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# Personal Health Insurance Flexible Health



**Policy Summary**  
Effective from 1 July 2015



# Why Flexible Health from WPA?

## ✓ Freedom of choice

We believe that a patient should choose their consultant with their GP or through the recommendation of their friends and family – unlike many insurers who seek to restrict a patient's choice.

## ✓ Specialists in providing Policies for the Self-employed & Professionals

Preferential rates are available for the self-employed/professionals and their family members.

## ✓ Service excellence supported by clinical expertise

Award winning customer service putting our customers at the centre of all that we do.

## ✓ Benefits you can tailor to suit your needs

Choose from 3 levels of benefits with extras available to build your Policy.

## ✓ Shared Responsibility®

The smart way to drive better healthcare value.

## ✓ Our standards are high

Our British Standards Accreditations provide our customers with added peace of mind.

**2014**  
Health Insurance  
AWARDS



PROVIDER  
AWARDS  
**WINNER**  
BEST  
CUSTOMER SERVICE

**COVER**  
excellence  
AWARDS 2014  
WINNER BEST SERVICE



ISO 9001  
FS 28452



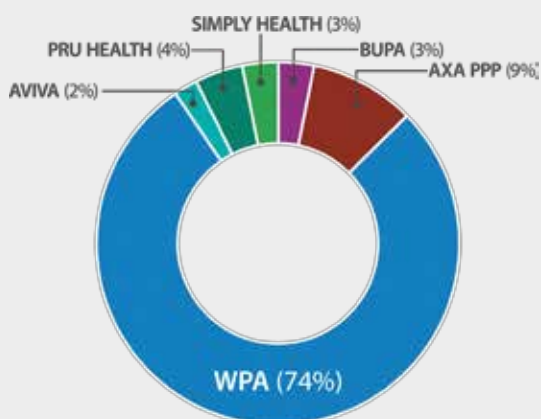
ISO 22301  
BCMS 538164



ISO 14001  
EMS 505226



ISO 27001  
IS 553152



## WPA – the most commended by doctors

74% of doctors surveyed say they would commend WPA to family, friends and colleagues over other leading health insurers.

*Based on a survey of 1086 Consultants, Surgeons & GPs engaged in private practice. Conducted by GfKNOP December 2012. 591 responses received (54%).*

As with all insurance policies, there are some Key Facts we need to draw to your attention so that you can make an informed decision that best matches your needs. This document contains a summary of the Policy terms and conditions. The full terms can be found in 'A Guide to Your Policy' which you can view online at [wpa.org.uk/flexiblehealth](http://wpa.org.uk/flexiblehealth) or is available on request.

**keyfacts**®

# Personal health insurance

## A sensible choice

Take a moment to consider your healthcare. It makes sense to do all you can to look after yourself and have a quality health Policy in place, as you never know what's around the corner.

Health insurance from WPA offers great security giving you access to prompt private medical treatment, with the freedom to choose who treats you, where and when.

## Specialists in providing Policies for the Self-employed and Professionals

When you are self-employed you will insure your business premises. But what about your greatest asset of all – you? If you're taken ill or injured, you want to get back on your feet as quickly as possible with help from a specialist of your choosing. WPA's self-employed community benefits from ongoing discounted rates – for you and your family (see page 9).

Professionals will also benefit from preferential rates (see page 9). After all, if you fall ill you don't want to be away from work for too long. Who will look after things while you're on a waiting list to see a consultant, undergo tests or even have an operation? Personal medical insurance ensures you are seen by a specialist quickly, providing you with an early diagnosis and prompt access to private treatment.

## Build your Policy

- ① Choose your benefits *(details on page 3)*
- ② Add your Extras *(details on page 3)*
- ③ Choose a level of Shared Responsibility® *(details on page 9)*



The purpose of the Policy is to cover, in accordance with the Policy, elective, short-term, specialist care in the reasonable expectation that it will restore you to the same health that you enjoyed before treatment. It does not cover long term management or maintenance of incurable, prolonged or lifelong conditions.

# Pick your Policy and tailor your benefits

Choose from 3 levels of benefits – explained in more detail on the following pages.

## essentials ☆☆☆

### Fast track private surgery

Make the most of the NHS to find out what's wrong. If your GP/Consultant say you need surgery you can be fast tracked as a private patient. Choose from over 600 private hospitals including NHS private wings.

**Up to £50,000 per person per year** for hospital and specialist charges when you have non-emergency (elective) surgery in hospital. Includes post-operative physiotherapy and pre- and post-operative surgical consultations.

No excess or co-payment to pay.

**Cancer surgery is not covered.**

### Add your Extra

See page 4

**advanced cancer drugs benefit** funds cancer drugs not available on the NHS, up to a £50,000 benefit limit for the life of the Policy. Benefit for advanced cancer drugs ceases at the renewal date following your 66th birthday.

## premier ☆☆☆☆

### Enhanced & affordable benefits

All hospital costs, surgery fees, MRI/CT scans and out-patient surgical procedures.

Specialist consultations, tests and physiotherapy (£350). Can be enhanced with extra out-patient and increase benefit to £1,000.

Choose from over 600 UK hospitals as standard.

4 co-payment levels giving you savings of up to 50%:

- £250
- £500
- £1,000
- £3,000

### Add your Extras

See page 6

**cancer benefit**

**extra out-patient benefit**

**emergency abroad benefit**

**dental benefit**

**premium hospitals**

## elite ☆☆☆☆☆

### When you want the best

The most extensive Policy offered by WPA.

Dedicated personalised claims handling.

Choose from over 600 UK hospitals as standard.

Includes cancer benefit, unlimited out-patient consultations and tests, health screening and more.

3 co-payment levels giving you savings of up to 28%:

- £500
- £1,000
- £3,000

### Add your Extra

See page 8

**premium hospitals** these hospitals are typically within Central London.

# essentials : the benefits

**essentials** ☆☆☆ is a good value, surgery only Policy which offers in-patient and day-patient benefits when you need non-emergency (elective) surgery for a diagnosed medical condition. **It does not provide benefit for cancer surgery.**

**Your Policy provides a benefit of up to £50,000 for each person per Policy year for planned (elective) surgical treatment of a diagnosed condition.**

| In-patient & day-patient treatment |   |  |
|------------------------------------|---|--|
| Hospital treatment                 | ✓ | Choose from over 600 hospitals for planned (elective) surgical treatment of a diagnosed condition. Benefit is not provided for premium hospitals (see page 9). |
| Specialists' fees <sup>1</sup>     | ✓ |  |
| Prostheses                         | ✓ |  |
| Emergency surgery                  | ✗ |  |
| Cancer surgery                     | ✗ |  |
| Psychiatric treatment              | ✗ |  |

| NHS Hospital Cash Benefit – available for non-emergency (elective) surgery |                   |   |
|--|-------------------|---|
| In-patient (less than 3 nights) or day-patient                             | £150 <sup>2</sup> | Benefit amounts shown are per person per day/night and there is an overall combined maximum benefit of £4,500 per person per Policy year. |
| In-patient stays (3 nights or more)  | £200 <sup>2</sup> |   |

| Out-patient treatment – limited cover available as shown below |      |  |
|--|------|--|
| Pre-admission tests  | ✓    | In the 2 weeks prior to your admission to hospital.  |
| Consultations with a specialist <sup>1</sup>                   | £150 | Pre-surgical consultations and tests in the 6 weeks prior to your surgery.   |
| Post-hospital consultation & tests <sup>1</sup>                | ✓    | One follow-up consultation within 90 days following a surgical procedure and associated tests carried out on the same day. |
| Physiotherapy (and other therapies) <sup>3</sup>               | £200 | Within 90 days following a surgical procedure.   |
| Out-patient procedures   | ✗    |  |
| Psychiatric treatment  | ✗    |  |

## An extra to enhance essentials

### ○ Advanced Cancer Drugs Benefit <sup>4</sup>

Benefit for licensed cancer drugs that are not available on the NHS (including their administration). Up to £50,000 lifetime benefit (there is a 90 day deferment period). Drugs must be licensed by the European Medical Agency (EMA) and recommended by your cancer specialist but not yet approved by the National Institute for Health & Care Excellence (NICE) and therefore not readily available from the NHS.

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

Benefits are per person per Policy year and claims are paid in line with customary & reasonable fees. Refer to 'A Guide to Your Policy' for full details of the benefits & rules.

# premier : the benefits

premier☆☆☆☆ offers enhanced benefits with the ability to tailor your Policy and your premium.

| In-patient & day-patient treatment              |   |  |
|---|---|--|
| Hospital treatment                              | ✓ | Choose from over 600 hospitals – enhance by adding premium hospitals (see page 9).   |
| Specialists' fees <sup>1</sup>                  | ✓ |  |
| Post-hospital consultation & tests <sup>1</sup> | ✓ | One follow-up consultation within 90 days following a surgical procedure and associated tests carried out on the same day. |
| Diagnostic tests                                | ✓ | Such as blood tests, ultrasound and x-rays.  |
| Complex diagnostic scans                        | ✓ | MRI, CT and PET scans only.  |
| Psychiatric treatment                           | ✗ |  |

| NHS hospital cash benefit  |                   |   |
|--|-------------------|---|
| In-patient (less than 3 nights) or day-patient                   | £150 <sup>2</sup> | Benefit amounts shown are per person per day/night and there is an overall combined maximum benefit of £4,500 per person per Policy year. |
| In-patient stays (3 nights or more)                              | £200 <sup>2</sup> |   |
| Out-patient complex diagnostic scans <sup>5</sup> and procedures | £150 <sup>2</sup> |   |

| Out-patient treatment – enhance by adding the extra out-patient benefit   |   |  |
|---|---|--|
| Consultations with a specialist and diagnostic tests <sup>1</sup><br>Physiotherapy (and other therapies) <sup>3</sup> | Up to £350<br>(£1,000 if extra out-patient benefit is chosen) | Consultations and diagnostic tests such as x-rays, blood tests and ultrasounds arranged by either your specialist or GP.<br>Physiotherapy and other therapies following GP referral. |
| Complex diagnostic scans  | ✓   | MRI, CT and PET scans at the request of a specialist and 1 MRI or CT scan arranged by your GP.   |
| Out-patient procedures <sup>1</sup>   | ✓   | Provides benefit for surgical and diagnostic procedures (including endoscopies as an out-patient).   |
| Pre-admission tests   | ✓   | In the 2 weeks prior to your admission to hospital.  |
| Psychiatric treatment   | ✗   |  |

| Cancer <sup>6</sup> |   |                                       |
|---------------------|---|---------------------------------------|
| Cancer              | ✗ | Enhance by adding the cancer benefit. |

| Other benefits              |   |  |
|-----------------------------|---|--|
| Nursing at home             | ✓ | Up to 4 weeks.   |
| Private ambulance transport | ✓ |  |
| Parent and child            | ✓ | Hospital accommodation charges.                          |
| Prostheses                  | ✓ |  |
| Out of pocket expenses      | ✓ | Up to £10 per person per day.                            |
| Hospice donation            | ✓ | £70 per day/night up to £700 per person per Policy year. |

Benefits are per person per Policy year and claims are paid in line with customary & reasonable fees. Refer to 'A Guide to Your Policy' for full details of the benefits & rules.

# Extras to enhance premier

## ○ Cancer benefit

- ✓ Consultations with a Specialist.<sup>1</sup>
- ✓ Radiotherapy/Chemotherapy.
- ✓ Targeted/Biological Therapies (Advanced Therapeutics).<sup>4</sup>
- ✓ NHS Hospital Cash Benefit (Cancer)<sup>2</sup> £200 per day/night or £150 per day for one or more sessions of NHS out-patient diagnostic scans (MRI, CT and PET scans), procedures, blood tests and radiotherapy or chemotherapy, maximum £6,000 per person per Policy year.

WPA will fund the use of advanced anti-cancer treatment (Targeted/Biological Therapies – Advanced Therapeutics) where not readily available on the NHS, with our prior approval and when given with curative intent.

Benefit will not be provided for cancers which are diagnosed or for which symptoms develop within the first 90 days of the start of the Policy.

## ○ Extra out-patient benefit

- ✓ Consultations with a Specialist and Diagnostic Tests. Physiotherapy (and other therapies)– enhances benefit from £350 to £1,000.
- ✓ General Dental Treatment – £200 (1 month qualifying period).
- ✓ Optical – £200 (1 month qualifying period).
- ✓ Health Screening – £200 (1 month qualifying period).

## ○ Emergency abroad benefit (not USA and its dependency Puerto Rico)

- ✓ Trips abroad for up to 70 days per trip (annual maximum of 180 days and £500,000).
- ✓ Treatment for medical emergencies.
- ✓ Evacuation/Repatriation, including family members, by air ambulance when local medical facilities are inadequate.

The emergency abroad benefit is not a substitute for a comprehensive travel insurance policy. Travel insurance typically provides wider benefits. However, unlike most travel insurance, it provides benefit for eligible medical conditions that arise after you take out your WPA Policy, but not conditions (and any related conditions) that require current treatment in the UK or for which you have undergone treatment for in the 6 months prior to travelling. Benefit is not provided for travel to the USA and its dependency Puerto Rico.

## ○ Dental benefit

- ✓ General Dental Treatment up to £250 (1 month qualifying period).
- ✓ Dental Emergencies up to £250 per course of treatment and a maximum of 4 episodes per Policy year. There is an overall benefit limit of £1,000 per Policy year (a 14 day qualifying period applies).
- ✓ Dental Injuries up to £20,000 (14 day qualifying period).
- ✓ Up to £10,000 towards restorative dental treatment as a direct result of oral cancer.<sup>6</sup>

## ○ Premium Hospitals

See page 9 for details.

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Benefits are per person per Policy year and claims are paid in line with customary & reasonable fees. Refer to 'A Guide to Your Policy' for full details of the benefits & rules.

# elite : the benefits

elite☆☆☆☆☆ is our most extensive Policy.

| In-patient & day-patient treatment              |   |  |
|---|---|--|
| Hospital treatment                              | ✓ | Choose from over 600 hospitals – enhance by adding premium hospitals (see page 9). |
| Specialists' fees <sup>1</sup>                  | ✓ |  |
| Post-hospital consultation & tests <sup>1</sup> | ✓ | Covered within out-patient consultations benefit below.                            |
| Diagnostic tests                                | ✓ | Such as blood tests, ultrasound and x-rays.  |
| Complex diagnostic scans                        | ✓ | MRI, CT and PET scans only.  |
| Psychiatric treatment                           | ✗ |  |

| NHS hospital cash benefit  |                   |   |
|--|-------------------|---|
| In-patient (less than 3 nights) or day-patient                   | £150 <sup>2</sup> | Benefit amounts shown are per person per day/night and there is an overall combined maximum benefit of £4,500 per person per Policy year. |
| In-patient stays (3 nights or more)                              | £200 <sup>2</sup> |   |
| Out-patient complex diagnostic scans <sup>5</sup> and procedures | £150 <sup>2</sup> |   |

| Out-patient treatment   |   |   |
|---|---|---|
| Consultations with a specialist and diagnostic tests <sup>1</sup> | ✓ | Consultations and diagnostic tests arranged by your specialist and up to £500 for diagnostic tests arranged by your GP. |
| Complex diagnostic scans  | ✓ | MRI, CT and PET scans at the request of a specialist and 1 MRI or CT scan arranged by your GP.                          |
| Physiotherapy (and other therapies) <sup>3</sup>                  | ✓ |   |
| Out-patient procedures <sup>1</sup>                               | ✓ | Provides benefit for surgical and diagnostic procedures (including endoscopies as an out-patient).                      |
| Pre-admission tests   | ✓ | In the 2 weeks prior to your admission to hospital.   |
| Psychiatric treatment   | ✗ |   |

| Cancer benefit <sup>6</sup>                  |   |  |
|--|---|--|
| Consultations with a specialist <sup>1</sup> | ✓ | In line with customary and reasonable fees   |
| Radiotherapy/chemotherapy                    | ✓ |  |
| Targeted/biological therapies <sup>4</sup>   | ✓ | Advanced anti-cancer treatment (Targeted/Biological Therapies – Advanced Therapeutics) where not readily available on the NHS. |

| NHS hospital cash benefit (cancer) <sup>6</sup>  |                   |   |
|--|-------------------|---|
| In-patient or day-patient  | £200 <sup>2</sup> | Benefit amounts shown are per person per day/night and there is an overall combined maximum benefit of £6,000 per person per Policy year. |
| Out-patient complex diagnostic scans, <sup>5</sup> procedures, blood tests and radiotherapy/chemotherapy | £150 <sup>2</sup> |   |

Benefits are per person per Policy year and claims are paid in line with customary & reasonable fees. Refer to 'A Guide to Your Policy' for full details of the benefits & rules.



| Other benefits                          |         |   |
|---|---------|---|
| Nursing at home                         | ✓       | Up to 4 weeks   |
| Private ambulance transport             | ✓       |   |
| Parent and child                        | ✓       | Hospital accommodation charges  |
| Prostheses                              | ✓       |   |
| Out of pocket expenses                  | ✓       | Up to £10 per person per day  |
| Hospice donation                        | ✓       | £70 per day/night up to £700 per person per Policy year                                     |
| Health screening <sup>7</sup>           | £200    |   |
| Optical treatment <sup>7</sup>          | £200    |   |
| General dental treatment <sup>7</sup>   | £450    |   |
| Dental emergencies <sup>7</sup>         | £1,000  | A maximum of 4 episodes per year, up to £250 per emergency (maximum £1,000) per Policy year |
| Dental injuries <sup>7</sup>            | £20,000 | Where injury has been caused by an external blow to the face, teeth or jaw                  |
| Oral cancer <sup>6</sup>                | £10,000 | Towards restorative dental treatment as a direct result of oral cancer                      |
| Emergency abroad (not USA) <sup>8</sup> | ✓       | Up to 70 days per trip (annual maximum of 180 days and £500,000)                            |

## An extra to enhance elite

### ○ Premium Hospitals

See page 9 for details.

### Benefit table footnotes explained

✓ Benefit available.

**Premier & Elite** : You will pay 25% of eligible fees until you reach your chosen Shared Responsibility (co-payment) maximum annual limit (not applicable for Hospital Cash benefits, Out of Pocket Expenses and Hospice Donation benefits). All benefits apply per person per Policy year unless otherwise stated.

✗ Benefit not available (see 'What is not covered' in 'A Guide to Your Policy').

- For a guideline of customary and reasonable fees contact WPA or visit [wpa.org.uk/guideline](http://wpa.org.uk/guideline) (see Consultant & Anaesthetist Fees on page 13).
- Where you receive treatment (as an NHS patient) in one of the defined London NHS Hospitals, the benefit limits shown on the table will increase by £100 per day/night up to the same maximum annual limits shown. For a full list visit [wpa.org.uk/central](http://wpa.org.uk/central)
- This benefit covers one or a combination of the following treatments: Acupuncture, Chiroprody/Podiatry, Chiropractic Care, Dietary Services, Homeopathy, Osteopathy, Physiotherapy and Speech and Language therapy.
- WPA will fund the use of advanced anti-cancer treatment (Targeted/Biological Therapies – Advanced Therapeutics) where not readily available on the NHS, with our prior approval and when given with curative intent.
- MRI, CT and PET scans only.
- Benefit is not available for cancers which are diagnosed or for which symptoms develop within the first 90 days of the start of the Policy.
- There is a 1 month qualifying period for Optical, General Dental Treatment and Health Screening and a 14 day qualifying period for Dental Emergencies and Dental Injuries.
- The Emergency Abroad Benefit is not a substitute for a comprehensive travel insurance policy. Travel insurance typically provides wider benefits. However, unlike most travel insurance, it provides benefit for eligible medical conditions that arise after you take out your WPA Policy, but not conditions (and any related conditions) that require current treatment in the UK or for which you have undergone treatment for in the 6 months prior to travelling. Benefit is not available for travel to the USA and its dependency Puerto Rico.

# Tailor your premium

## Premium Hospitals (not available on essentials)

We provide an extensive choice of hospitals as standard, including all BMI, Nuffield Health, Spire, Ramsay, independent private hospitals and private wings of NHS hospitals. You can also extend this choice by adding Premium Hospitals, which are primarily based in Central London and are listed below.

BUPA Cromwell Hospital

30 Devonshire Street

Harley Street at Queens (Romford, Essex)

Harley Street at UCH

Harley Street Clinic

Lister Hospital

London Clinic

Portland Hospital

Princess Grace Hospital

Royal Marsden Hospital (London and Surrey)

The London Bridge Hospital

LOC – Leaders in Oncology Care

The National Hospital for Neurology and Neurosurgery

University College London

Wellington Hospital

### Note

If you do not choose to include the Premium Hospitals, you will only be able to add these at a future renewal date and you will not be able to claim for treatment in one of these centres until a qualifying period of 90 days has passed.

## Shared Responsibility® – driving better healthcare value (not available on essentials)

Shared Responsibility is the smart way to drive better value and make significant savings on your premium.

Unlike a traditional excess, the cost of your medical treatment is shared on a co-payment basis, as a 25/75 split (WPA pay 75% and you pay 25%) until your contribution reaches your chosen maximum annual limit. Thereafter, WPA will pay 100% of eligible treatment costs until your next Policy renewal.

WPA first introduced our unique Shared Responsibility approach over 12 years ago. Since then, Shared Responsibility has proven to be a sophisticated way for WPA customers to get the best value from their health insurance. Customers tend to be more engaged with their personal healthcare costs and thus actively seek the best mix of quality and cost of medical treatment. As a result, everyone in the WPA health community benefits from lower premiums.

|  |      |      |        |        |
|--|------|------|--------|--------|
| Shared Responsibility Levels (premier) | £250 | £500 | £1,000 | £3,000 |
| Shared Responsibility Levels (elite)   |      | £500 | £1,000 | £3,000 |

Increasing the level of Shared Responsibility will reduce your premiums by up to 50%.

For children under 18 years of age, the 25% contribution will be deducted from their oldest family members' Shared Responsibility level that resides at the same address.

At renewal you can increase your Shared Responsibility limit, however you can only reduce the Shared Responsibility level one step at a time.

**Further information about Shared Responsibility is available from [wpa.org.uk/shared](http://wpa.org.uk/shared) or on request.**

## Self-employed or a member of a profession – further discounts are available

If you are self-employed or a member of a WPA recognised profession, a discount of up to 20% is available, up to the age of 55. After 55, the discount diminishes by 2% each year until you reach 65. After the age of 65, no further discount is available. The discount applies to the policyholder and any family members living in the same household. **To qualify for the self-employed discount you must be:**

- 1) A director of a private limited company;
- 2) A partner within a partnership;
- 3) Currently actively self-employed as recognised by HMRC;
- 4) A holder of a recognised franchise agreement.

For practising professionals, WPA has a list of recognised professions. Please visit [wpa.org.uk/qualify](http://wpa.org.uk/qualify) for details.

# Choose your joining method

Depending on your circumstances you can choose to join WPA Flexible Health on a Moratorium, Full Medical Underwriting, Continued Personal Medical Exclusions or Continued Moratorium basis.

## Moratorium Underwriting

Benefit will not be provided for **at least two years** for any pre-existing condition(s) which you or any family member(s) have had during the **five years** before your Policy starts, or any new symptoms/conditions that start in the first 14 days of your Policy.

Pre-existing conditions are medical condition(s) and other directly related conditions, for which treatment was received and/or medication was prescribed or professional advice was sought or where symptoms existed (whether the underlying condition has been diagnosed or not).

If you or any family member(s) do not have symptoms, treatment, medication or advice for pre-existing conditions for **two continuous years** after your Policy starts, then benefit may be provided within the terms of your Policy.

Your Policy will not provide benefit for pre-existing long-term medical conditions (and associated conditions) which are likely to require regular or periodic treatment, medication or advice. This is because the moratorium period starts each time you receive such treatment, so it's unlikely you'll ever have two consecutive years free of treatment. Conditions include:

|                           |                             |                        |                        |
|---------------------------|-----------------------------|------------------------|------------------------|
| Diabetes                  | Chronic Fatigue Syndrome/ME | Ulcerative Colitis     | Fibromyalgia           |
| Uncontrolled hypertension | Crohn's disease             | Lupus (SLE)            | Polymyalgia Rheumatica |
| Multiple Sclerosis (MS)   | Rheumatoid Arthritis        | Ankylosing Spondylitis |                        |

*It is important that you or any family member(s) do not delay seeking medical advice or treatment for any condition during the moratorium period.*

**You and any family member(s) must satisfy the following criteria to join on a Moratorium basis.**

### Moratorium Criteria

- Have never been diagnosed with any disease/abnormality of the **heart or cardiac** function, **stroke, cancers** or undergoing **regular screening for cancer** owing to your family history.
- For **joint** and **back** conditions: have **never** had a **surgical procedure/arthroscopy** (keyhole surgery).
- Have a Body Mass Index (BMI) below 35.

## Full Medical Underwriting

By completing a health and medical questionnaire you provide us with your full medical history. We use the information provided to decide if there are any pre-existing conditions that are likely to need treatment in the future. We will write to you with any specific medical conditions that are excluded from your Policy (referred to as personal medical exclusions). Please note in some cases we can review your personal medical exclusion(s) in the future if you ask us to do so.

You are also not covered for any medical conditions/symptoms, whether diagnosed or not, if these arise in the first 14 days of the start of the Policy.

When you take out your Policy on a Full Medical Underwriting basis, you have certainty as to what is covered.

# Choose your joining method

## Switch with Continued Personal Medical Exclusions

If you are currently insured and have not had a break in benefit since you were fully medically underwritten, you may be able to transfer on a Switch basis. We will apply any personal medical exclusions that your current insurer applies to the Policy you have now and you will also need to let us know some additional medical information.

## Switch with Continued Moratorium

If you are currently insured and were underwritten on a Moratorium basis, you may be able to transfer on a Continued Moratorium basis. The existing Moratorium underwriting terms will apply, but you will need to satisfy the Moratorium Criteria (on page 10).

For full information on these underwriting terms, please refer to our leaflet 'Applying to join a health insurance Policy' available from [wpa.org.uk/joining](http://wpa.org.uk/joining) or on request.

# Making the most of your WPA membership

## Nuffield health screening and assessment discounts

As a valued WPA customer, you and your family members can benefit from the following discounts:

- 20% off the current list price of a Full Assessment;
- 20% off the cost of a Wellman or Wellwoman screen (with the exception of mammograms).

## BMI Healthcare

A 10% discount is available off the current list price of a health screen with BMI Healthcare.



## Discounted gym membership

Discounts are available at Nuffield Fitness and Wellbeing Gyms upon showing your WPA membership card and at Fitness First gyms using an exclusive code that will be provided (if requested) when you join WPA.

Please note that there are a handful of Nuffield centres that discounts don't apply to as they offer very low cost membership as standard. Please contact WPA for further information.

# What's not covered

As with all health insurance policies, there are certain things that are not covered. Flexible Health specifically excludes the following list which is a summary only. For a full list please see 'What is not covered' in 'A Guide to Your Policy'. A copy is available from [wpa.org.uk/flex](http://wpa.org.uk/flex) or upon request.

## If you have chosen Moratorium Underwriting:

Benefit will not be provided for **at least two years** for any pre-existing condition(s) which you or any family member(s) have had during the **five years** before your Policy starts, or any new symptoms/conditions that start in the first 14 days of your Policy, unless during two continuous years after the Policy starts you don't receive medication, advice or treatment or experience symptoms of that disease, illness or injury.

## If you have chosen Full Medical Underwriting:

Benefit will not be provided for pre-existing conditions that you had when you took out the Policy unless declared to and accepted in writing by WPA. Benefit is also not available for any medical conditions/symptoms, whether diagnosed or not, if these arise in the first 14 days of the start of the Policy.

## If you have chosen to Switch with Continued Personal Medical Exclusions (CPME):

With CPME terms you can carry your current personal medical exclusions across with you; you will need to answer a few questions about your medical history and we may have to apply some additional personal medical exclusions.

## If you have chosen to Switch with Continued Moratorium:

Benefit will not be provided for any pre-existing condition(s) and other directly related condition(s) which existed in the exclusion period (usually five years) of your previous insurer's policy, unless during the symptom-free period after your previous insurer's policy started, you don't receive medication, advice or treatment or experience symptoms of that disease, illness or injury.

## Pre-existing medical conditions are defined as 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 Policy.

## The following exclusions are also applicable, regardless of your joining method:

- Cancer surgery and non-surgical or diagnostic treatment (essentials only).
- Cancers diagnosed or for which symptoms or signs develop within the first 90 days of the Policy commencing or the first 90 days of upgrading your cancer benefit (by adding the Advanced Cancer Drugs or Cancer Cover Benefits), unless we agree in writing. This is also referred to as a '90 day deferment period'. You will be required to complete a medical declaration to upgrade your cancer benefit.
- For optional extras, benefit will not be provided for any medical conditions you had when you took out the Policy (pre-existing conditions) and any medical conditions/symptoms, whether diagnosed or not, which arise in the first 14 days of your Policy, unless declared to and accepted in writing by WPA.
- Any long-term illnesses that lead to long-term monitoring or management (chronic conditions).
- Dental problems (unless dental benefit is included in your Policy or added as an Extra). Where this is included/added to your Policy, benefit will not be provided for wisdom teeth unless the treatment is performed in general dental surgery (not hospital).
- Fertility problems, pregnancy & childbirth.
- Neonatal treatment.
- Psychiatric conditions.
- HIV/AIDS.
- Cosmetic surgery.
- Care and/or treatment arising from or related to taking part in winter sports (e.g. skiing, snowboarding), scuba diving and motor sports or engaging in professional sport or any accident or injury that occurs whilst on a winter sports holiday and whilst staying in a winter sports resort.
- Any claim that has not been pre-authorized.
- Treatment outside the UK except where Emergency Abroad cover applies.

## If you have added the Emergency Abroad extra to premier or if you have selected elite, the Emergency Abroad benefit excludes:

- Travel to the USA and its dependency Puerto Rico.
- Conditions (and any related conditions) that require current treatment in the UK or for which you have undergone treatment for in the 6 months prior to travel.

Please note: if you transfer from essentials to premier or elite a medical declaration must be completed. Personal medical exclusions may then apply. This is not required for transfers from premier to elite unless enhancing your cancer benefit.

# Your rights

## Duration of the Policy

The Policy is an annual contract of insurance and we will automatically renew it and will send you the relevant information including any changes to the Policy for the forthcoming year, at least 21 days before the contract expires.

## Changing your mind

When you join Flexible Health, you will receive full details of the Policy's Benefits and Rules. We are sure you'll be completely happy with your choice but if, for whatever reason, you are not entirely satisfied you have the right to cancel your Policy provided you notify us within 14 days of receiving your Policy documents (or 28 days if you purchase online) as long as you have not submitted any claims. If you do not exercise this right within the 14 or 28 day period then you are committed to the Policy and premium for the rest of the benefit period. In case of a premium refund we reserve the right to withhold £25 as an administration fee. If you wish to cancel during the notice period please write to us or e-mail [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk)

## Easy to claim

When you have joined Flexible Health, all claims must be pre-authorised before you commence any treatment. For authorisation of claims contact us on 0345 122 3100. Lines are open Monday - Friday, 8am - 7pm and Saturday 9am - 12pm. National call rates apply.

## Consultant and Anaesthetist fees

When you receive treatment, a contract exists between you and the provider, be that a Private Hospital or a consultant. We have cost agreements with almost every hospital, and we publish our schedule of fees for consultants – these may be viewed at any time at [wpa.org.uk/guideline](http://wpa.org.uk/guideline)

Fee reimbursement levels are set at customary and reasonable levels by means of our continuing dialogue with the medical profession, and for the vast majority of our customers this results in professional fees being reimbursed in full. Very occasionally a consultant or anaesthetist may charge you more than we consider to be customary and reasonable and, where they have advised you in advance, if you decide to proceed with the treatment, then it is your responsibility to settle the difference (the shortfall).

## Making yourself heard

If you have a complaint at any time, you should write to The Director of Best Practice, WPA, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE or you can e-mail [directorofbestpractice@wpa.org.uk](mailto:directorofbestpractice@wpa.org.uk) If you are still not totally satisfied, we encourage you to appeal to 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 1239 123 – calls to this number cost no more than calls to 01 or 02 numbers.

## Compensation scheme

WPA customers are covered by the Financial Services Compensation Scheme (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)).



# Join our community

It's easy to join Flexible Health. Simply visit our website where you will find full Policy information – you can also get a quote and buy online.

wpa.org.uk/flex  
WPA: 0800 783 3 783  
call free Mon-Fri 8am-6pm

The maximum age to join Flexible Health is 65 but you can renew your Policy each year thereafter. To join you must have lived in the UK and been registered with an NHS GP for at least 6 months. To remain on the Policy you must continue to live in the UK for at least 6 months a year.



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Registered in England No. 475557



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