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NHS Top-Up : Providential

Affordable dental insurance

A Guide to Your Policy

Effective for registration or renewal on or after 1st December 2015



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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.

Introduction

This Guide sets out your and our rights and obligations affecting your **Providental** Policy. Please read this Guide in conjunction with all your relevant literature. 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** 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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Benefit Table

This Benefit Table provides a summary of your cover. For more detail, please read the specific rules for each benefit on pages 5-8.

Please refer to your Certificate of Registration to confirm which level of cover you have. **We will reimburse eligible treatment costs up to the annual benefit limits shown below.**

Core cover	Annual benefit	
	Level one	Level two
	NHS only	NHS or Private
Check-ups and hygienist ¹		
General dental treatment (e.g. fillings) ¹	100% of NHS treatment costs	75% of treatment costs, up to £250
Restorative treatment (e.g. crowns, bridges) ²		
	NHS or Private	NHS or Private
	75% of treatment costs, up to:	
Dental emergencies (£250 per emergency) ³	£500 (max 2 episodes)	£1,000 (max 4 episodes)
Dental injuries ³	£10,000	£20,000
Oral cancer ⁴	£10,000	£10,000
NHS hospital cover (dental injuries or oral cancer claims) ⁵	£200 per day/night, up to £2,000	
Worldwide cover (dental emergencies & injuries only) ⁶	trips up to 35 days, worldwide	

All benefits are per person per Policy year and up to the annual benefit limits shown.

1. A 30 day qualifying period applies.
2. A 3 month qualifying period applies.
3. A 14 day qualifying period applies.
4. You are not covered for oral cancers diagnosed or for which symptoms or signs develop within the first 90 days of cover (90 day deferment period).
5. This benefit comes out of the overall annual maximum limit that is available for dental injury claims or oral cancer claims. The relevant qualifying periods apply.
6. This benefit comes out of the overall annual maximum limit that is available for dental emergency or dental injury claims. The relevant qualifying periods apply.

Your Policy

Providental has two levels of cover and is intended to help with the cost of everyday dental expenses, as well as dental emergency treatments, dental injuries and oral cancer.

Please note that Providental is not a fully comprehensive dental insurance Policy.

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

Qualifying periods

Please note, you can only claim once the appropriate qualifying period has expired. There is a **30 day** qualifying period for check-ups & hygienist and general treatment; a **3 month** qualifying period for restorative treatment and a **14 day** qualifying period for dental emergencies and dental injuries. You are not covered for treatment carried out or completed during the qualifying period.

90 day deferment period

You are not covered under the oral cancer benefit for conditions that existed prior to joining the Policy or for which symptoms or signs developed within the first 90 days of your cover, even if not formally diagnosed.

The qualifying/deferment period starts on the day you join the Policy.

Pre-existing conditions

In addition, you are not covered for conditions/injuries that were in existence prior to joining this Policy (see definition of pre-existing conditions in Definitions section). This does not include check-ups, hygienist, general dental and restorative treatment.

General exclusions

We can only pay your claim if:

- Your Policy is in force and/or the premiums are paid up to date at the time you have your treatment;

- You have sent us a fully completed claim form;
- Your treatment is not covered by any other Policy with us or with a different insurer. However, please refer to dual insurance;
- You continue to live in the UK for at least 6 months a year;
- Treatment is not undertaken solely at your request;
- 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.
- The patient has not accepted any material inducement to have private treatment;
- Your treatment took place in the last 6 months;
- You have the appropriate benefit available;
- You have provided any information we request.

Important

- We will pay in line with the rules which are in force on the date of your treatment, not on the date 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);
- 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 Policy is in force at the time of treatment.

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 we do not recognise or have ceased to recognise the treatment provider; 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 offset 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 we will invite you to contact your dentist/doctor to provide it to us. This may be in the form of a dental/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 cancel your Policy and may recover anything we have already paid in respect of that dental treatment/medical condition from you;
- We can also require the provider of your treatment to supply us with any information we feel reasonably necessary about your treatment details, costs and bills submitted to us both for processing your claim and to minimise fraud;
- Handwritten 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 dental/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
- 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 Policy, 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.

How to make a claim

Applies to Check-ups and Hygienist, General and Restorative treatment and Dental Emergencies:

- Please visit wpa.org.uk/claim and download the claim form.
- Please complete and sign the claim form and then send this to us together with any original receipted invoices within 6 months of the treatment date.

Important

- We require the original invoice and proof of payment such as a valid credit card receipt.

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 & amounts paid.

Please note:

We do not accept treatment plans; invoices and receipts will not be returned.

Applies to Dental Injuries, Oral Cancer, NHS Hospital and Worldwide:

Dental injuries:

- If you receive an external blow to the face, teeth or jaw:
 - within 72 hours of the injury, you must have an emergency appointment; and
 - call WPA on 0345 122 3100 (National call rates apply).

Oral cancer:

- If you are diagnosed with oral cancer please call WPA on 0345 122 3100.

For more information, please refer to the relevant benefit section, but please also remember that **you must submit any claims within 6 months of the treatment date.**

Providential benefits

The benefits

The following pages give more detail about each of the benefits your Policy offers, together with any rules which affect your cover. Remember there are certain things that you are not covered for.

The following symbols are used to highlight the benefits available.

✓ This is covered by your Policy.

✗ This is not covered by your Policy.

Check-ups & hygienist, general and restorative treatment

Level one

✓ We will pay:

- In full, the costs of any NHS treatment performed by an NHS dentist in general dental practice, up to the NHS treatment bands (Band 1, 2 or 3) prevailing at the time of treatment.

Please refer to www.nhs.uk for up-to-date dental charges.

✗ **You are not covered for:**

- Treatment carried out or completed within the qualifying period (which is 30 days for check-ups, hygienist and general treatment and 3 months for restorative treatment);
- Treatment outside the NHS treatment band or not performed by an NHS dentist;
- Private treatment whether performed by an NHS or private dentist;
- Treatment outside the UK.

Level two

✓ We will pay:

- 75% of your treatment costs up to a maximum of £250 each Policy year towards preventative care or general dental treatment provided by a registered dentist or dental hygienist in general dental practice.

✗ **You are not covered for:**

- Treatment carried out or completed within the qualifying period (which is 30 days for check-ups, hygienist and general treatment and 3 months for restorative treatment);
- Treatment outside the UK.

Dental emergencies

Level one & level two

✓ We will pay:

- 75% of your treatment costs up to a maximum of £250 for each new episode/course of treatment required for dental emergencies up to the episodes/limits shown on the Benefit Table.
 - A dental emergency is defined as an incident of acute pain, swelling or dental haemorrhage requiring an emergency dental appointment.
 - Treatment must be performed by a registered dentist in general dental practice or A&E department only.
 - An episode/course of treatment starts from the date of the initial emergency appointment and continues up to the completion of treatment which must take place within 3 consecutive months.
- **Worldwide cover:** this benefit is available for treatment carried out in the UK and abroad (maximum trip length of 35 days) and it covers emergency treatment for dental emergencies not classed as a dental injury or oral cancer (for Worldwide cover for Dental Injuries please see the 'Dental Injuries' section).
 - This benefit comes out of the overall annual maximum limit that is available for dental emergency claims and is subject to the £250 per episode limit.

✗ **You are not covered for:**

- Treatment carried out or completed within the first 14 days of the Policy start date (qualifying period);
- Pre-existing conditions.

Exclusions that apply to the *Check-ups and hygienist, General and restorative treatment and Dental emergencies* benefits:

- ⊗ **You are not covered for:**
 - Treatment that requires hospitalisation;
 - Implants, orthodontics, appliances such as mouth guards;
 - Removal of wisdom teeth (unless carried out by a general dental practitioner under local anaesthetic);
 - Treatment that is not clinically necessary;
 - Treatment by a provider who is not recognised by WPA;
 - Dental practice Policy premiums and dental insurance premiums;
 - Dental prescription charges;
 - Charges that are not customary and reasonable.

Dental injuries

Level one & level two

- ✓ We will pay:
 - Up to the amount shown on the Benefit Table per 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 jaw);
 - 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;
 - **Worldwide cover:** should the injury occur outside the UK and you need an **emergency appointment abroad**, we will cover the cost of your emergency treatment abroad up to a maximum of £250. All treatment relating to this injury will be subject to the normal limits (and requirements as listed below) and must be undertaken in the UK only. Your trip must not exceed 35 days;
 - **WPA must grant prior approval for any restorative treatment Policy following a dental injury (this is for any treatment that cannot be undertaken at the emergency appointment).**

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 by way of x-rays to show the injuries sustained;
 - evidence 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 and the extent of cover will be limited to the treatment detailed on the Policy provided by your dentist.
 - Benefit will be paid in line with the WPA Dental Schedule (see the Dental Schedule section) or the WPA Schedule for customary and reasonable fees (see wpa.org.uk/guideline) as appropriate.
- ⊗ **You are not covered for:**
 - Treatment given if you did not inform us within 72 hours of the injury;
 - Treatment carried out or completed within the qualifying period (which is 14 days);
 - Treatment given more than 12 months after the date of the extra oral impact 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.

Oral cancer

Level one & level two

- ✔ We will pay:
 - Up to the amount shown on the Benefit Table per Policy year for dental treatment when this is required as a direct result of oral cancer treatment;
 - Treatment must be carried out by a Consultant Oral/Maxillo-Facial Surgeon in hospital and will not qualify for benefit when carried out by a dentist unless part of follow-up treatment agreed by us;
 - Oral cancer is defined as the diagnosis of cancer of the lips, tongue, major salivary glands, gums, from the mouth or pharynx down to the top of the oesophagus, supported by a specialist's letter and histology (microscopic study);
 - You must provide a fully completed claim form which will be sent to you when you contact WPA;
 - Before your treatment starts we require a **detailed treatment plan** including costs and x-rays from your Consultant Oral/Maxillo-Facial Surgeon or recognised specialist to show the diagnosis of the oral cancer and that the treatment is not needed because of chronic periodontal (gum) disease;
 - Benefit will be paid in line with the WPA Dental Schedule (see the Dental Schedule section) or the WPA Schedule for customary and reasonable fees (see wpa.org.uk/guideline) as appropriate.
- ✘ **You are not covered for:**
 - Orthodontic treatment; consumables (such as toothbrushes); appliances (such as mouth guards);
 - Treatment in convalescent, nursing or residential homes, health-hydros, nature cure clinics or similar establishments;
 - Oral cancers diagnosed or for which symptoms or signs develop within the first 90 days of cover (90 day deferment period).

The following benefits apply to the Dental injury and Oral cancer benefits and will be payable within the maximum sum allowed under these benefits. The relevant qualifying period/deferment period will apply.

Hospital charges

- ✔ We will pay:
 - The cost of your room, food, nursing, operating theatre fees, drugs and medical supplies while you are in a WPA recognised hospital as an in-patient or day-patient.

Specialist/Consultant fees while you are in hospital

- ✔ We will pay:
 - Treatment provided or requested by a specialist, provided their fees are customary and reasonable. The specialist must not be related to you/the patient or recommended by a dentist/specialist who is a member of your/the patient's family.

NHS hospital cash benefit

- ✔ We will pay:
 - A cash benefit of £200 for each NHS day-patient admission or each night you spend as an NHS patient in an NHS hospital, without charge, instead of being admitted to hospital as a private patient (up to a maximum of £2,000 per Policy year). The hospital or specialist will need to confirm the dates you were in hospital;
 - 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.

Parent and child

- ✔ We will pay:
 - The accommodation charge made by the hospital for one parent/child to stay in hospital with your child/parent, on the specialist's recommendation and provided the patient is covered by this Policy and for a maximum of 10 nights.

Exclusions that apply to both the *Dental injury and Oral cancer benefits:*

⊗ **You are not covered for:**

- Treatment given without our prior written approval;
- Treatment by a provider who is not recognised by WPA;
- Extraction of wisdom teeth;
- More than 2 implants per Policy year (please refer to the Dental Schedule for the amount available per implant);
- Pre-existing conditions including any treatment that was planned or recommended by your dentist, or known about by you before the Policy start date;
- 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 that are not customary and reasonable;
- Fees which are recoverable from other indemnity schemes;
- Dental prescription charges;
- Dental practice Policy premiums and dental insurance premiums.

Dental Schedule

This Schedule shows the maximum amount we will reimburse you **for treatment you are claiming for under the dental injury and oral cancer benefits.**

Out of hours attendance fee	Reimbursement limit
Out of hours telephone consultation	Up to £40
Registered dentist	Up to £200
Registered dental surgery assistant	Up to £75
Miscellaneous	Reimbursement limit
Consultation, examination & report	Up to £60
X-ray (small)	Up to £25
X-ray (full mouth)	Up to £55
Prescription antibiotics/pain killers	Up to £30
Sedative dressings – 1st tooth	Up to £45
Sedative dressings – multiple	Up to £75
Intravenous sedation	Up to £140
Abscess drainage	Up to £40
Arrest of haemorrhage	Up to £70
Root canal treatment, opening and dressing: single	Up to £45
Root canal treatment, opening and dressing: multiple	Up to £75
Temporary crown	Up to £55
Temporary bridge	Up to £120
Fillings	Reimbursement limit
One filling	Up to £50
Two fillings	Up to £80
Multiple fillings	Up to £105
Pin retention	Up to £25
Root fillings	Reimbursement limit
Incisor/canine	Up to £130
Pre-molar	Up to £160
Molar	Up to £295
Apicectomy (root filling)	Up to £165

Extractions	Reimbursement limit
One tooth	Up to £55
Multiple	Up to £75
Surgical extraction	Up to £145
Crown & Bridges	Reimbursement limit
Pin retention for crown	Up to £25
Ceramic crown	Up to £350 per unit
Bonded crown – precious metal	Up to £390 per unit
Cast gold crown	Up to £370 per unit
Gold/ceramic inlay	Up to £320 per unit
Bridgework – precious metal	Up to £360 per unit
Re-cement crown/bridge/inlay	Up to £55
Dentures	Reimbursement limit
Complete set acrylic resin	Up to £625
Full upper or lower resin	Up to £360
Partial resin	Up to £240
Partial metal	Up to £545
Repairs	Up to £45
Repairs – emergency out of hours	Up to £85
Dental implants	Reimbursement limit
Implants and associated restorative treatment	£2,000 per implant £4,000 overall maximum per Policy year
NHS Dental Fees	NHS Reimbursement limit
Band 1 course of NHS treatment	NHS charges as applicable at the point of treatment
Band 2 course of NHS treatment	
Band 3 course of NHS treatment	

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.

⊗ **Cosmetic/aesthetic treatment**

Cosmetic/aesthetic treatment (e.g. bleaching etc.) except when needed as a direct result of an accident or injury as part of a dental injury claim or when directly related to treatment for oral cancer;

⊗ **Dangerous activities/circumstances**

Treatment relating to:

- Dangerous activities/circumstances;
- Deliberately self-inflicted injuries or attempted suicide;
- Drug/substance dependency or abuse of alcohol, drugs or other addictive substances;
- HIV/AIDS or similar infections;
- Long term (chronic) conditions;
- Periodontal (gum) disease;
- Material dental neglect.

⊗ **Dental consumables**

- Consumables (such as toothbrushes);
- Appliances (such as mouth guards).

⊗ **Missed appointments and claim form fees**

Charges made by the dentist/specialist for missed appointments or completion of claim forms.

⊗ **Non-established treatment**

Established treatment is 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 the National Institute for Health & Care Excellence (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 licenced by EMA for safe use for the stage of the condition being treated;

⊗ **Out-patient drugs/dressings;**

This includes drugs and dressings you are given to take home from the dentist/hygienist/hospital unless they are provided upon discharge from hospital and needed to complete a short course of treatment (i.e. antibiotics).

⊗ **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. a seat belt, helmet or suitable child restraint, or drink driving;
- An activity, incident/collision for which you are convicted of a criminal offence.

⊗ **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 or the oral cancer.

Policy administration

If you are paying for your premiums yourself (i.e. individual Policies)

Please note that this is an annual contract of insurance.

You and your family members can apply to join this Policy if you are aged 65 and under. After 65 you can renew your Policy each year. You and your family must all live at your permanent address 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.

To be eligible to join this Policy you must have visited a UK dentist for treatment or a check-up within the last 18 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.

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

Whilst a person aged under 18 years can benefit from cover under this Policy, in such circumstances the 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.

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 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.

If your premiums are paid for by your business/company

If you are joining this Policy as part of a business/company paid Group Scheme, you must be at least 16 years of age. The business/company will be the Policyholder of the Group Scheme.

You will be entitled to Group Scheme membership and the benefit provided by the Policy, and will be bound by its rules, as long as the premium is paid.

The Group Scheme must consist of a minimum of 3 Group Scheme members (not including family members) who are actively involved with the company and at least 2 must reside at different UK addresses.

You can apply to join if you are a director, partner, proprietor or employee of the business/company. Family members may apply to be included on the Group Scheme with the consent of the company/employer.

Your Group Scheme membership is for a whole Policy year and is an annual contract of insurance, however you are personally insured for the benefit period. This is a year if the whole premium is paid at the beginning of the Policy year or a month if it is paid monthly.

Payment can be made monthly or annually by Direct Debit. We only accept cheque payment on an annual basis.

Your business/company is responsible for paying the premiums to us and can only recover from you premiums which relate to your family member(s) or any individual or voluntary upgrades.

Policy documents

We will send you a Certificate of Registration when you join and when we renew your Policy.

When you receive your Policy documents you should check them carefully to be sure you understand them – if you have any questions please let us know.

You may email our Customer Support Team at pcd@wpa.org.uk or phone us on 01823 625230.

Paying your premiums

Your premium depends on:

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

It is the Policyholder's responsibility to ensure that 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.

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, or Group Scheme member's name for business/company Group Schemes.

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, debit and credit 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 make sure the premium reaches us when it is due.

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.

Children

A child may join your Policy as a family member provided this is agreed by the Policyholder in writing to WPA. If they leave the main residence they will no longer be insured unless they only live elsewhere for higher education.

General

wpa.org.uk/secure

Please visit 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

- The Policyholder can only renew or amend the Policy on the annual renewal date (with the exception of adding new family members). The new terms, benefits and premiums will then apply;
- For your cancellation rights as part of the 'cooling off' period please see the Key information section, 'What are my cancellation rights?'. Once you have cancelled your Policy, you cannot re-join for 1 year unless agreed in writing by WPA;

- 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 to make these changes yourself online.** We will issue a new Certificate of Registration within 4 working days to confirm the change;
- Any change we permit is in our sole discretion and cannot be backdated.

Renewing the Policy

- The 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 your Policy for a further 12 months and will send the relevant information including changes to the Policy for the forthcoming year. This may include changes to rules and terms of the Policy and your premium. 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;
- 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 request your detailed medical history 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

WPA and our services to you

Regulation

WPA is a company registered in England and Wales 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

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 Policies, 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

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.

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.

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, email 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 and 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 to 01 or 02 numbers.

Email:

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).

Exclusion of Third Party Rights

Neither this Policy nor any document issued under this Policy is intended to confer any rights on any third party or family members.

No third party or family members 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 behalf of another, if 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 consent to the use and disclosure of your data as set out above for yourself and your family members and you expressly consent 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, email or otherwise of our 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).

By providing your email 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

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.

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.

Consultant Oral/Maxillo Facial Surgeon

A medical practitioner whose name appears on the GMC Specialist Register.

Cosmetic/aesthetic treatment

This is treatment intended to improve the patient's appearance.

- Cosmetic or aesthetic treatment whether or not for psychological purposes;
- Any form of cosmetic dentistry (e.g. bleaching, veneers or further treatment relating to cosmetic surgery).

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

Dental conditions

Conditions which primarily involve a tooth or teeth and their roots and their surrounding tissue attachment.

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.

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).

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.

EMA

European Medicines Agency.

In-patient

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

Level of cover

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

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.

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.

Policyholder

The person who enters into the contract with WPA.

Policy term

Your Policy lasts for 12 months commencing on the start date set out in your Certificate of Registration unless you are joining a Group Scheme part way through their Policy year or you are adding a family member part way through your individual Policy.

Pre-existing condition

Any disease, illness or injury for which:

- You have received medication, advice or treatment; or
- You have experienced symptoms whether the condition has been diagnosed or not before the start of your cover.

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.

Qualifying period

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

Renewal date

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

Specialist

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

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 for dangerous activities/ circumstances

- Care and/or treatment arising from or related to you or any family members 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 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.
- Dental 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).

Treatment for long-term (chronic) conditions

By a chronic medical condition we mean a disease, illness or injury which has at least one of the following characteristics:

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

UK

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

Us/we/our

Western Provident Association Limited, also referred to as WPA.

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.



wpa.org.uk

Western Provident Association Limited

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Registered in England and Wales No. 475557

The member state of the insurer is the United Kingdom. WPA is a registered service mark of Western Provident Association Limited. To help protect your interests, and those of the Association, telephone conversations may be recorded for the purpose of ensuring an accurate record of discussions.

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