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Flexible Health Freelance™

Health Insurance Policy Summary
Effective from 1 September 2009

keyfacts[®]

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. The following pages contain 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/fhfguide or is available on request.

When you're self-employed you can't afford to take time off work. Health insurance offers you great security giving access to prompt, private medical treatment in the event of illness or injury.

Flexible Health Freelance provides preferential terms for the self-employed, and their families. Why buy a 'one size fits all' health policy when you can tailor one to suit your specific needs and your budget. Flexible Health Freelance allows you to choose different levels of cover for each family member. Simply follow the 3 steps below to create your perfect policy.

Flexible Health Freelance is available to you, if you are:

- 1) Registered by the Inland Revenue as self-employed;
- 2) A partner within a partnership of not more than two partners that employs no more than five salaried staff;
- 3) A director of a private limited company which employs no more than five additional salaried members of staff;
- 4) An owner of a franchise agreement.

The purpose of the policy is to cover elective, short-term, specialist care that is provided with curative intent in the reasonable expectation that it will restore you to the same or possibly better health than you enjoyed before treatment. It is not to cover long-term management or maintenance of incurable conditions.

A health policy that's tailor made.

Creating your perfect policy is simple. Start by choosing a level of base cover for each person on the policy. This gives you a solid foundation covering you for many health situations. Now enhance the cover by selecting as many of the 'add-on' options as you like. Finally, choose a level of Shared Responsibility – this allows you to control the cost of the policy.

1

Choose the base cover for EACH family member.

Essential

OR

Essential Plus

2

Enhance the cover by adding one or more options.

Out-patient

Dental

Therapy

Worldwide

Hospital Assist

3

Select a level of Shared Responsibility for EACH adult.

£ 500

£ 3,000

£ 1,000

£ 5,000

1

Choose ONE level of base cover for each family member you wish to have on the policy.

Essential

We've put together the cover that we consider invaluable. Essential is the base level of cover and as such, if purchased as a standalone, the most affordable option. Benefits apply per person per policy year unless otherwise stated.

In-patient & Day-patient Treatment

<p>An in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.</p> <p>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.</p>	Hospital Treatment	✓	You can choose from over 600 hospitals nationwide
	Specialists' Fees ¹	✓	In line with customary & reasonable fees whilst in hospital
	Single Post Hospital Consultation and Test	✓	One follow-up consultation within 90 days following a surgical procedure and associated tests carried out on the day of that consultation
	Diagnostic Tests	✓	Such as blood tests, ultrasound & x-rays
	Diagnostic Scans	✓	MRI, CT & PET scans only
	NHS Hospital Cash Benefit	✓	£100 per day/night up to a maximum of £3,000
	Psychiatric Treatment	✗	See page 23 in 'A Guide to Your Policy'

Out-patient Treatment

<p>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.</p>	Consultations with a Specialist and Diagnostic Tests	✓	Up to £100 towards consultations and diagnostic tests arranged by either your specialist or GP
	Diagnostic Scans	✓	MRI, CT & PET scans at the request of a Specialist and 1 MRI or CT scan arranged by your GP
	Physiotherapy (and other therapies)	✗	See pages 6-7 in 'A Guide to Your Policy'
	Psychiatric Treatment	✗	See page 31 in 'A Guide to Your Policy'
	Out-patient Procedures ¹	✓	In line with customary & reasonable fees for diagnostic or endoscopic procedures
	Pre-admission Tests	✓	In the 2 weeks prior to your admission to hospital

Cancer Treatment ²

Consultations with a Specialist	✓	
Radiotherapy/Chemotherapy	✓	
Advanced Therapeutics ³	✓	Advanced anti-cancer (targeted) treatment
NHS Hospital Cash Benefit (Cancer)	✓	£200 per day/night up to a maximum of £6,000

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 day
Hospice Donation	✓	£70 per day/night up to £700

✓ Covered. You will pay 25% of eligible fees until you reach your Shared Responsibility maximum annual limit (Shared Responsibility does not apply to the Hospital Cash Benefits). ✗ Not covered.

¹ For a guideline of customary and reasonable fees contact WPA or visit wpa.org.uk/guideline

² Cancers will not be covered which are diagnosed or for which symptoms develop within the first 90 days of the policy commencing (new policyholders of WPA).

³ WPA will fund the use of advanced anti-cancer (targeted) treatments which are not available in the NHS with our prior approval and when given with curative intent.

Essential Plus

This is 'Essential' but with valuable extra benefits shown in red. Essential Plus provides amongst other things, added benefit towards consultations and physiotherapy. It gives slightly more comprehensive cover at only limited additional cost. Benefits apply per person per policy year unless otherwise stated.

In-patient & Day-patient Treatment

Hospital Treatment	✓	You can choose from over 600 hospitals nationwide
Specialists' Fees ¹	✓	In line with customary & reasonable fees whilst in hospital
Single Post Hospital Consultation and Test	✓	One follow-up consultation within 90 days following a surgical procedure and associated tests carried out on the day of that consultation
Diagnostic Tests	✓	Such as blood tests, ultrasound & x-rays
Diagnostic Scans	✓	MRI, CT & PET scans only
NHS Hospital Cash Benefit	✓	£100 per day/night up to a maximum of £3,000
	Psychiatric Treatment	✗ See page 23 in 'A Guide to Your Policy'

Out-patient Treatment

Consultations with a Specialist and Diagnostic Tests	✓	Up to £400 towards consultations and diagnostic tests arranged by either your specialist or GP
Diagnostic Scans	✓	MRI, CT & PET scans at the request of a Specialist and 1 MRI or CT scan arranged by your GP
Physiotherapy (and other therapies) ²	✓	Up to £400.
Psychiatric Treatment	✗	See page 31 in 'A Guide to Your Policy'
Out-patient Procedures ¹	✓	In line with customary & reasonable fees for diagnostic or endoscopic procedures
Pre-admission Tests	✓	In the 2 weeks prior to your admission to hospital

Cancer Treatment ³

Consultations with a Specialist	✓	
Radiotherapy/Chemotherapy	✓	
Advanced Therapeutics ⁴	✓	Advanced anti-cancer (targeted) treatment
NHS Hospital Cash Benefit (Cancer)	✓	£200 per day/night up to a maximum of £6,000

Other Benefits

Optical Treatment ⁵	✓	Up to £200
General Dental Treatment ⁵	✓	Up to £200
Health Screening ⁵	✓	Up to £200 - 1 health screen every 2 years
Nursing at Home	✓	Up to 4 weeks
Private Ambulance Transport	✓	
Parent and Child	✓	Hospital accommodation charges
Prostheses	✓	In-patient and day-patient only
Out of Pocket Expenses	✓	Up to £10 per day
Hospice Donation	✓	£70 per day/night up to £700

✓ Covered. You will pay 25% of eligible fees until you reach your Shared Responsibility maximum annual limit (Shared Responsibility does not apply to the Hospital Cash Benefits). ✗ Not covered.

¹ For a guideline of customary and reasonable fees contact WPA or visit wpa.org.uk/guideline

² This benefit covers 1 or a combination of the following treatments: Acupuncture, Chiropody/Podiatry, Chiropractic Care, Dietary Services, Homeopathy, Osteopathy, Physiotherapy and Speech and Language therapy.

³ Cancers will not be covered which are diagnosed or for which symptoms develop within the first 90 days of the policy commencing (new policyholders of WPA).

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

⁵ There is a 3 month qualifying period for optical and dental treatment and a 12 month qualifying period for health screening (1 health screen every 2 years).

2

Enhance the cover by adding one or more of the following Options.

Out-patient

This option increases the out-patient consultation benefit and provides additional benefit for diagnostic tests.

Consultations with a Specialist and Diagnostic Tests



No annual limit for consultations and diagnostic tests arranged by your specialist and up to £400 towards diagnostic tests arranged by your GP per person per policy year

✓ Covered. You will pay 25% of eligible fees until you reach your Shared Responsibility maximum annual limit.

Therapy

This option is all about recovery, enabling you to get better as quickly as possible.

Acupuncture	✓	} Up to a total of £1,000 of therapy per person per policy year
Chiroprody/Podiatry	✓	
Chiropractic Care	✓	
Dietary Services	✓	
Homeopathy	✓	
Osteopathy	✓	
Physiotherapy	✓	
Speech and Language Therapy	✓	

✓ Covered. You will pay 25% of eligible fees until you reach your Shared Responsibility maximum annual limit.

Hospital Assist

A stay in hospital isn't that simple, so to make life easier, you'll receive a cash benefit to help fund some of the extra costs that may arise.

Hospital Cash Benefit¹



£200 per night up to £1,400 per policy year. Available for in-patient stays in either NHS or Private Hospital

✓ Covered. Shared Responsibility does not apply on this option.

There is a 3 month qualifying period for existing customers wishing to add this option at renewal.

¹ Where there is an NHS in-patient stay, this benefit is paid in addition to the NHS cash benefit of 'Essential' or 'Essential Plus'.

Dental

This affordable option offers valuable dental cover

	First Steps	Level 2	
General Dental Treatment	✓	✓	£250 per policy year: covers of the cost of treatment performed by a registered dental surgeon or dental hygienist in general dental surgery. ¹ There is a 3 month qualifying period before you can claim this benefit
Dental Emergencies	✗	✓	£250 per course of treatment up to £1,000 per policy year: covers treatment for incidences of acute pain, swelling or a dental haemorrhage requiring an emergency dental appointment. ¹ There is a 14 day qualifying period before you can claim this benefit
Dental Injuries	✗	✓	£20,000 per policy year: covers in- and out-patient treatment where injury has been caused by an external blow to the face, teeth or jaw ^{1,2,3}
Defined Oral Problems	✗	✓	£10,000 per policy year: covers in- and out-patient treatment under the care of a recognised Consultant Oral/Maxillo-Facial Surgeon/recognised Specialist for any of the 6 defined conditions ^{1,2,3,4}

✓ Covered. You will pay 25% of eligible fees until you reach your Shared Responsibility maximum annual limit. ✗ Not covered.

¹ To be paid in line with The WPA Dental Schedule. The WPA Dental Schedule is available on pages 26 & 27 or by visiting wpa.org.uk/dentalschedule Where a claim is paid under General Dental Treatment, the WPA Dental Schedule only applies to claims exceeding £120. Benefit is only available for the removal of wisdom teeth if undertaken in a general practice (not hospital).

² Also provides cover for NHS Cash Benefit of £200 per day/night up to £2,000 per policy year as well as Parent & Child hospital accommodation charges.

³ To be paid in line with customary and reasonable fees whilst in hospital. A guideline of customary and reasonable fees is available by contacting WPA or by visiting wpa.org.uk/guideline

⁴ Treatment of oral cancer including reconstructive plastic surgery, treatment of tumour of the mouth or jaw, treatment of conditions of the salivary glands, surgical removal of retained buried roots, surgery to the temporomandibular joint and treatment of bones cyst of the jaw (i.e. not tooth or gum cysts).

Worldwide (not USA)

Your cover goes with you. This option provides the confidence of your selected WPA cover if you need emergency medical treatment when you are abroad. We offer you a worldwide network of medical professionals with invaluable local knowledge to assist you. Also, unlike many travel insurance policies 'new personal exclusions' will not be imposed each year.

Emergency Worldwide¹

Treatment for medical emergencies	✓	Covers trips abroad for up to 35 days per trip subject to an annual maximum of 90 days and an annual maximum benefit of £250,000
Evacuation/Repatriation, including Family Members, by air ambulance when local medical facilities are inadequate ²	✓	

Emergency Worldwide Plus¹

Treatment for medical emergencies	✓	Covers trips abroad for up to 70 days per trip subject to an annual maximum of 180 days and an annual maximum benefit of £500,000
Evacuation/Repatriation, including Family Members, by air ambulance when local medical facilities are inadequate ²	✓	

✓ Covered. You will pay 25% of eligible fees until you reach your Shared Responsibility maximum annual limit. Please note that the 'Worldwide Options' do not provide dental cover.

¹ Excludes treatment in the USA.

² WPA only provides medical evacuation to the nearest suitable medical facility where the treatment you need is available. We will repatriate you to the UK where treatment cannot be obtained locally and continued treatment is medically necessary.

Warning: This is not a substitute for a comprehensive travel insurance plan. Travel insurance typically provides wider benefits. Please see note 2 concerning medical evacuation. Winter, extreme and professional sports are not covered.

3

Choose ONE level of Shared Responsibility for EACH adult (aged 18 years or over).

Shared Responsibility allows you to take greater control of your healthcare costs and make significant savings on your premiums. Unlike an excess, the cost of your medical treatment is shared between us, as a 25/75 split until your 25% contributions reach your chosen Shared Responsibility level (maximum annual limit). Thereafter, WPA will pay 100% of eligible treatment costs until your next renewal date. You can choose 1 of 4 different Shared Responsibility levels for each adult, per policy year. Each adult can select a different level of Shared Responsibility. The higher the Shared Responsibility level the lower your premiums will be.

Shared Responsibility Level

£500

£1,000

£3,000

£5,000

By increasing the level of Shared Responsibility you can reduce premiums by up to 50%

Your 25% contribution to claims for all children under 18 years will be deducted from the oldest person's maximum annual limit. As child members do not have their own Shared Responsibility limit, premiums for ages 0-17 are the same. At renewal you can increase your Shared Responsibility limit, however you can only reduce the Shared Responsibility level one step at a time, e.g. from £3,000 to £1,000 or £1,000 to £500. **Further information about Shared Responsibility is available from wpa.org.uk/shared or on request.**

What's not covered

As with all health insurance policies, there are certain things that are not covered. Flexible Health Freelance specifically excludes the following list which is a summary only. **For a full list of exclusions please see 'A Guide to Your Policy' (pages 28-32).** A copy is available from wpa.org.uk/fhfguide or upon request.

- Any medical conditions you had when you took out the policy (pre-existing conditions) unless declared to and accepted by WPA
- Cancers diagnosed or for which symptoms or signs develop within the first 90 days of the policy commencing (unless agreed in writing by WPA)
- Advanced Therapeutics not given with curative intent
- Any long-term illnesses that lead to long-term monitoring or management (chronic conditions)
- Dental problems (unless Dental Option is chosen)
- 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
- Any claim that has not been pre-authorised

Your rights

Duration of cover.

The policy is an annual contract of insurance and we will automatically offer to 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 Freelance, you will receive full details of the Policies Benefits and Rules. Of course, 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). If you do not exercise this right within the 14 or 28 day period then you are committed to the cover and premium for the rest of the cover period. If you wish to cancel during the notice period please write to us or e-mail pcd@wpa.org.uk

Easy to claim.

When you have joined Flexible Health Freelance, all claims must be pre-authorised before you commence any treatment and will then be handled by our Private Clients Department. For instant authorisation of claims 24 hours a day, 7 days a week, visit wpa.org.uk/claim Alternatively contact the Private Clients Department on 0845 122 3100.

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. Alternatively, you can e-mail directorofbestpractice@wpa.org.uk If you are still not totally satisfied, we encourage you to appeal to The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR (telephone 0845 080 1800).

Compensation scheme.

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

Have confidence in WPA

WPA is one of the UK's leading health insurance providers. We are committed to our customers and pride ourselves on the quality of service we offer. Continually investing in leading edge technology and well trained staff enables us to provide exemplary standards of service.

- ✓ A leading UK health insurer with a heritage of over 100 years
- ✓ Best Insurer for Customer Care (British Insurance Awards 2005 & 2009)
- ✓ Health Insurer of the Year (Insurance Times 2007)
- ✓ Most Innovative Health Insurer (Laing & Buisson 2006, 2007 & 2008)

Quality Systems

WPA has achieved and maintained company wide accreditation by BSI to the following management systems:

- ✓ ISO 9001:2008 Quality
- ✓ ISO 14001:2004 Environmental
- ✓ BS 25999-2:2007 Business Continuity

Join our community

It's easy to join Flexible Health Freelance. Simply visit our website where you will find full policy information. You can get a quote, and if you buy online we will give you a **10% discount** on your first year's premium. Alternatively phone WPA Direct free, Monday to Friday, 8am – 6pm; or contact your Adviser/Broker directly.



wpa.org.uk/freelance



WPA Direct: 0800 783 3 783

Please note that the maximum age to join Flexible Health Freelance is 65 but you can renew your policy each year thereafter. To join, you must be a resident of the UK for at least 6 months of the year and meet the Flexible Health Freelance criteria as stated on the first page of this Policy Summary.

WPA is a not for profit health insurer with a history of over 100 years of helping our policyholders fund the very best healthcare and is committed to providing excellent customer service.

WPA is authorised and regulated by the Financial Services Authority (FSA). The FSA website may be checked at 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. The paper we use is made up of fibre sourced from well-managed forests independently certified according to the rules of the Forest Stewardship Council (FSC).



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



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

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