



wpa.org.uk

# nhs **top-up**

supplementing your valuable NHS care

A Guide to Your Plan

Effective from 16<sup>th</sup> December 2010



Quality  
Management



ISO 9001  
FS 28452

Business  
Continuity



BS 25999  
BCMS 538164

Environmental  
Management



ISO 14001  
EMS 505226

Information  
Security



ISO 27001  
IS 553152

## Your Health Top-Up core benefits

This Benefit Table provides a summary of your core cover. For more detail, please read the specific rules for each benefit on pages 2-5.

Please refer to your Certificate of Registration to confirm which level and cashback percentage you have. Depending on your level of cashback percentage we will reimburse either 75% or 100% of eligible treatment costs up to the annual benefit limit of the benefits marked † (i.e. dental, optical, therapies, specialist consultation and second opinion and gp services).

Core cover	annual benefit		
	level one	level two	level three
dental †	£65	£100	£150
optical †	£65	£100	£150
therapies †	£100	£200	£300
specialist consultation and 2 <sup>nd</sup> opinion †	£150	£200	£250
gp services †	£50	£100	£150
new baby	£50	£100	£200
hospital stay – up to 20 days/night	£20	£35	£50
nhs car parking	Up to £300 on all levels		
a&e attendance – £20 per visit	£20	£40	£60
24/7 helpline	included on all levels		

**Important – Please Note:**

**Individual plans only:** A one month qualifying period applies to all benefits with the exception of the New Baby benefit which has a 10 month qualifying period and A&E Attendance which can be claimed straight away.

**Company paid plans only:** A 10 month qualifying period applies to the New Baby benefit only.

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

A maximum of 5 children under the age of 18 can be included on your plan free of charge. They will all share the annual benefit level between them (including any extras if applicable).

## The extras

Please refer to your Certificate of Registration to confirm which extras, if any, you or your company have selected. These extras are explained in more detail on pages 6-12.

### Scans and Screens (page 6)

towards MRI and CT scans, ultrasound and health screens

£200

1 month qualifying period applies **to individual plans only**.

### mycancerdrugs (page 6)

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

£50,000  
(lifetime benefit)  
where these drugs  
are administered in  
the NHS or in the  
private sector

#### Important – Please Note:

This benefit will be removed at the anniversary of your original plan start date following your 66th birthday. You will not be eligible for cover if:

- You have had, or at the time of application have, cancer or symptoms of cancer or you are on a medically supervised health screening or review programme because you are considered to be at higher risk of developing cancer.
  - Either your parents, brothers or sisters have developed or died from cancer under the age of 60. There is a 90 day deferment period for this option.
- This extra is not available if you already have Private Medical Insurance either with WPA or another company.

### Essential European Cover (page 7)

GP/Medical Fees and medically referred x-rays, tests and prescription medication

£150

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

£100,000

Network of medical professionals with valuable local knowledge

24/7  
telephone support

#### Important – Please Note:

Benefits apply to trips abroad of no more than 21 days and a maximum total of 90 days in each benefit year. Covers any trips to the European Economic Area (EEA) or Switzerland and does not cover trips where the FCO advises against travel. **Individual and voluntary plans only:** We will not pay for any medical conditions from which you have suffered before you joined the plan.

<sup>1</sup> Evacuation/Repatriation including family members, by air ambulance when local medical facilities are inadequate.

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

### Cosmetic Surgery (page 9)

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

£20,000

#### Important – Please Note:

Hands are excluded from cover. There is a 1 month qualifying period for Cosmetic Surgery. Benefits are only available for scars in excess of 1cm in length that have been caused by accidents and injuries.

Deliberately self-inflicted injuries are not covered. We will not pay for any treatment of the insured which results from accident or injury sustained which has, or may be, the subject of a criminal proceeding or conviction to the insured, including road traffic offences.

### Dental Trauma (page 9)

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

£10,000

### Personal Accident (page 11)

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

£15,000

### The following extras are available to company paid schemes only.

### Face to Face Counselling (page 11)

We cover up to 6 face to face counselling sessions per benefit year

6 sessions

### Allergy Testing (page 12)

Allergy and food intolerance tests recognised by WPA

£80

All benefits shown are per person per benefit year, with the exception of mycancerdrugs which offers a £50,000 lifetime benefit. A maximum of 5 children under the age of 18 can be included on your plan free of charge. They will all share the benefit level between them (if applicable).

These are the Rules of the WPA Health Top-Up plan. They tell you what is and what is not covered. It is most important that you read these and contact us if there is anything you are not sure about. We also invite you to use the information in this booklet to assist you when deciding if our services are right for you. Unless otherwise mentioned, these Rules apply to both individual and company paid plans.

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## Contacting us

For questions regarding the **administration of your plan**, our offices are open 8am-6pm, Monday to Friday:

### Individual plans:

(If you are paying your premium yourself)  
Tel: 01823 625230  
Fax: 01823 625371  
E-mail: pcd@wpa.org.uk

### Company paid plans:

(If your company pays for your plan)  
Tel: 01823 625270  
Fax: 01823 625380  
E-mail: ebd@wpa.org.uk

**For claims** our offices are open 8am-7pm, Monday to Friday and 9am-12pm, Saturday:

### Individual plans:

Tel: 0845 122 3100

### Company paid plans:

Tel: 01823 625270

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

## Your plan

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

## How to make a claim

### Your core levels one, two and three

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

### Important

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

### All invoices must:

- Be unaltered originals and not copies;
- Show the full name, address and qualifications of the treatment provider;
- Show the patient's full name;
- Show a description of the treatment given, including dates and amounts paid. Please note: we do not accept treatment plans; invoices and receipts will not be returned.
- You will need to be referred by your GP for Specialist Consultations and allergy/food intolerance testing (if you have the extra). Your Specialist has to refer you for MRI, CT and ultrasound scans – if you have the scans and screens extra. Your GP or Specialist have to confirm that therapy treatment is medically necessary if you have more than 4 sessions within a benefit year.

## Your extras

All claims for **Essential European Cover, Cosmetic Surgery, Dental Trauma, Personal Accident** and **mycancerdrugs** must be pre-authorised.

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

- For **Scans and Screens** please visit [wpa.org.uk/claim](http://wpa.org.uk/claim)
- For **Employee Assistance Helpline** call 0800 915 8083.
- For **mycancerdrugs** call your helpdesk.
- For **Essential European Cover** you must call our Co-ordination Centre on (+44) 20 8680 3800 to get your treatment pre-authorised.
- For **Cosmetic Surgery** call your helpdesk.
- For **Dental Trauma** call your helpdesk (you must have an emergency appointment and call us within 72 hours of sustaining the injury).
- For **Personal Accident** call your helpdesk.
- For **Face to Face Counselling** call 0800 138 1433.
- For **Allergy Testing** please visit [wpa.org.uk/claim](http://wpa.org.uk/claim)

### We cannot pay your claim if:

- Your treatment is carried out by any provider of treatment who is related to you/the patient or is recommended by a GP who is a member of your/the patient's family;
- You have not sent us a fully completed claim declaration with attached original receipted invoices;
- You cease to live in the UK for at least 6 months a year;
- Your plan is not in force and/or the premiums are not up to date at the time of treatment;

- You hold a medical plan or health cash plan with any other insurer that you have not told us about;
- Your treatment was undertaken during the qualifying period;
- You fail to submit your claim within 6 months of the treatment date;
- Your claim has not been authorised as required.

## Claims Processing and Access to Medical Reports Act 1988

- If we need medical evidence in support of your claim we will invite you to contact your doctor to provide it to us. This may be in the form of a medical report or access to your relevant medical records;
- If you refuse to co-operate fully, we may refuse your claim and may recover anything we have already paid in respect of that medical condition from you;
- We can also require the provider of your treatment to give us any information we feel reasonably necessary about your treatment details, costs and bills submitted to us so that we can process your claim and minimise fraud.

## Dual Insurance

If you are making a claim on your plan, and you have insurance with another insurer for Private Medical Insurance/health cash plan, you must tell us and agree to our contacting them. We may then contact the other company as neither we nor they are liable to pay more than our proportionate share of the claim. The total claimed from both insurers must not exceed the total eligible cost incurred.

## Core Cover

### What is covered & is not covered

When reading the benefits available please refer to the Benefit Tables 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

Please refer to your Certificate of Registration to **confirm which level of cover you have**. The Certificate of Registration will also **confirm if you have 75% or 100% cashback** of eligible treatment costs. If selected, the 75% of cashback on receipted invoices refers to dental, optical, therapy, specialist consultations/second opinions and gp services benefits.

We will never pay more than the receipted amount.

**Individual plans only:** with the exception of optical and dental treatment you are not covered for any benefits associated with medical conditions you had when you took out the plan (pre-existing conditions). **Company paid plans:** Pre-existing conditions are covered with the following exceptions: new baby benefit, mycancerdrugs and cosmetic extras.

Please refer to the relevant sections for full details.

## Dental Treatment

- ✓ We will pay up to the amount shown on your benefit table per benefit year towards preventative care or general dental treatment provided by a registered dentist or dental hygienist. This includes: check up fees, hygienist fees, x-rays, fillings, crowns, bridges and dentures.

There is a 1 month qualifying period for this benefit (**individual plans only**).

- ✗ You are not covered for:
  - Dental prescription charges;
  - Dental consumables such as toothbrushes;
  - Dental practice plan premiums and dental insurance premiums;
  - Dental implants;
  - Cosmetic treatment including veneers and tooth whitening;
  - Missed appointment and administration fees.

## Optical Treatment

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

There is a 1 month qualifying period for this benefit (**individual plans only**).

- ✗ You are not covered for:
  - Optical consumables, for example contact lens cases, spectacle cases and spectacle chains/cords, or cleaning materials;
  - Non-prescription glasses;
  - Lenses supplied under an optical insurance plan;

- Optical insurance premiums;
- Ophthalmic consultant charges;
- Complications arising from refractive eye surgery.

## Therapies

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

There is a 1 month qualifying period for this benefit (**individual plans only**).

- ✗ You are not covered for:
  - Prescription fees, medication and appliances such as lumbar roll, back support, TENS machine;
  - Conditions caused by dangerous/illegal activities/circumstances, drug/substances dependency or abuse of alcohol, HIV, AIDS or similar infections;
  - Pre-existing or chronic conditions;
  - Missed appointments.

## Specialist Consultation and second opinion

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

There is a 1 month qualifying period for this benefit (**individual plans only**).

- ✗ You are not covered for:
  - Pregnancy, neonatal or birth related conditions;
  - Treatment relating to pre-existing, chronic and psychiatric conditions;
  - Charges for missed appointment or signing of claim forms;
  - Conditions caused by dangerous/illegal activities/circumstances, drug/substances dependency or abuse of alcohol, HIV, AIDS or similar infections.

## GP services

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

There is a 1 month qualifying period for this benefit (**individual plans only**).

- ✗ You are not covered for:
  - Prescription fees;
  - Conditions caused by dangerous/illegal activities/circumstances, drug/substances dependency or abuse of alcohol, HIV, AIDS or similar infections;
  - Pre-existing or chronic conditions.

## New Baby

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

There is a 10 month qualifying period for this benefit.

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

## Hospital Stay

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

There is a 1 month qualifying period for this benefit (**individual plans only**).

- ✗ You are not covered for:
  - Private hospital treatment;
  - Pregnancy, neonatal or birth related to admissions;
  - Treatment relating to pre-existing, chronic or psychiatric conditions;
  - Conditions caused by dangerous/illegal activities/circumstances, drug/substances dependency or abuse of alcohol, HIV, AIDS or similar infections.

## NHS car parking

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

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

## A&E Attendance

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

- ✗ You are not covered for:
  - Pregnancy, neonatal or birth related conditions or admissions;
  - Pre-existing, chronic or psychiatric conditions;

- Conditions caused by dangerous/illegal activities/circumstances, drug/substances dependency or abuse of alcohol, HIV, AIDS or similar infections.

## Helplines

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

**Simply call: 0800 915 8083.**

## Health & Medical Information

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

## Confidential Stress Counselling Service

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

## Legal Assistance

- Experienced legal specialists who are selected for their skill in explaining complex legal matters in everyday language provide personal legal guidance. Due to the technical nature of some enquiries it may be necessary to arrange a call back.

Neither Validium nor WPA will accept responsibility if the helpline services are unavailable for reasons they cannot control. The territorial limits of the legal advice service are under the laws of the member countries of England, Scotland and Northern Ireland.

## Extras

### What is covered & is not covered

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

### Scans and Screens

- ✓ We will pay up to a maximum of £200 per benefit year towards health screens, out-patient MRI, CT or ultrasound scans. We cover full body health screens, wellman, wellwoman, bone density screening, breast screening and heart disease screening which must be carried out by medically qualified staff in a hospital or clinic. MRI, CT and ultrasound scans must be requested by your specialist (not your GP).

There is a 1 month qualifying period before you can claim for health screens (**individual plans only**).

- ✗ You are not covered for:
  - Health screens needed for legal, pension, insurance, emigration or employment reasons;
  - Treatment relating to pre-existing, chronic or psychiatric conditions;
  - Pregnancy, neonatal or birth related conditions;
  - Conditions caused by dangerous/illegal activities/circumstances, drug/substances dependency or abuse of alcohol, HIV, AIDS or similar infections.

### mycancerdrugs

Recent and dramatic advances in medical technology make treatments ever more effective; such as Avastin for those with metastatic bowel or breast cancer.

- mycancerdrugs can help fund the cost of such advanced drugs where the NHS may deny use of them.
- mycancerdrugs provides each person on cover with up to £50,000 lifetime benefit towards the cost of providing you with cancer drugs not available from the NHS. The drugs must be prescribed by the UK consultant in charge of your cancer treatment with curative intent. **The £50,000 benefit limit is applied across the lifetime of each person whilst they are insured by this plan (not per benefit year) and under the age of 66 years.**

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

Further information is available at [www.emea.europa.eu/htms/human/epar/a.htm](http://www.emea.europa.eu/htms/human/epar/a.htm)

Where it is not possible for an NHS hospital to administer the drug, WPA will fund **customary and reasonable** private sector charges for the administration of the drug and any directly related costs within the lifetime benefit limit of £50,000.

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

### ✗ You are not covered for:

- Cancers diagnosed or for which symptoms develop before or within the first 90 days of your plan starting (or the date from which you add mycancerdrugs cover – also referred to as the 90 day deferment period);
- Maintenance or remission of cancer, where these agents are used to maintain good health in the absence of symptoms;
- Cancer treatment where there is no objective evidence of improvement or evidence of clinical benefit/curative intent;
- Treatment undertaken solely at your request;
- You have not obtained pre-authorisation in advance of treatment;
- This specific cancer treatment is covered by another Private Medical Insurance plan;
- Your treatment took place outside the UK.

### ✗ You will not be eligible for cover if:

- You have had, or at the time of application have, cancer or symptoms of cancer;
- Either your parents, brothers or sisters have developed or died from cancer under the age of 60;
- You are on a medically supervised health screening or review programme because you are considered to be at higher risk of developing cancer.
- You have Private Medical Insurance cover either with WPA or an alternative provider.

**All cancer cover will cease from the anniversary of your original plan start date following your 66<sup>th</sup> birthday.**

## Essential European Cover

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

Essential European Cover provides supplementary EHIC cover up to £100,000 per year in the European Economic Area (EEA) including Switzerland (**except where the FCO advises against travel**). Cover is available for repatriation, hospital costs, x-rays, GP fees and 24/7 international support. Where you receive treatment in a European state funded facility we will only pay for eligible treatment costs that are over and above those covered by the EHIC. This is not a substitute for a comprehensive travel insurance plan.

### GP/Medical Fees

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

### Hospital Treatment for Medical Emergencies

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

Should you be taken ill during your trip before 21 days have elapsed, cover for eligible treatment will continue until such

time as medical advice indicates you are well enough to travel home – subject to the overall £100,000 limit.

We have a 24-hour co-ordination service offering a translation service for all major languages. To use this you need to phone the Co-ordination Centre on (+44) 20 8680 3800.

### Evacuation/Repatriation

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

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

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

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

### Network of Medical Professionals

Access to a multi-lingual professional - 24 hours a day, 365 days a year. **Simply call (+44) 20 8680 3800.**

### Important

- Emergency treatment means unforeseen treatment that is due to a sudden, acute illness or injury that, for medical reasons, cannot be delayed until your return to the UK;
- You must get a European Health Insurance Card (EHIC) before you travel. Contact the Department of Health or visit their website at [www.dh.gov.uk](http://www.dh.gov.uk) to understand the reciprocal health agreements in place between the UK and other countries before travelling;
- We will not pay for any medical conditions for which you have previously suffered or experienced symptoms prior to joining (This applies to both company paid and individual plans);
- **No treatment will be funded unless you have contacted the Co-ordination Centre on (+44) 20 8680 3800 and your treatment has been authorised. Overseas means outside the UK, Channel Islands and the Isle of Man.**

### X You are not covered for:

- Trips outside the EEA and Switzerland;
- Pre-existing, psychiatric and chronic conditions;
- Treatment that you have not advised and had authorised by the Co-ordination Centre;
- Treatment that is available to you using your European Health Insurance Card (EHIC);
- Trips outside the UK falling outside the limits set out on the Benefit Table;
- Elective overseas treatment;
- Any costs which you can also claim under the terms of a Travel Insurance or other insurance plan. We will only pay our share of the claim;
- Pregnancy, neonatal or birth related conditions;

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- Conditions caused by drug/substances dependency or abuse of alcohol, HIV, AIDS or similar infections;
- Treatment either overseas or on your return to the UK for a medical condition contracted or injury sustained whilst in a location to which you travelled (during the period of the advice) against advice issued by the Foreign and Commonwealth Office (FCO) either as **all travel** or **all but essential travel**. Please check their website [www.fco.gov.uk](http://www.fco.gov.uk) before you travel, alternatively call their advice line on 0845 850 2829;
- Treatment either overseas or on your return to the UK for a medical condition contracted or injury sustained if you travelled against medical advice;
- Any costs incurred where the necessary precautions were not taken, for example vaccinations;
- Winter, extreme and professional sports or dangerous/illegal activities/circumstances.

### Cosmetic Surgery

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

There is a 1 month qualifying period for this benefit.

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

### X You are not covered for:

- Any treatment of the insured which results from injury or accident sustained which has or may be the subject of a criminal proceedings or conviction to the insured (including Road Traffic Offences);
- Birth defects;
- Scars on the hand;
- Dangerous activities/circumstances;
- Deliberately self inflicted injuries or attempted suicide;
- Scars that are less than 1cm;
- Treatment that we did not pre-authorise;
- Treatment given following an accident or injury if you did not inform WPA within 72 hours of the accident or injury.

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

### Dental Trauma

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

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### Your dentist must provide:

- A fully completed claim declaration which will be sent to you when you contact WPA;
- A treatment plan for any treatment that cannot be undertaken at the emergency appointment and to tell us:
  - the type of treatment,
  - the date the treatment will start and the date treatment will be completed,
  - the name of the recognised provider who will undertake the treatment,
  - detailed treatment costs;
- A full report on the incident and all injuries sustained; including:
  - photographic evidence of facial injury;
  - evidence of x-rays to show the injuries sustained;
  - evidence that the injury is not related to chronic periodontal disease.
- On the basis of this information, WPA will give prior written approval (pre- authorisation) of your treatment and associated costs. You will not be covered until this has been done. The extent of cover will be limited to the treatment detailed on the plan provided by your dentist.
- Benefit will be paid in line with the WPA Dental Schedule (available at [wpa.org.uk/dentalschedule](http://wpa.org.uk/dentalschedule)) or the WPA Schedule for customary and reasonable fees (available at [wpa.org.uk/guideline](http://wpa.org.uk/guideline)), as appropriate.

### X You are not covered for:

- Treatment given if you did not inform us, or have an emergency appointment, within 72 hours of the injury or diagnosis;
- Treatment given without our prior written approval;
- Treatment given more than 12 months after the date of the injury to which the treatment relates;

- Orthodontic treatment except the repair or replacement of orthodontic appliances as a result of a dental injury;
- Treatment for dental injuries sustained while participating in any contact sport (eg American Football, Boxing, Hockey, Ice Hockey, Lacrosse, Martial Arts, Rugby) when the appropriate mouth protection was not worn at the time of injury;
- We reserve the right to ask for evidence of a mouth protector being worn at the time the injury was sustained.
- Treatment by a provider who is not recognised by WPA;
- Cosmetic/aesthetic treatment (e.g. bleaching etc.) except when needed as a direct result of an accident or injury and as part of a Dental Trauma claim;
- Veneers: We will only provide benefit for the cost of a replacement veneer if the original is damaged as a result of a dental injury;
- More than 2 implants per injury;
- Treatment relating to dangerous activities / circumstances;
- Deliberately self-inflicted injuries or attempted suicide;
- Drug/substance dependency or abuse of alcohol, drugs or other addictive substances;
- Periodontal (gum) disease
- 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; and/or
- Dangerous/illegal activity/circumstances;
- Private in-patient treatment following an accident and emergency admission to an NHS hospital unless the transfer to a private bed is arranged by the specialist at the patient's own request and of his own free will. The patient needs to complete and sign the hospital's appropriate authorisation form. Private treatment will only be covered

with effect from the date the form was signed.

- Specialists' fees when the patient receives treatment as an NHS patient in an NHS hospital;
- Treatment outside the UK;
- Charges made by the dentist/specialist for completing the claim declaration.

### Personal Accident

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

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

#### ✓ You are covered for:

- Permanent total disablement (other than stated below) – 100%;
- Total and irrecoverable loss of sight of both eyes – 100%;
- Total and irrecoverable loss of sight in one eye – 50%;
- Loss of or total loss of the use of two limbs – 100%;
- Loss of or total loss of the use of one limb – 50%;
- Total and irrevocable loss of sight of one eye and loss of one limb – 100%.

#### X You are not covered for:

- Any treatment arising from any illness or injury sustained while travelling by air except as a fare-paying passenger in a licensed

- passenger carrying aircraft;
- Any treatment arising from any illness or injury sustained while engaging or taking part in martial arts, equestrian sports, diving, boxing, wrestling, mountaineering or rock climbing (necessitating the use of ropes or guides), parachuting, potholing, professional sports or any form of racing other than on foot;
- Any treatment arising from any illness or injury sustained whilst engaging or taking part in naval, military or air force operations;
- Any treatment arising from any illness or injury sustained during your own criminal act.

## These extras are available to company paid schemes only

### Face to Face Counselling

Counselling professionals from Validium give you confidential counselling over the phone on personal issues and where clinically appropriate onward referral to face to face counselling services. This service is available 24 hours a day, 7 days a week. Simply call 0800 138 1433.

We will cover 6 face to face counselling sessions per issue per employee and benefit year.

Counselling can be offered near an employee's home or place of work. This will be arranged by a Telephone Counsellor.

A Counsellor will be assigned based on the Specialist area of help required, and the geographical area of the employee.

This is usually arranged within 48 hours.

We do not offer face to face advice for Legal matters.

This service is highly confidential and consistent with professional codes of ethics and practice. No details whatsoever will be given to the caller's employer that can identify an individual or will be disclosed at all without written consent, unless there is major threat to life, and then only on a need to know basis.

After leaving employment with the company you will not be eligible to receive any further advice or counselling.

- ✗ You are not covered for:
  - Conditions caused by dangerous activities/circumstances, drug/substances dependency or abuse of alcohol, HIV, AIDS or similar infections.

Neither Validium nor WPA will accept responsibility if the helpline services are unavailable for reasons they cannot control. The territorial limits of the legal advice service are under the laws of the member countries of England, Scotland and Northern Ireland.

## Allergy and Food Intolerance Testing

- ✓ We will pay up to the maximum of £80 per person per benefit year towards allergy and food intolerance tests performed by an allergist who holds appropriate medical qualifications and is approved by the British Medical Association.

- ✗ **You are not covered for:**
  - Treatment and medication charges;
  - Laboratory testing not referred by a GP/ Specialist, vega testing and hair analysis
  - Test or allergy clinics operated by individuals who are not covered under the terms of allergy testing cover;
  - Food intolerance/nutrition and home testing kits;
  - Pre-existing conditions.

## Plan Administration

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

Please note that this is an open-ended contract of insurance. This means that the plan will continue until you cancel it, which you can do by giving us one month's notice. If we make any changes to premiums or benefits we will give you one month's notice, with full details of the new terms. You will then have a choice of continuing, amending or cancelling your cover.

You can join this plan as an individual, primary policyholder up to and including the age of 65.

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

You and your family must all be under the age of 66 when you first join the plan and you must all live at your permanent address in the UK for at least 6 months of the year.

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

You will be entitled to the benefit provided by the plan, 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 may pay by 12 separate monthly Direct Debit and credit card payments which 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 plan will automatically revert to a cheque payment method after the 12 month benefit period has lapsed.

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 plan 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.

## If your premiums are paid for by your company

If you are joining this plan as part of a company paid scheme, you must be at least 16 years of age.

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

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

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

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

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

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

## Insurance Premium Tax (IPT)

Insurance Premium Tax (IPT) is a tax levied by the government on the value of insurance premiums and is applied on this plan. 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.

## Children

You can include a maximum of 5 children under the age of 18 on your plan free of charge. They will then share the same benefit limits chosen by the policyholder. You cannot add your children to more than one plan. Children under the age of 18 are not entitled to the New Baby benefit. When a child turns 18, they will be charged an adult premium and have their own full benefits available; this takes effect on the anniversary of the original plan start date following the child's 18th birthday. Your child cannot remain on the plan once they marry or leave the main residence except if going to higher education.

Whilst babies can be added to your plan (as long as there are already no more than 5 under 18 year olds) we will not cover treatment for babies/fetuses/embryos before or within 90 days of their birth. We will also not cover any condition that is present at birth or detected in the first 90 days of their life.

## General

We reserve the right to undertake credit checks on you when you apply for cover. By applying you are consenting to this. We reserve the right to decline any application for cover in our absolute discretion.

## wpa.org.uk/secure

Please visit [wpa.org.uk/secure](https://wpa.org.uk/secure) and start using your personal account which is available 24 hours a day, 365 days a year. You can make and track claims, update your details and change your plan. When registering you will be asked for a password of your choice. A 'user name' will be sent to you to ensure your information is kept secure.

## Making changes

- You or your company can cancel your plan by giving us one month's notice;
- For your cancellation rights as part of the 'cooling off' period please see page 16. Once you have cancelled your plan, you cannot re-join for 3 years unless agreed in writing by WPA;
- You or your company can make changes to your cover (such as upgrading or downgrading your level of cover, changing your cashback percentage, adding or removing extras) with effect from the anniversary date of your original plan start date;
- Changes, including the addition of new family members and cancellations cannot be backdated;
- If you change your name or address you must tell us straightaway, and give us the new name or address and the date of the change or you may visit our **website at [wpa.org.uk/secure](https://wpa.org.uk/secure) to make these changes yourself online**. We will issue a new Certificate of Registration within 4 working days to confirm the change.
- If you or your company would like to add the mycancerdrugs extra you will only be able to do so when you first join the policy or the anniversary of your original plan start date.
- You will be asked to complete a cancer specific medical declaration.

- You will not be covered for any cancers or symptoms later diagnosed as cancerous if these occur before, at or within 90 days of that date.
- You will not be eligible for mycancerdrugs cover at the time of application (or at the time you are adding this extra) if:
  - You have had, or have, cancer or symptoms of cancer or you are on a medically supervised health screening or review programme because you are considered to be at higher risk of developing cancer;
  - Either your parents, brothers or sisters have developed or died from cancer under the age of 60.

## Ending the plan

We may at any time end or change the terms of your plan or stop providing benefit if you fail to act honestly in relation to your plan and WPA, recklessly or negligently mislead us or give incorrect information and you or your company/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 plan. Any insurance plan may cease to comply with current legislation. In these events a refund of the premium on a pro rata basis will be made.

Your plan 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 join another of our private medical insurance policies, we will need to fully underwrite your plan 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 FSA. 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/home.do](https://fsa.gov.uk/register/home.do) 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 NHS Top-Up (cash plans). Our policies can be renewed annually or are open-ended policies which can be cancelled at one month's notice.

#### The service we will provide

We look to provide all the information you need to choose a plan 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;
- Handle complaints fairly and promptly.

### 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 plan or raise premiums on the grounds that you have made too many claims;
- You may make as many eligible claims up to any benefit limit.

## What are my cancellation rights?

If you are not satisfied with your plan and the benefit it provides you have the right to cancel your plan provided you notify us within 14 days (or 28 days if purchased online) of receiving your plan documents. 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: 08000 234 567 free for people phoning from a "fixed line" (for example, a landline at home).

0300 123 9 123: free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02.

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 policy information to detect and/or prevent fraud. 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 plan 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 plan 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 plan 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. We may also share medical information with those involved in a patient's care or treatment eg 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 the plan.

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

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

## Giving you information

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

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

## Communication

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

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

You can choose to receive paperless communication. This means that we will attach all correspondence (which may include claims, medical and administrative information) to an e-mail for you to view or download.

If you choose paperless the information we send you will not be encrypted. The security of confidential data sent by unencrypted e-mail is beyond our control and cannot be guaranteed by us. It is therefore in your best interests to keep any e-mail address you provide us secure.

By choosing paperless communication and providing your e-mail address you are consenting to its use as described above.

## Are you making a personal injury claim?

WPA has a right in law to recover any medical expenses within the rules of your plan 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.

## Definitions

### Acupuncturist

We will pay for treatment by an acupuncturist who is a member of the British Medical Acupuncture Society or Acupuncture Association for Chartered Physiotherapists or the British Acupuncture Council.

### Benefit year

Your benefit year runs for 12 months from your plan start date, a new benefit year begins at each anniversary of your plan start date. This benefit period may run for less than 12 months if you are joining a group plan part way through their benefit year or you are adding a family member part way through your individual plan.

### Cancer

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

### Chiropodist/Podiatrist

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

### Chiropractor

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

### Chronic condition

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.

### Cosmetic

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

### Dangerous/illegal activities

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/dental conditions arising out of war, invasion, riot, revolution, act of terrorism, act of piracy, nuclear, biological or chemical contamination or any similar event;

Activities which are or may be subject to a criminal proceeding or conviction to the insured (including Road Traffic Offences).

### Day-patient

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

### Dentist

A dentist who is registered with the General Dental Council.

### GP

General medical practitioner who is registered under the Medical Act 1988 and who is a principal in General Practice.

### Homeopath

A homeopath who is a Fellow of the Faculty of Homeopathy (FFHom) or a Member of the Faculty of Homeopathy (MFHom).

### In-patient

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

### Insurance Premium Tax (IPT)

This is a tax levied by the government on the value of insurance premiums.

### Osteopath

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

### Out-patient

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

### Personal accident/bodily injury

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

The bodily injuries for which you can claim are:

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

**Physiotherapist**

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

**Plan start date**

The date the plan begins, i.e. the join date shown in your Certificate of Registration.

**Qualifying period**

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

**UK**

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

**Us, we, our**

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

**Validium**

The Medical Legal Helpline, Health & Medical Information and Confidential Stress Counselling service are provided by Validium. Their address is Validium House, 52-54 Aylesbury End, Beaconsfield, Buckinghamshire, HP9 1LW.

**You/your/yourself**

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



**wpa.org.uk**

Western Provident Association Limited  
Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE  
Registered in England No. 475557

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