

# 1XS and XS health

## A Guide to Your Policy

Effective for registration or renewal on or after 1st November 2009

Large print guides are  
available upon request



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



ISO 9001  
FS 28452



BS 25999  
BCMS 538164



ISO 14001  
EMS 505226

## Introduction

These are the rules of the 1XS and XS health policies. They tell you what is and what is not covered. It is most important that you read these and e-mail [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk) or telephone 01823 625230 if there is anything about which you are uncertain.

The purpose of your policy is to cover elective, short-term, specialist care which is provided with curative intent, in the reasonable expectation that it will restore you to the same or possibly even better health than you enjoyed before treatment. It is not to cover long-term management or maintenance of incurable conditions. Private medical insurance is to indemnify you for your medical costs in accordance with your prevailing benefits. If payment is made direct to providers it is made on your behalf.

It is important to note that private medical insurance is not designed to be a replacement for the NHS, but rather to complement it.

Certain words in this Guide have special meaning, and are marked in bold. An explanation of these words can be found under Definitions on page 25.

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Western Provident Association (WPA) has taken every care in the preparation of the material contained in this Guide. If, however, this material contains technical inaccuracies or typographical errors, WPA expressly excludes to the fullest extent permitted by law all liability howsoever arising from any such inaccuracies or errors.

## Your Policy

### Your 1XS and XS health policies are intended to cover treatment of acute conditions and treatment:

- For which your policy provides a benefit;
- Which is given by a provider of treatment at a centre we recognise;
- For a medical condition which is not excluded by the rules of your policy or by any **personal medical exclusion**;
- Which is **established**; and
- Which is provided with curative intent.

#### This may be:

- Consultations and diagnostic tests needed to establish a diagnosis;
- Surgery or medical treatment following the diagnosis to cure or stabilise the condition;
- Treatment for exacerbations or complications to return the condition to a stable state.

It does not include treatment for **chronic conditions**.

1XS and XS health both have a **rolling excess**. Once your total **eligible treatment** costs within a 12 month period exceed your excess limit, WPA will cover 100% of all eligible claims for a period of one year from the date you reached your excess limit (based on the date you had your treatment).

Payment of your excess must be sent directly to the provider of your treatment.

You can claim for NHS (Cancer) Cash Benefit and Hospice Donation benefits irrespective of whether you have reached your excess limit or not.

#### XS health only:

- Your rolling excess applies per person.

There are three choices of excesses available, depending on your age:

- £1,500 for customers aged 0–59
- £3,000 for customers aged 30–74
- £5,000 for customers aged 30–74

Renewal is available after the age of 74, customers with a £1,500 excess turning 60 will automatically transfer to £3,000 excess on the renewal date following their 60th birthday.

#### 1XS Only:

- 1XS is designed for couples and families and offers a £1,500 rolling excess.
- The £1,500 excess only applies once per policy. This means that all **eligible** claims of any members of your policy contribute towards reaching the excess limit.
- When the excess limit has been reached (as described in the example), all family members insured on your policy will benefit from an excess free period.

## Rolling excess example:

### 01 February

Charles joins the WPA health plan with a £1,500 excess.

### 01 May

Charles injures his knee and has a consultation with a specialist.

|                   |        |
|-------------------|--------|
| Claim cost        | £200   |
| Customer pays     | £200   |
| WPA pays          | £0     |
| Excess remaining: | £1,300 |

### 15 January

Charles suffers from abdominal pain and needs specialist treatment including tests.

|                  |      |
|------------------|------|
| Claim cost       | £800 |
| Customer pays    | £800 |
| WPA pays         | £0   |
| Excess remaining | £500 |

### 01 February (following year)

The WPA health plan renews & premiums are paid up-to-date

### 20 February

Charles has a minor procedure relating to his stomach complaint.

|                   |        |
|-------------------|--------|
| Claim cost:       | £1,000 |
| Customer pays:    | £500   |
| WPA pays:         | £500   |
| Excess remaining: | £0     |

#### Summary

|   |        |
|---|--------|
| Total claims cost in the last 12 months:            | £2,000 |
| Payments made by customer in the last 12 months:    | £1,500 |
| Payments made by WPA since start of excess holiday: | £500   |

In the above example the excess holiday starts on 20 February and ends 12 months later, on 19 February. During this time, WPA will settle all eligible claims in full, as long as premiums are kept up-to-date. Once the excess free period ends the excess will apply again.

## 1XS and XS health benefits

Please note that 1XS has an excess of £1,500 which applies to all family members on the policy. XS health has excesses of £1,500, £3,000 and £5,000 available which is applied per individual. Please check your Certificate of Registration to confirm which excess you have chosen.

| In-patient & Day-patient Treatment <i>see page 8</i> |   | Notes  |
|--|---|--|
| Hospital Treatment                                   | ✓ | You can choose from over 600 hospitals nationwide  |
| Specialists' Fees                                    | ✓ | In line with customary & reasonable fees <sup>1</sup> whilst in hospital   |
| Diagnostic Tests                                     | ✓ | Such as blood tests, ultrasound & x-rays   |
| Diagnostic Scans                                     | ✓ | MRI, CT & PET scans only   |
| NHS Hospital Cash Benefit                            | ✓ | £100 for each day-patient admission OR for each night spent as an NHS patient during an in-patient admission, maximum £3,000 per policy year |
| Psychiatric Treatment                                | ✗ | See page 18  |
| Out-patient Treatment <i>see page 9</i>              |   |  |
| Consultations with a Specialist                      | ✓ | In line with customary and reasonable fees <sup>1</sup>  |
| Diagnostic Tests                                     | ✓ | Such as blood tests, ultrasound and x-rays at the request of a specialist  |
| Diagnostic Scans                                     | ✓ | MRI, CT and PET scans only at the request of a specialist  |
| Physiotherapy (and other therapies) <sup>2</sup>     | ✓ |  |
| Psychiatric Treatment                                | ✗ | See page 18  |
| Out-patient Procedures                               | ✓ | In line with customary and reasonable fees <sup>1</sup>  |
| Pre-admission Tests                                  | ✓ | In the 2 weeks prior to your operation   |
| Cancer Care <sup>3</sup> <i>see page 10</i>          |   |  |
| Consultations with a Specialist                      | ✓ |  |
| Radiotherapy/Chemotherapy                            | ✓ |  |
| Advanced Therapeutics <sup>4</sup>                   | ✓ | Advanced anti-cancer (targeted therapies) treatment  |
| NHS Hospital Cash Benefit (Cancer)                   | ✓ | £200 for each day/night, maximum of £6,000 per person per policy year  |
| Other benefits <i>see page 13</i>                    |   |  |
| Nursing at Home                                      | ✓ | Up to 4 weeks per person per policy year   |
| Private Ambulance Transport                          | ✓ |  |
| Parent and Child                                     | ✓ | Hospital accommodation charges   |
| Prostheses   | ✓ | In-patient and day-patient only  |
| Hospice Donation                                     | ✓ | £70 per day/night up to £700 per person per policy year  |

✓ = Covered. ✗ = Not covered.

<sup>1</sup> For a guideline of customary & reasonable fees contact WPA or visit [wpa.org.uk/guideline](http://wpa.org.uk/guideline)

<sup>2</sup> This includes: Acupuncture, Chiropody/Podiatry, Chiropractic Care, Dietary Services, Homeopathy, Osteopathy, Physiotherapy and Speech and Language Therapy.

<sup>3</sup> Cancers will not be covered which are diagnosed or for which symptoms develop within the first 90 days of the start of a new policy (ie new policyholders of WPA).

<sup>4</sup> WPA will fund the use of advanced anti-cancer (targeted) treatments which are not readily available on the NHS with our prior approval and when given with curative intent.

## How to make a claim

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 and
- Premiums have been paid in full.

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 claims must be pre-authorised.

To make a claim for treatment you start by visiting your GP. This is known as **Primary Care**. If your GP cannot treat you they will refer you to a **specialist** or therapist for **Secondary Care**.

You must contact us in advance to tell us about any proposed treatment, simply visit [wpa.org.uk/claim](http://wpa.org.uk/claim) or call us on 0845 122 3100.

Based on the information provided we will let you know in writing whether the treatment is covered. Where cover is available we will send you a claim declaration to be signed by your GP, **specialist** or therapist.

If you have been covered by WPA for **two years or more**:

- Your **specialist** needs to sign the declaration confirming the details of your claim for **specialist** or hospital treatment;
- Your therapist can sign the declaration for physiotherapy or other therapy treatment. After you have had a maximum of 8 sessions, we require confirmation from your GP that the treatment is medically necessary.

If you have been covered by WPA for **less than two years**:

- Your GP needs to sign a declaration for all claims.

### Please note:

If you have paid for any part of your authorised treatment and wish us to reimburse you, you must

provide the original invoice and proof of payment such as a valid credit card receipt. Hand written receipts will not be accepted.

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.

### Access to Medical Reports Act 1998

It may be necessary to request a medical report from your GP and if one is needed we will write to tell you why. If you refuse to provide such access, we reserve the right to refuse your claim and will recoup any previous monies that we paid in respect of that medical condition.

### Are you making a personal injury claim?

WPA has a right in law to recover any medical expenses within the rules of your policy membership if you make a claim for treatment for an accident or illness that was the fault of someone else (a third party).

You will not be entitled to claim for these expenses unless you comply with the requirements of the Claims Co-operation procedure. Please contact us on 01823 625230 and we will be pleased to send you a leaflet.

### Emergency Treatment

In the event of a medical emergency, we advise you to consult your GP, call the NHS emergency services or attend your local A & E department as they are usually best equipped to provide the required emergency care.

Once the medical condition has been stabilised you may wish to arrange transfer to private facilities. At this stage you must get authorisation from us as the transfer must be agreed in advance between the **specialist** and us.

Please note that the transfer to private facilities must be arranged by the **specialist** at the patient's own request and of his/her 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 is signed.

## What is covered

When reading the benefits available please refer to the Benefit Table at the start of this Guide.

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

- ✓ This is covered
- ✗ This is not covered
- ! Very important information

### In-patient & day-patient treatment

- An in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons;
- A day-patient is 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.

#### ✓ Hospital Treatment

Includes accommodation charges, operating theatre fees, drugs, dressings and medicines used while you are in hospital that is included in our list of recognised hospitals. Critical Care cover is detailed below.

##### Level 1 – Intensive Care:

Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

##### Level 2 – High Dependency

Patients requiring more detailed observation (than in an ordinary bed) or intervention including support for a single failing organ system or postoperative care, and those stepping down from higher levels of care.

We will pay up to 28 days treatment each policy year (each 12 month period) in a dedicated private Critical Care Unit following:

- A planned admission as a private patient to a private hospital or the private unit of an NHS hospital for an **eligible** procedure/treatment that then requires anticipated Critical Care.

#### ✗ You are not covered for:

- Treatment in a unit or facility which is not a dedicated Critical Care Unit;
- Admission as a private patient to an NHS Critical Care Unit following an unplanned/emergency admission to an NHS Hospital although we will pay the NHS Cash Benefit for such an admission;
- Admission to a private hospital Critical Care Unit following an emergency (unplanned/non elective) admission;
- Treatment as a private patient in the Critical Care Unit of an NHS hospital following transfer from a private hospital.

#### ✓ Specialists' Fees

Such as surgeons', physicians' and anaesthetists' fees whilst you are in hospital receiving in-patient or day-patient treatment, provided we recognise the **specialist** and the charges are **customary and reasonable**.

Operations are given codes and if your **specialist** says you need an operation please ask which code will be used and what the fee will be. We can then confirm whether it will be met in full before you have your treatment. We will always try to ensure that we do not shortfall **specialists'** accounts needlessly but if there is a shortfall you will need to pay this to your **specialist** yourself.

However, if the procedure is more complicated than normal the **specialist** can contact WPA in writing to give reasons for a higher fee and these will be considered.

#### ✓ Diagnostic Tests

Investigations, such as x-rays, blood tests or ultrasounds requested by your **specialist** whilst in hospital receiving in-patient or day-patient treatment to find or to help to find the cause for your symptoms.

#### ✓ Diagnostic Scans

MRI, CT and PET Scans requested by your **specialist** whilst in hospital receiving in-patient or day-patient treatment.

#### ✓ NHS Hospital Cash Benefit

We will pay a cash benefit of £100 for each day-patient admission OR for each night spent as an NHS patient in an NHS hospital during an in-patient admission, without charge, instead of being admitted to hospital as a private patient (maximum of £3,000 per person per policy year). The hospital or your **specialist** will need to confirm the dates that you were in hospital.

#### ✗ You are not covered for:

- Treatment as a private patient in an NHS hospital, even if your bed was not in a private ward;
- Treatment you receive in a hospital overseas;
- Treatment that is excluded by these rules or any medical **exclusions**.

### Out-patient treatment

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

#### ✓ Consultations with a Specialist

Consultations and treatment given during the out-patient consultation with a **specialist** we recognise.

#### ✓ Diagnostic Tests

Such as x-rays, blood tests or ultrasounds which your **specialist** prescribes to find, or assist in finding, the cause of your symptoms.

#### ✓ Diagnostic Scans

MRI, CT and PET Scans, only on your **specialist's** referral.

#### ✓ Physiotherapy (and other therapies)

- ! **You must be referred by your GP and you are not covered for fees charged for cancelled or missed appointments.**

#### Acupuncture

We will pay for treatment by an acupuncturist who is a member of the British Medical Acupuncture Society.

#### Chiropody/Podiatry Benefit

We will pay for treatment by a chiropodist/podiatrist who is on the Register of Chiropodists/Podiatrists of the Health Professions Council.

#### ✗ You are not covered for:

- Any surgery carried out by a chiropodist/podiatrist, (although we will cover treatment for ingrowing toenails; we will cover surgery to the forefoot by a WPA recognised NHS Consultant Podiatric Surgeon – this must be **pre-authorised**);
- Medical appliances such as insoles or orthoses.

#### Chiropractic Care

We will pay for treatment by a chiropractor who is on the Register of the General Chiropractic Council.

#### Dietary Services

We will pay for treatment by a dietician who is on the Register of Dieticians of the Health Professions Council.

#### Homeopathy

We will pay for treatment by a homeopath who is a Fellow of the Faculty of Homeopathy (FFHom) or a Member of the Faculty of Homeopathy (MFHom).

#### ✗ You are not covered for:

- Drugs or remedies prescribed by your homeopath or other therapist.

#### Osteopathy

We will pay for treatment by an osteopath who is on the Register of the General Osteopathic Council.

#### Physiotherapy

We will pay for treatment by a physiotherapist who is on the Register of Physiotherapists of the Health Professions Council.

#### Speech and Language Therapy

We will pay for treatment by a therapist who is on the Register of Speech and Language Therapists of the Health Professions Council.

## ✓ **Out-patient Procedures**

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.

We will pay for out-patient interventional surgical procedures and diagnostic endoscopic procedures that your **specialist** carries out while you are an out-patient. Please contact us in advance to make sure that the procedure is covered.

## ✓ **Pre-admission Tests**

We will pay for tests carried out in hospital that you need to check your fitness for your admission to hospital up to 2 weeks before your admission (such as blood tests, ECGs and chest x-rays).

## Cancer care

**All treatment for cancer requires pre-authorisation**

**!** **Important:** New policyholders of WPA are not covered for cancers occurring before or within the first 90 days of the policy starting whether formally diagnosed or not.

## **What do you need to do if cancer is diagnosed?**

You must contact us before your treatment starts and we will then contact your **oncologist** so that we can work together to smooth your claim process.

## ✓ **We cover:**

### **Customary and reasonable charges for:**

- **Active, established** investigations and treatments in the UK for **cancer** whether a new **cancer** or a recurrence;
- Treatment in hospital as an in-patient or day-patient, as an out-patient or at home;
- Surgery, radiotherapy and chemotherapy which is intended to remove or kill off cancerous cells;

### **Advanced Therapeutics (Targeted Therapies) if:**

- Your oncologist states that they would not be readily available to you as an NHS patient; and
- They have been granted an European Medicines Agency (EMA) product licence for use in the particular clinical condition; and
- Their use is justified by a substantial body of published evidence specific to the particular clinical situation; and
- They are being given with **curative intent** in the acute, active phase of cancer treatment; and
- We explicitly agree to cover their use in advance.

- We will pay for a course of treatment with Advanced Therapeutics (Targeted Therapies) for cancer lasting up to a total of 12 consecutive calendar months starting from the date on which the first treatment with them is given. This will be extended subject to expert oncology advice if your oncologist gives us convincing objective evidence of continuing disease and clinical benefit and that the drug continues to be given with **curative intent**.

- For blood cancers, for example leukaemia, it is more difficult to find objective evidence that cancer is no longer present. In these cases we will fund up to 12 months treatment with Advanced Therapeutics (Targeted Therapies). In special circumstances this will be extended subject to expert oncology advice.
- Adjuvant Therapy is sometimes given in order to clear any cancer cells not removed by the initial surgery or radiotherapy. We will fund up to 12 months treatment for Advanced Therapeutics (Targeted Therapies) when given as Adjuvant Therapy in line with currently acceptable international guidelines.

- Funding will be reviewed at 3 monthly intervals.

- Further funding for Advanced Therapeutics (Targeted Therapies) would be available to you if you were to develop a different (**histologically distinct**) cancer.

### **Follow up consultations**

- Covered for up to 5 years from the completion of active treatment for your cancer.

### **Clinical trials**

- We may help with some expenses if you volunteer to be included in a NHS based research trial that has local research and ethical approval and is registered by a non-commercial organisation such as the Medical Research Council or UKCCR.
- Any side effects or complications that result directly or indirectly from the trial are not covered as they would be funded by the NHS.
- You are not covered for inclusion in clinical trials in the private sector or treatment for side effects or complications arising directly or indirectly from inclusion in such trials.
- You must tell us before you volunteer to be included in any research trial.

### **Treatment outside the UK**

- We may approve cancer investigations or treatment outside the UK up to the level of benefit of the nearest equivalent procedure or treatment regime in the UK. No treatment will be funded without prior authorisation.

### **Bone marrow or stem-cell transplants**

- We will pay for one complete procedure per lifetime for each individual person covered by the policy if it is not readily available to you on the NHS. We must agree to cover this before your bone marrow or stem-cell treatment starts. Costs to the donor will not be covered.

## ✗ **What is not covered:**

- Cancers occurring before or within the first 90 days of the policy starting whether the cancer has been formally diagnosed or not.
- Either long term monitoring or treatment given to maintain good health in the absence of symptoms and objective signs of active cancer, or for preventative use.
- Advanced Therapeutics (Targeted Therapies) or bone marrow or stem cell transplants that would be readily available to you on the NHS. We will need your oncologist to confirm whether this applies to you or not.
- Treatment or care for cancer which is described by your oncologist as **terminal**, (sometimes described as palliative care) whether carried out in a hospital, at home or in a hospice. If you are admitted to a hospice we will make a contribution to the hospice if you ask us to do so.
- Treatment that has not been **pre-authorised** or treatment that is prescribed by a General Practitioner and not by a recognised specialist.

## ✓ **NHS Hospital Cash Benefit (Cancer)**

We will pay a cash benefit of £200 for each day-patient admission OR for each night spent as a NHS patient when receiving treatment of **cancer** in a NHS hospital during an in-patient admission, without charge, instead of being admitted to hospital as a private patient (maximum of £6,000 per person per policy year). Your hospital or specialist will need to confirm the dates that you were in hospital.

## Summary of cancer cover

Please read the rules on pages 10 & 11 of this guide for more detailed information.

|  |   |  |
|--|---|--|
| Place of treatment                                       | ✓ | Established investigations and active treatments for cancer in the UK in hospital as an in-patient or day-patient, as an out-patient or at home. We will also make a donation on your behalf if you are admitted to a hospice.   |
| Diagnosis  | ✓ | Consultations with your specialist including second opinions and diagnostic tests, scans and biopsies.   |
| Surgery  | ✓ | We will provide benefit for fees up to a level that is customary and reasonable.   |
| Prevention   | ✗ | You are not covered for screening or tests to determine the existence of a condition for which you do not have any symptoms, including genetic tests, the removal of tissue or preventative treatment (e.g. vaccines) for it even if you have a family history of that condition (e.g. prophylactic mastectomy, vaccines etc).   |
| Drug therapy   | ✓ | <ul style="list-style-type: none"> <li>Chemotherapy</li> <li>Advanced Therapeutics (Targeted Therapies) that are not readily available to you as an NHS patient for a maximum of 12 consecutive months from the start of treatment with any form of Advanced Therapeutics. This benefit can only be extended if the treating oncologist provides us with convincing clinical evidence that it continues to be given with curative intent, when we will continue to fund it, with a further review after 3 months.</li> <li>Biological therapy e.g. hormone tablets when these are supplied by your specialist, not your GP.</li> </ul> |
|  | ✗ | But you are not covered for drugs given to maintain remission or prescribed by your GP.  |
| Radiotherapy   | ✓ | This includes radiotherapy given for pain relief.  |
| Terminal care (sometimes referred to as palliative care) | ✗ | You are not covered for terminal care. We will however make a donation to a hospice on your behalf.  |
| Monitoring   | ✓ | Follow up consultations and reviews will be covered for 5 years within NHS protocols from the time when your active treatment for cancer has finished.   |
| Established (not experimental) treatment                 | ✓ | You are covered for established treatment as defined in these rules.   |
|  | ✗ | You are not covered for new or experimental treatment outside these conditions.  |
| Clinical trials  | ✓ | <b>Pre authorise</b> - We may pay for treatment given in recognised research trials approved by a local NHS Ethics and Research Committee.   |
| NHS treatment  | ✓ | If you choose to be treated as an NHS patient you will be entitled to a daily cash benefit whether you are being treated as a day-patient or in-patient provided your claim is covered by the rules of your policy. A financial contribution to the cancer unit caring for you will be made if you ask us to do so to improve the services for others using the unit.  |
| Bone marrow or stem cell treatment                       | ✓ | <b>Pre authorise</b> - One complete procedure per lifetime for each individual person covered by the policy but only if not readily available on the NHS. You must contact us before your bone marrow or stem-cell treatment starts. Please note that we will not contribute to the costs to the donor.  |
| Treatment outside the UK                                 | ✓ | <b>Pre authorise</b> - Benefit may be available based on the costs that would be incurred and regarded as customary and reasonable for the nearest equivalent investigation or treatment in the UK. Specific agreement is required from WPA before any treatment takes place. We will need to communicate with your oncologist in your chosen location.  |

✓ = Covered.  
✗ = Not covered.

## Other benefits

### Nursing at Home

You must contact WPA for **pre-authorisation** before nursing at home is arranged.

#### ✓ We will pay for:

- Nursing must be carried out by a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number;
- Nursing (but not simply help with mobility or personal care) by a qualified nurse at your main address for up to 4 weeks if your **specialist** agrees that you can leave hospital early provided that you are able to have the same level of nursing care at home. The nursing should be arranged by your **specialist** and can be covered provided your **specialist** remains in charge of your treatment.

#### ✓ Private Ambulance Transport

Transport by private ambulance when this is needed for medical reasons to go to, from or between hospitals for treatment which is covered by your policy.

#### ✓ Parent and Child

We will pay for the accommodation charge made by the hospital for one parent to stay in hospital with a child or for a child to accompany their parent if the **specialist** says this is necessary, provided that the patient (parent or child) is covered by the policy.

#### ✓ Prostheses

Prostheses are internal permanent replacements for body parts. They may be:

- **Passive** – by which we mean inert passive replacements of joints, blood vessels or other organs. Examples include a hip replacement or an aortic graft, but not an artificial limb;

or

- **Active** – these are usually electronic devices implanted permanently within the body to correct or modify an abnormal bodily function caused by

disease, illness or injury. Examples include spinal nerve stimulators and pacemakers.

### Passive prostheses

#### ✓ We will pay for:

- The reasonable cost of the prosthesis provided that it is in **established** common clinical practice and has been approved by NICE. Payment for other prostheses will only be made following **pre-authorisation** by WPA's Medical Advisory and Clinical Governance Committee (MACGC). The full costs of insertion will also be covered provided they are **customary and reasonable**.

#### ✗ You are not covered for:

- Artificial limbs;
- Prostheses that are unproven and not in established use.

### Active electronic implantable medical devices

WPA cover those that are used to prevent the risk of potentially fatal organ failure e.g. cardiac pacemakers or defibrillators.

Implantable spinal nerve stimulators, cochlear implants or intracranial devices for a variety of neurological conditions are **not** covered as these conditions are usually **not acute** and are therefore outside the terms of the policy.

Several new devices are currently in development for a variety of functional disorders but will not be covered unless passed by NICE as safe and efficacious and used in the treatment of potentially fatal organ failure.

### Pre-authorisation is required before benefit will be paid for treatment with an active prosthesis.

Your **specialist** will need to provide full details of your proposed treatment for assessment prior to approval by WPA's MACGC.

It is important that you discuss these particular conditions with your consultant/**specialist**.

**With pre-authorisation we will then pay for:**

- The initial supply and fitting of an active electronic implantable medical device, provided that the device has been approved by NICE and is accepted and recognised treatment within the NHS.

**You are not covered for:**

- Any subsequent maintenance, including battery replacement;
- A further procedure/device unless the device fails because of a fault in its manufacture;
- We do not cover revision surgery or faults in clinical benefit caused by mis-placement or misuse;
- Treatment with active electronic implantable devices that have not been specifically authorised.

**Hospice Donation**

We will pay £70 a night, up to £700 per policy year for each night you spend as a patient in a hospice. We will pay this direct to the hospice.

**Elective overseas treatment**

**Elective overseas treatment** is treatment overseas (outside the UK) where part or the whole reason for travelling or being abroad is to get that treatment.

It applies only to treatment that is otherwise covered by your policy.

**What may be covered:**

- We will contribute to the cost of elective overseas treatment to no greater extent than if you had your treatment in the UK, but only if:
  - The proposed treatment overseas has been recommended or is supported in writing by the **specialist** who is treating you in the UK and the **specialist** or your GP writes to us to confirm this at your expense and
  - You send us a written quotation of the full cost before you arrange the treatment. We will refer this and the letter from your **specialist**/GP to our Medical Advisor for **pre-authorisation** and approval. We will then consider the extent to which we can contribute to the cost of your elective treatment overseas and
  - We confirm the extent to which we will assist you in writing before you undertake the treatment.

→ **We will make an administration charge for authorising your elective overseas treatment which will be 5% of the cost of treatment with a minimum fee of £250;**

- Please note that we will be in direct contact with the hospital and consultant who will be providing your treatment before the treatment takes place.

**Payment for your treatment:**

- Once we have authorised your treatment we will be happy to fund it in advance to the agreed level – however, we will only make payment direct to the provider of your treatment by international fund transfer;
- Do not make any payment for your treatment in cash as we will not be able to refund it to you;
- We will need all the original accounts and medical reports before we can make any payment;
- We will pay benefit in pounds sterling and will convert overseas accounts into pounds sterling at the middle rate of exchange ruling on the day we settle your claim. Claim payments will always be made directly to the provider of your treatment.

**You are not covered for:**

- Treatment that we have not **pre-authorised**;
- Treatment that costs more than the contribution we have agreed;
- Treatment not normally covered in the UK by your policy, for example treatment that is not **established**;
- 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);
- Any travel costs relating to your treatment abroad;
- Any cost relating to companion(s) travelling with you;
- The cost of accommodation except for the charges made for your hospital admission;
- Any cost relating to evacuation or repatriation in the event of complications or death;
- Any additional charges made by the hospital in the event of complications. **We therefore strongly advise you** to seek a package deal with the hospital abroad that includes treatment of unforeseen complications.

## What is not covered

### General Exclusions

Some conditions and types of treatment are not covered by your policy, whether or not you have any personal medical exclusions.

**We cannot pay your claim if:**

- Your claim has not been pre-authorised in all circumstances;
- The specialist/therapist you have been referred to by your GP is not recognised;
- 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;
- You have not sent us a fully completed claim declaration;
- Your treatment is not for an acute condition;
- You cease to live in the UK for at least 6 months a year;
- Your policy is not in force and/or the premiums are not up-to-date at the time of treatment;
- As a matter of general legal principle no one can be paid more than once for the same expense under one or more insurance indemnity policy (i.e. an insured may not make a profit from claims). Private Medical Insurance is an indemnity policy. If you or your family members hold more than one indemnity policy you must tell us (for example if you also have travel insurance or hold an individual policy but are also covered by your own or a partner's company medical insurance). If you make a claim we will contact the other insurer and share the claim between us;
- Your treatment took place outside the UK (unless it is authorised by WPA);
- Your treatment is solely undertaken at your request;
- You accept or have accepted any inducement (financial or otherwise) to have private treatment.

**Your Policy Does Not Cover**

- Allergic conditions.
  - Treatment related to or arising from neutralising/desensitising these.
- Breast surgery
  - You are not covered for care and/or treatment arising from or related to breast modification whether for medical or psychological reasons for example gynaecomastia (breast enlargement in men) except as shown:

**We will pay for:**

- One procedure for breast reduction following cancer in the opposite breast;
- One procedure for breast reconstruction on one or both sides after removal of one or both breast(s) as part of the treatment for cancer.

- Cosmetic/aesthetic treatment. This is treatment intended to improve the patient's appearance.
  - Cosmetic or aesthetic treatment 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 taking part in winter sports of any kind, scuba diving and motor sports of any kind;
  - If you are not sure whether an activity you plan to do falls within this rule you should check with us first. You are strongly advised to take out the appropriate specialist insurance if you are undertaking a particular sport or activity.
  - 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;

- Medical conditions arising out of war, invasion, riot, revolution, act of terrorism, act of piracy, nuclear, biological or chemical contamination or any similar event.
- Deliberately self-inflicted injuries or attempted suicide.
- Care and/or treatment arising from or related to deliberately self-inflicted or attempted suicide.
- Dental Treatment.
  - This means treatment of a condition which involves any teeth, their roots and surrounding tissue attachments.
- Developmental, behavioural or educational problems (or speech problems arising from these).
  - We will however pay for an initial consultation with a consultant, specialist or with a psychologist we recognise to diagnose the cause of the symptoms. Full psychological or educational assessments are not covered.
- Dialysis for chronic kidney failure (unless we agree to cover as part of emergency treatment).
- Drooping Eyelids (ptosis) – we only cover surgery for this if the visual field is obstructed by more than 50%.
- Drug/substance dependency or abuse of alcohol.
  - Care and/or treatment arising from or related to dependency on or abuse of alcohol, drugs or other addictive substances.
- 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.
- Hormone replacement therapy (HRT)
  - We do not pay for Hormone Replacement Therapy (HRT) or other treatments intended to relieve symptoms arising from or related to any natural cause such as the menopause which are not due to any underlying disease, illness or injury.

- Hospitals that are not on our list of recognised hospitals.
  - We reserve the right to withdraw or amend the list of recognised hospitals (without prior notice if necessary) in such a way as we feel is reasonable and commercially necessary.

→ Long term conditions – also called **chronic conditions**.

Your policy is intended to cover short-term, not long-term, treatment of **acute medical conditions** which start after you have taken out your policy. An acute medical condition is defined by most medical insurers as '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 in immediately before suffering the disease, illness or injury, or which leads to your full recovery.'

Your policy is not intended to 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 and Crohn's disease.

We may provide cover for initial investigations needed to diagnose a new condition and the initial short term treatment up to the point of stabilisation - a period not exceeding 3 months. You should contact us in these circumstances for pre-approval.

A **chronic medical condition** is commonly recognised as a disease, illness, or injury that has one or more 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;
- It can only be contained by repetitive treatment or medication.

We will only decide that your condition is **chronic** once we have received a report from the doctor who is in charge of your treatment and taken that advice into account. We will give you time to make other arrangements for your future treatment, such as asking your doctor to transfer you to NHS care. **Advanced therapeutics for chronic conditions.**

- Certain Advanced Therapeutics are now being used for long term chronic conditions ranging from macular degeneration, to Crohn's disease and Rheumatoid arthritis.
- If your specialist considers that you may respond to a short term course of an Advanced Therapeutic (such as Lucentis, Xolair or Remicade Infliximab) you must obtain pre-authorisation from us.
- A short-term course of an Advanced Therapeutic is to allow your specialist to ascertain whether the treatment will be effective and can stabilise your condition.

Cover for these **Advanced Therapeutics** for chronic conditions is only available if you obtain **pre-authorisation** and your **specialist** affirms that they are not readily available to you as an NHS patient and then for a period not exceeding 3 months.

**WPA and cancer:**

We do not consider **cancer** as a **chronic condition** (although it does have some features in common). Similarly it does not fit our definition of an acute condition. With new treatments controlling cancer more effectively it is becoming – in some cases – a long-term condition. Long term monitoring and maintenance of the remission of cancer is not covered, although any relapse or acute exacerbation would be up to the point of further remission. We always take expert advice about specific treatment plans and the length of time for which it is clinically appropriate to follow them. We do however set a limit on the cover we offer for long term follow up consultations which is normally 5 years with the frequency of follow up consultations being covered within NHS protocols. We will keep in touch with your **specialist** so that we can make the most appropriate decisions for your case.

- Medical/professional fees that are over and above those of customary and reasonable levels;
- Neonatal treatment for babies within 90 days of birth.
  - Any condition that is present at birth or detected in the first 90 days of life.
- Non Established Treatment.
 

Established treatment is treatment:

  - Approved by NICE for routine use in the NHS;
  - For which there is substantial clinical evidence of benefit;
  - Accepted and practised by more than one group of specialists in the field in the UK;
  - Involving the use of drugs that are recognised and licensed in the UK for safe use and for the stage of the condition being treated;
  - Considered to be acceptable recognised clinical practice by WPA's Medical Advisors in the particular circumstances.
- Obesity.
  - Investigations and/or treatment either medical or surgical for obesity including barometric 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.
- Optical treatment
  - Refractive eye surgery for the correction of imperfect sight;
  - Treatment by an optician.
- Organ transplant(s).
  - Operations including investigations done before the operation or treatment needed as a result of the operation;
  - A transplant is where a patient receives an organ or tissue from another person (surgically implanted or infused). This does not include blood transfusion. We will however cover cornea transplants or skin grafts, and bone marrow or stem cell transplants.
- Out-patient drugs/dressings.
  - This includes drugs and dressings you are given to take home from hospital unless they are needed to complete a short course of treatment (i.e. antibiotics).

- Pre-existing medical conditions. Any disease, illness or injury for which:
    - You have received medication, advice or treatment;
    - You have experienced symptoms whether the condition has been diagnosed or not before the start of your cover.
  - Preventative tests or operations
    - 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
    - Removal of tissue for a condition for which you do not have any symptoms, even if you have a family history of that condition
  - Psychiatric conditions
    - Treatment of mental illness or disorder (including stress).
  - Rehabilitation
    - 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).
- But your policy covers:**

  - The Rehabilitation that immediately follows an in-patient admission that has been covered by your policy; and
  - We specifically agree the extent of the cover before the rehabilitation starts.
  - We will then agree to cover only a short course of rehabilitation (not to exceed 2 weeks) which will not be extended.
- Reproductive problems, pregnancy, fertility problems, assisted conception, contraception, miscarriage, sterilisation and child birth. You are not covered for any investigations, care or treatment arising from or related to these.
  - Road traffic accident/collision
    - Treatment arising as a result of a road traffic accident/ collision where you were not wearing a seat belt or suitable child restraint (as appropriate) as required by law;

- Treatment you receive arising as a result of a road traffic accident/ collision in relation to which you are convicted of a criminal offence
- Routine medical examinations, health screening or medical appliances, such as:
  - Hearing aids;
  - Wheelchairs;
  - Crutches;
  - Braces;
  - Surgical orthosis.
- 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;
  - Care and/or treatment arising from or related to sex change/gender reassignment.
- Snoring or sleep disorders.
  - Sleep apnoea including sleep studies or corrective surgery.
- Terminal care.
  - (sometimes referred to as palliative care) – treatment that concentrates on controlling pain and other symptoms when the patient is near or approaching the end of life and active treatment for the causative disease is no longer considered effective or appropriate.
- Tests/investigations.
  - Tests or investigations arranged by your GP or therapist even if they are carried out and reported by a consultant radiologist who is not the specialist in overall charge of your treatment.

- Varicose veins.
  - Treatment during the first 2 years of cover;
  - Micro-sclerotherapy for thread veins and other superficial veins;
  - Treatment of recurrent varicose veins, which is regarded as a chronic problem.

**But your policy covers:**

- Treatment after you have been a policyholder for 2 years; If this treatment is excluded by a personal medical exclusion as detailed on your Certificate of Registration this will continue to apply after the first two years of your policy;
- One admission per leg for an operative laser or foam injection procedure for varicose veins for the duration of your membership;
- One visit only for injections of residual veins after treatment to the main veins.

## Policy administration

### XS health policy

#### You and your family members

Please note that this is an annual **contract** of insurance.

You can join this policy up to and including the age of 74. You must reside in the UK for at least 6 months of the year. You and your family must all live at your permanent address in the UK.

If you should die your partner may take over your policy, providing they are already on cover, and will be bound by its rules as long as the premium is paid.

If your cover is cancelled no premiums will be refunded to you. If you pay your premiums by 12 monthly instalments and your cover is cancelled or lapses mid-term, we reserve the right to recoup

premiums for the outstanding balance for the remainder of the contract year.

#### If you are aged between:

- 0-29 an excess of £1,500 applies;
- 30-59 you can opt for one of three excesses, £1,500, £3,000 or £5,000;
- 60-74 you can opt for one of two excesses, £3,000 or £5,000.

This also applies to any family members on your policy.

**Please note that if you have a £1,500 excess you will automatically transfer to a £3,000 excess limit on your renewal following your 60th birthday.**

You can only apply to join if you are a private individual or joining the policy as part of a group but paying for your own policy.

We reserve the right to undertake credit checks on you when you apply for cover. By applying to WPA you are consenting to this.

We reserve the right to decline any application for cover in our absolute discretion without supplying reasons.

#### Children

A child can join your policy as a family member and will have the same level of benefits as adults. He/she cannot join or remain on your policy once he/she marries or leaves the main residence (except if going to higher education). He/she may then apply to transfer to XS health without any new personal medical exclusions being imposed or continue on your policy provided he/she continues to live at your main address and you agree to be responsible for their premium.

You can add your baby as a family member on your policy without the need for full medical underwriting, provided that you send us a copy of the birth certificate within 6 months of the birth. If you add your baby within the first 6 months of his/her birth, their premium will not be included on your invoice until the next annual renewal date following the date of birth. Please note that although your child will then be covered by your

policy, no claims will be paid for the first 90 days of their life. They will also be excluded for any condition that is present at birth or detected in the first 90 days of their life.

If you don't add your baby within the first 6 months, you can add him/her at any time, but they will be fully medically underwritten.

## 1XS policy

### You and your family members

Please note that this is an annual **contract** of insurance.

You can join this policy up to and including the age of 55. You must reside in the UK for at least 6 months of the year. You and your family must all live at your permanent address in the UK.

If you should die your partner may take over your policy, providing they are already on cover, and will be bound by its rules as long as the premium is paid.

If your cover is cancelled no premiums will be refunded to you. If you pay your premiums by 12 monthly instalments and your cover is cancelled or lapses mid-term, we reserve the right to recoup premiums for the outstanding balance for the remainder of the contract year.

The policy can cover a maximum of 2 adults (aged 18 and over), and in addition can cover any number of children (under 18 years of age) provided the family all share the same main residence.

Please note that 1XS has an excess of £1,500 which applies to all family members on the policy.

You can only apply to join if you are a private individual or joining the policy as part of a group but paying for your own policy.

We reserve the right to undertake credit checks on you when you apply for cover. By applying to WPA you are consenting to this.

We reserve the right to decline any application for cover in our absolute discretion without supplying reasons.

### Children

There is no limit to the number of child family members that can be covered under this policy. A child who is a member of your family is someone under 18 years of age. They have the same level of benefits as adults.

A child can join your policy as a family member. He/she can join or remain on your policy until he/she reaches the age of 18 at renewal. If there is only 1 or no adult remaining on the policy at renewal he/she can continue on your policy. Where there are already 2 adults covered, he/she may then apply to transfer to XS health without any new personal medical exclusions being imposed.

You can add your baby as a family member on your policy without the need for full medical underwriting, provided that you send us a copy of the birth certificate within 6 months of the birth. If you add your baby within the first 6 months of his/her birth, their premium will not be included on your invoice until the next annual renewal date following the date of birth. Please note that although your child will then be covered by your policy, no claims will be paid for the first 90 days of their life. They will also be excluded for any condition that is present at birth or detected in the first 90 days of their life.

If you don't add your baby within the first 6 months, you can add him/her at any time, but they will be fully medically underwritten.

## XS health & 1XS policy

### Policy documents

We will send you a Certificate of Registration when you join and when we offer you the chance to renew your cover. Your premium will include **Insurance Premium Tax**.

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. E-mail our Customer Service Team at [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk) or phone them on 01823 625230.

### Paying your premiums

Your premium depends on the number of enrolled family members and their age(s), how you pay your premiums, the excess level you have chosen and the percentage of **Insurance Premium Tax** applicable.

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

You may pay the full annual premium by cheque, direct debit, with a Maestro card or an acceptable credit card. Please note payments made by credit card will attract a surcharge of 1.5%. You can also pay by 12 separate monthly payments by direct debit and credit card but please note that annual payments result in savings of approximately 5%. Direct debit and credit card payments are accepted on a continuous authority. We will advise in writing when collections will take place. You must let us know straightaway if your card has expired or been replaced.

Please note that if you pay by Maestro card this is a one-off payment option and your policy will automatically revert to a cheque payment method the following year.

It is your responsibility to make sure the premium reaches us when it is due even if you pay through someone else. If you arrange for someone else to pay the premium on your behalf we will only send information about premiums and

other correspondence about the administration of the policy to you (the policyholder). You are then responsible for passing this to the person who pays the premium. You retain ultimate responsibility for all matters concerning the payment of the premium.

**Insurance Premium Tax (IPT)** is a tax levied by the 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.

If you cancel cover within 14 days of joining (or 28 days if you purchased on-line) we will refund premiums paid. If cover is cancelled or lapses later than 14 days from joining (or 28 days from joining on-line) then we will not refund any annual premium you may have paid for the contract year. If you have chosen to pay your premiums by 12 monthly instalments and your cover is cancelled or lapses during the contract year then we reserve the right to recover from you premiums relating to the remainder of the contract year. By choosing to pay by monthly instalments you accept that the full 12 months instalments are payable to WPA.

### Making changes

**XS health:** If you and your family are on XS health and under the age of 55 you may find it beneficial to transfer to 1XS. Thereby having one single excess of £1,500 for the whole family.

You can move from a higher excess limit to a lower excess limit by one step at a time and at renewal only.

Please visit [wpa.org.uk](http://wpa.org.uk) which will enable you to access your policy membership 24 hours a day, 365 days a year. Take a look at all the things it can do for you. When registering you will be asked for a password of your choice. A 'user name' will be sent to you through the post to ensure your information is kept secure. After receiving this you will be ready to:

- Change address;
- Add/remove family members;
- View claims;
- Make a new claim online;
- View policy documentation;
- View correspondence;
- And much more.

### Renewing the policy

Your policy runs for a period of 12 months from the start date shown on your Certificate of Registration. Near the end of this period we will offer to renew the policy. From the annual renewal date we may change the rules and terms of the contract and your premium. After your renewal date, the new rules and premiums will apply but you will benefit from the same medical underwriting terms.

Please note:

- WPA will automatically offer you the opportunity to renew your policy at least 21 days before your policy expires, unless you advise us otherwise;
- 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 fail to act honestly in relation to your policy and WPA, recklessly or negligently mislead us or give incorrect information and/or fail to pay premiums. In any of these circumstances you must return any benefit we have paid as a result of misleading information and we will not refund any part of your premiums.

We reserve the right to discontinue all or part of the policy. Any insurance policy may cease to comply with current legislation. In these events we will refund the premium on a pro rata basis.

Your policy will automatically become void 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 transfer to another of our private medical insurance policies, we may need to fully underwrite your policy and apply personal medical exclusions.

## Key information

### WPA and our services to you

#### Regulation

WPA is a company registered in England number 475557. Our registered office is at Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. We are authorised and regulated by the Financial Services Authority. We are authorised to arrange and underwrite general insurance contracts. Our FSA registration number is 202608. Our authorisation can be checked at [fsa.gov.uk/register](http://fsa.gov.uk/register) WPA promotes its policies through distribution channels which include 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, dental insurance and cash policies. Our policies 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:

- 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.

#### In addition:

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

### What are my cancellation rights?

If you are not satisfied with your policy and the benefit it provides you have the right to cancel your policy provided you notify us within 14 days (or 28 days if you purchased on-line) of receiving your policy documents. If you do not exercise this right within this notice period then you are committed to the cover and premium for the rest of the cover period. You must return your Certificate of Registration with your notice to cancel.

### How do I make a complaint?

If you have a complaint you can write, e-mail or telephone the member of staff/Appointed Representative you have been dealing with and ask them to refer the matter to the appropriate level of management. The manager will send you a decision letter. If you are not satisfied with this, the Independent Review Team will independently review your case. If at any stage you feel your complaint has not been satisfactorily resolved, please do not hesitate to contact the Director of Best Practice at WPA.

We have a free leaflet, which explains our complaints procedure and we will be pleased to send you a copy if you ask for one.

### Financial Ombudsman Service (FOS)

WPA is a member of the FOS. This provides an independent and impartial method of resolving complaints. The Ombudsman will need to know that you have given us the chance to put things right. If we are unable to resolve a complaint we will send you a leaflet setting out details of the service the FOS provides.

The Ombudsman's address is:  
The Financial Ombudsman Service  
South Quay Plaza, 183 Marsh Wall, London  
E14 9SR  
(Telephone: 0845 080 1800)

The laws of England will apply in the event of any dispute.

### 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. Further information about compensation scheme arrangements is available from the FSCS ([www.fscs.org.uk](http://www.fscs.org.uk)).

### The contract

This contract can only be enforced by WPA and/or the policyholder. No rights of enforcement or any other rights are given to any third parties, including family member(s).

### 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 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.

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 may use and disclose your information to provide our services, to administer your policy including underwriting, claims processing, assessment and analysis, to improve our services and to protect our interests.

We may share customer information, including medical information, in strict confidence, with other persons who provide a service to us, or act as agents, including our FSA registered Appointed Representatives and companies located outside the European Economic Area (EEA).

We may also share medical information with those involved in a patient's care or treatment e.g. their GP, specialist, therapist.

We may require your treatment provider to supply us with any information we feel reasonably appropriate in relation to the administration of your 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 both 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, electronic 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 any communication we have with you, including recording telephone conversations, to assist with the administration of your policy.

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

E-mails are a useful way for you to contact us and for us to communicate with you – but please remember that the e-mail address you give us must be secure and not accessible by anyone else (e.g. a work e-mail address).

## **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.

#### **Active treatment**

Treatment that is of **curative intent**.

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

#### **Advanced Therapeutics**

Drugs that target specific receptors on cells so stopping them from multiplying or developing a blood supply to sustain themselves and spread. These new agents usually cause fewer side effects than traditional chemotherapy. WPA will provide benefit for Advanced Therapeutics provided that:

- They are being given in the acute, active phase of your treatment and
- They have been granted an European Medicines Agency (EMA) product licence and
- Their use is justified by a substantial body of published evidence specific to the particular clinical situation and
- Your **specialist** confirms that they are not readily available to you from the NHS.

For more information about Advanced Therapeutics for **cancer** see page 10 or page 16 for Advanced Therapeutics for **chronic** conditions.

#### **Cancer**

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

#### **Chronic condition**

Commonly recognised as a disease, illness, or injury that has one or more 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;
- It can only be contained by repetitive treatment or medication.

#### **Clinical trial**

An NHS based research trial that has local research and ethical approval and is registered by a non-commercial organisation such as the Medical Research Council or UKCCR. Any side effects or complications that result from the trial would not be covered as they are funded by the NHS.

#### **Contract**

The policy consists of your completed, signed and dated application, this Guide, your Certificate of Registration and any other document setting out information affecting the rights and obligations of each of us concerning policy membership. Your family members will also be treated as party to the policy and so are bound by its terms.

#### **Curative intent**

Is when treatment is administered with a reasonable expectation both 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**

In accordance with the Supply of Goods and Services Act (1982) we reserve the right to pay the agreed percentage contribution towards charges which are in line with charges made by other providers of treatment of the same services.

### 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 or by any personal medical exclusion.

### Established treatment

Treatment that is:

- Approved by NICE (National Institute for Health and Clinical Excellence) for routine use in the NHS;
- For which there is substantial published clinical evidence of benefit;
- Accepted and practiced by more than one group of **specialists** in the field in UK;
- Involving the use of drugs that are recognised and licensed in the UK for safe use for the condition being treated;
- Considered to be acceptable clinical practice by WPA's Medical Advisors in the particular circumstances.

### Exclusion

A condition, circumstance or type of treatment that is not covered. This may be a general rule or based on individual medical underwriting.

### Histologically Distinct

Every **cancer** has a unique 'footprint' that can be identified by histological pathology demonstrating if it is a spread of an existing **cancer** or a new disease. Histology is the microscopic study of tissues and cells.

### Oncologist

Oncology is the specialist treatment of cancer, which includes radiotherapy and chemotherapy. WPA provides benefit for Consultant Oncologists. Best Clinical Practice expects that your Consultant Oncologist will form part of a Multi-disciplinary Team overseeing your **cancer** care.

### Pre-authorisation

You need to contact us to tell us about your treatment before it starts so that we can confirm whether it will be covered.

### Primary Care

Your GP knows you and your medical history and may well be able to diagnose and/or treat the condition him/herself. This is Primary Care and it includes any tests or investigations that your GP needs to arrange so as to be able to treat the condition or refer you to the appropriate specialist/therapist for Secondary Care.

You are not covered for tests or investigations arranged by a GP or therapist.

### Related condition

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

### Remission

A clinical state in which there is no objective evidence of disease or the disease is under control and the patient is symptom free and apparently cured.

### Secondary Care

This is treatment given on the referral of your GP by a **specialist** or therapist. This includes the tests and investigations that your specialist needs to arrange so as to be able to make a diagnosis or decide on your treatment plan;

### Specialist

Only treatment provided by a medical practitioner holding a license 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 will be covered;

### Terminal care

(sometimes referred to as palliative care)  
Treatment that concentrates on controlling pain and other symptoms when the patient is near or approaching the end of life of life and active treatment for the causative disease is no longer considered effective or appropriate.

### 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 Limited (WPA).

### Western Provident Association (WPA) Limited

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

### You/your/yourself

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

WPA is authorised and regulated by the Financial Services Authority (FSA). The FSA website may be checked at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) for WPA number 202608.



ISO 9001  
FS 28452

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.



BS 25999  
BCMS 538164

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



ISO 14001  
EMS 505226

WPA is one of the first UK companies to achieve the environmental quality standard.



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 plan literature.

WPA customers are covered by the Financial Services Compensation Scheme (FSCS) which can entitle customers to compensation should an insurer become insolvent. Further information can be found at [www.fscs.org.uk](http://www.fscs.org.uk)



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

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The member state of the insurer is the United Kingdom.

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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