment provider to supply us with any information we feel reasonably appropriate in relation to the administration of the Policy.

We never share any information about customers with third parties for marketing purposes.

By becoming a WPA customer you are consenting to the use and disclosure of your data as set out above for yourself and your family members and you are consenting explicitly to the release of any appropriate information as above by your treatment provider to us.

### **Giving you information**

We may advise you by letter, telephone, e-mail or otherwise of services or products which we believe you may be interested in. If you do not wish to receive such information please tell us at any time.

You have a right to know what information we hold about you. We may request a small administration fee for supplying a copy of any personal information.

### **Communication**

We may monitor and record any communication we have with you, including telephone conversations, for the purpose of ensuring an accurate record of discussions.

You should notify us of any changes to your personal information such as a change to your name, address or email to ensure your personal information is correct and up to date.

We use email as our primary method of communication when we need to communicate with you on claims, medical or administrative matters. We also maintain a secure personal web based account where you can view your correspondence with us, track your claims and make changes to your Policy ([wpa.org.uk/secure](http://wpa.org.uk/secure)).

By providing your e-mail address you are consenting to its use as described above, which may include claim and medical information as well as the administration of the Policy.

# Definitions

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Some words and phrases used in WPA Policies have a particular meaning and this is explained below. These definitions may not all apply to your particular Policy, depending on the cover it offers.

## **Active treatment**

Treatment that is of curative intent or to relieve acute symptoms, arrest disease progression or remove/destroy cancer cells.

## **Acupuncturist**

An acupuncturist who is registered with the Health and Care Professions Council (HCPC) or is a WPA recognised Regulated practitioner. Please contact us to find out if a practitioner is recognised by us.

## **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 immediately before suffering the disease, illness or injury, or which leads to your full recovery.

## **Application/application form**

The form which is signed by the applicant for him/herself and for any family members for whom cover is requested.

## **Cancer**

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

## **CCSD schedule**

Operations/procedures carried out by your specialist are classified using the industry standard CCSD (Coding, Classification and Schedule Development) codes. For information visit [wpa.org.uk](http://wpa.org.uk)

## **Chiropodist/podiatrist**

A chiropodist/podiatrist who is on the Register of Chiropodists/Podiatrists of the HCPC.

## **Chiropractor**

A chiropractor who is on the Register of the General Chiropractic Council.

## **Claim**

A request for payment of a benefit for which qualifying expenses have been incurred under the terms of the Policy and in line with its rules.

## **Claim form**

The document that you and the provider of your treatment or your GP sign telling us the details of your claim which we will use to confirm that it is covered.

## **Curative intent**

Curative intent applies when treatment that is administered with a reasonable expectation that it will restore the patient close to the state of health enjoyed prior to the disease being diagnosed, and the patient will be alive and disease free 5 years after commencement of the treatment.

## **Customary and reasonable**

The level of fees that we deem to be customary and reasonable are set to reflect the complexity of a procedure, the time and skill involved in its performance and that which is customary and reasonable and a fair return for services rendered. The benefit levels for each procedure are regularly reviewed by WPA's Medical Advisory and Clinical Governance Committee, whose medical members have both private and NHS consultant experience. We take professional advice from our specialist advisers and through continuing dialogue with both the medical profession and professional specialist bodies.

## **Day-patient**

A patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery, but does not occupy a bed overnight.

**Dependant/family member**

A person covered by the Policy who is related to the Policyholder and lives at the same address (unless in full-time education).

**Dental treatment**

Treatment of a condition which involves teeth, their roots and surrounding tissue attachments where this forms part of the dental procedure.

**Dentist**

A dentist who is registered with the General Dental Council.

**Diagnostic tests**

Investigations, such as x-rays or blood tests, to find or to help to find the cause of your symptoms. For the purpose of this Policy, diagnostic tests also include ultrasound scans.

**Eligible treatment**

Treatment for which your Policy provides a benefit, given by a provider of treatment we recognise for a condition which is not excluded by the rules of your Policy.

**GP**

A General Practitioner i.e. a physician registered with the General Medical Council, who works in general practice. The GP must not be you, your partner or a member of your family.

**Homeopath**

A homeopath who is also registered with the HCPC or is a WPA recognised Regulated practitioner. Please contact us to find out if a practitioner is recognised by us.

**HCPC**

Health & Care Professions Council.

**Hospital**

A hospital included in our list of recognised hospitals that is:

- a private hospital which charges fees for its services with facilities for providing private medical and surgical treatment or;
- an NHS hospital in the UK which is registered in accordance with UK legislation which is not a nursing home which provides convalescence or geriatric care.

**In-patient**

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

**Level of cover**

The amount of benefit you choose each Policy year toward admissible treatment costs.

**NHS Consultant Podiatric Surgeon**

A Fellow of the Surgical Faculty of the College of Podiatrists whose qualification is registered under the HCPC and who is employed as a consultant by the NHS.

**NICE**

National Institute for Health & Care Excellence.

**Non-established treatment**

**Treatment that does not fulfil the following criteria:**

Treatment that is considered to be acceptable recognised clinical practice by WPA's medical advisors and which falls into one or more of the following categories:

- It is approved by NICE for routine use in the NHS;
- It is an established clinical practice in the UK, supported by peer reviewed published evidence of significant clinical benefit;
- It involves the use of drugs that are licensed by EMA for safe use for the stage of the condition being treated.

**Optician**

An optician who is a member of or fellow of the British College of Opticians.

**Osteopath**

An osteopath who is on the Register of the General Osteopathic Council.

**Out-patient**

A patient who attends a hospital, consulting room or out-patient clinic and is not admitted as a day-patient or an in-patient.

### **Out-patient procedure**

An out-patient procedure that involves one of the following:

- Making a cut or hole to gain access to the inside of a patient's body;
- Using an instrument (such as an endoscope) to gain access to and view the inside of a patient's body;
- Using electromagnetic energy to treat a condition for example lithotripsy to treat kidney stones.

Note: these procedures are classified by CCSD codes.

### **Personal accident/bodily injury**

An identifiable physical injury which you sustained while your cover is in force. This personal accident or bodily injury must solely and independently of any other cause be the result of an accident or sickness resulting in treatment of any injury caused by such an accident.

The bodily injuries for which you can claim are:

- The loss of sight of one eye;
- The loss or loss of use of one limb;
- The loss of sight in both eyes;
- The loss or loss of use of more than one limb;
- Permanent total disablement.

### **Partner**

The person you are married to or who you live with as if you were married.

### **Permanent address**

The address where you live regularly and where you expect to have treatment.

### **Physiotherapist**

A physiotherapist who is on the Register of Physiotherapists of the HCPC.

### **Policy term**

Your Policy lasts for 12 months commencing on the start date set out in your Certificate of Registration.

### **Policyholder**

The person who enters into the contract with WPA.

### **Qualifying period**

Initial period from the time you start the Policy during which you are not eligible to claim.

### **Rehabilitation**

Rehabilitation is treatment helping towards improving physical and/or mental capacities, following illness or injury. This treatment is often given at a special centre or unit, by specialists or other health professionals (such as physiotherapists, speech therapists or occupational therapists).

### **Related condition**

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

### **Remission of cancer**

A clinical state in which there is no objective evidence of disease or the disease is under control and the patient is symptom free with no further signs and symptoms of cancer. Remission can be temporary or permanent.

### **Renewal date**

12 months following the start of the Policy as shown on the Certificate of Registration.

### **Session**

A maximum of one per day in a series of short daily treatments (for example therapy).

### **Specialist**

A medical practitioner holding a licence to practise whose name appears on the current GMC Specialist Register and is certified as a specialist by the appropriate college or speciality body providing a regulatory function.

### **Targeted/Biological Therapies (Advanced Therapeutics)**

Drugs that stop cancer cells from multiplying or developing a blood supply to sustain themselves and spread. These new agents usually cause fewer side effects than traditional chemotherapy. Further information on Targeted/Biological Therapies can be found on our website at [wpa.org.uk/cancer](http://wpa.org.uk/cancer)

**The Policy**

The Policy is the contract between you as the Policyholder and WPA as the insurer as set out in the terms and conditions contained in this Guide, the Certificate of Registration and any other document issued by WPA.

**Transfer**

When a Policyholder or family member(s) changes level of cover or moves from one Policy to another.

**Treatment**

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

**UK**

England, Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man.

**Us, we, our**

Western Provident Association (WPA) Limited, Rivergate House, Blackbrook Park, Taunton, Somerset TA1 2PE.

**Validium**

The Medical Legal Helpline, Health & Medical Information and Confidential Stress Counselling service are provided by Validium.

Their address is:

Validium House, 52-54 Aylesbury End, Beaconsfield, Buckinghamshire, HP9 1LW.

**You/your/yourself**

The person named on the Certificate of Registration and any registered family members.

WPA has a history of over 110 years of helping our Policyholders fund the very best healthcare and is committed to providing excellent customer service.

WPA is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Registration No. 202608).

WPA is one of very few insurance companies world-wide to have been certified to the ISO 9001:2008 Quality Standard. So the standards of service that you can expect are truly world class.

WPA is one of the first organisations in the UK to achieve full accreditation for business continuity.

WPA is one of the first insurance companies to achieve the internationally recognised certification for Information Security Management Systems (ISO 27001:2013) – the benchmark for protecting customers' valuable and sensitive information.

WPA is one of the first UK companies to achieve the environmental quality standard. The paper we use is made up of fibre sourced from well-managed forests independently certified according to the rules of the Forest Stewardship Council (FSC).

WPA is a member of the Financial Ombudsman Service, so you can be assured that any complaints are addressed seriously and objectively. Details of WPA's commitment to resolving customer complaints are included in your Policy literature.



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EMS 505226



IS 553152

### **Western Provident Association Limited**

Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE  
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