



wpa.org.uk

# nhs **top-up** Providential

A Guide to Your Plan

Effective from 14<sup>th</sup> March 2011



Quality  
Management



ISO 9001  
FS 28452

Business  
Continuity



BS 25999  
BCMS 538164

Environmental  
Management



ISO 14001  
EMS 505226

Information  
Security



ISO 27001  
IS 553152

These are the Rules of the **Providental** plan. They set out your and our rights and obligations affecting this contract of insurance. They must be read along with your application, the current benefit table and your certificate of registration. It is most important that you read these and please e-mail [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk) or telephone 01823 625230 if there is anything about which you are uncertain.

## Contents

Your plan .....	4
Benefit Table .....	5
How to make a claim .....	5
Check-ups & hygienist, general and restorative treatment and dental emergencies . . . .	6
■ What is covered	
■ What is not covered	
Dental injuries, oral cancer, NHS hospital and worldwide cover .....	7
■ What is covered	
■ What is not covered	
Dental schedule .....	10
Plan administration (including renewal) .....	12
Key information (including cancellation rights and how we use your information) . . . .	14
Definitions .....	17

### LARGE PRINT GUIDES ARE AVAILABLE UPON REQUEST

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. WPA expressly excludes to the fullest extent permitted by law all liability arising from any such inaccuracies or errors.

## Your plan

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

### Qualifying Periods

Please note, you can only claim once the appropriate qualifying period has expired. There is a **1 month** qualifying period for check-ups & hygienist and general treatment; a **3 month** qualifying period for restorative treatment and a **14 day** qualifying period for dental emergencies.

The qualifying period starts on the day you join the plan and you are not covered for treatment carried out or completed during that period of time.

### Pre-existing conditions

In addition, you are not covered for conditions/injuries that were in existence prior to joining this plan (see definition of pre-existing conditions on page 18). This does not include check-ups, hygienist, general dental and restorative treatment.

### 90 day deferment period

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

### General exclusions

- ✗ We cannot pay your claim if:
  - Your premiums are not paid up to date at the time you have your treatment;
  - You have not sent us a fully completed claim declaration;
  - Your treatment is covered by any other plan with us or with a different insurer. You must tell us if you have a dental plan with another insurer;
  - You cease to live in the UK;
  - Treatment undertaken solely at your request;
  - The patient has accepted any material inducement to have private treatment;
  - Your treatment took place more than 6 months ago.

### Access to Medical Reports Act 1988

- Please note it may be necessary to request a dental/medical report from your dentist/GP and if one is needed we will write to you telling 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.

### The benefits

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

The following symbols are used to highlight the benefits available.

- ✓ This is covered
- ✗ This is not covered

## Benefit Table – Summary

	level <b>one</b>	level <b>two</b>
	NHS only	NHS or Private
<b>check-ups &amp; hygienist</b>		
<b>general treatment (e.g. fillings)</b>	100% of NHS treatment costs	75% up to £250
<b>restorative treatment (e.g. crowns, bridges)</b>		
	NHS or Private	NHS or Private
<b>dental emergencies</b>	£500	£1,000
<b>dental injuries</b>	£10,000	£20,000
<b>oral cancer</b>	£10,000	£10,000
<b>nhs hospital cover (dental injuries or oral cancer claims)</b>	£200 per day/night, up to £2,000	
<b>worldwide cover (dental emergencies and injuries only)</b>	trips up to 35 days, worldwide	

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

## How to make a claim

### Applies to check-ups & hygienist, general and restorative treatment and dental emergencies:

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

### Important

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

### All invoices must:

- Be unaltered originals and not copies;
  - Show the full name, address and qualifications of the treatment provider;
  - Show the patient's full name;
  - Show a description of the treatment given, including dates and amounts paid.
- We do not accept treatment plans; invoices and receipts will not be returned.

### Applies to dental injuries, oral cancer, NHS hospital and worldwide

#### Dental injuries:

- If you receive an external blow to the face, teeth or jaw:
  - within 72 hours of the injury, you must have an emergency appointment and
  - call WPA on 0845 122 3100

#### Oral cancer:

- If you are diagnosed with oral cancer:
  - you must call WPA on 0845 122 3100 within 72 hours of the diagnosis

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

## Check-ups & hygienist, general and restorative treatment

### Level one

- ✓ We will pay:
  - In full the costs of any NHS treatment performed by an NHS dentist in general dental practice, up to the NHS treatment bands (Band 1, 2 or 3) prevailing at the time of treatment. Please refer to [www.nhs.uk](http://www.nhs.uk) for up-to-date dental charges.
- ✗ You are not covered for:
  - Treatment carried out or completed within the qualifying period (which is 1 month for check-ups & hygienist and general treatment and 3 months for restorative treatment);
  - Treatment outside the NHS treatment band or not performed by an NHS dentist;
  - Private treatment whether performed by an NHS or private dentist;
  - Treatment outside the UK.

### Level two

- ✓ We will pay:
  - 75% of your treatment costs up to a maximum of £250 each plan year towards preventative care or general dental treatment provided by a registered dentist or dental hygienist in general dental practice.
- ✗ You are not covered for:
  - Treatment carried out or completed within the qualifying period (which is 1 month for check-ups & hygienist and general treatment and 3 months for restorative treatment);
  - Treatment outside the UK.

## Dental emergencies

### Level one & level two

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

- ✗ You are not covered for:
  - Treatment carried out or completed within the first 14 days of the plan start date (qualifying period);
  - Pre-existing conditions.

### The following exclusions apply to check-ups & hygienist, general and restorative treatment and dental emergency treatment:

- ✗ You are not covered for:
  - Treatment that requires hospitalisation;
  - Implants, orthodontics;
  - Wisdom teeth if treated in hospital (i.e. not in the dentist chair);
  - Cosmetic/aesthetic treatment (e.g. veneers, bleaching, etc);
  - Treatment that is not clinically necessary;
  - Out-patient drugs/dressings;
  - Treatment by a provider who is not recognised by WPA;

- Treatment arising as a result of:
  - a road traffic accident/collision where you were not wearing a seat belt or suitable child restraint;
  - an activity, accident/collision for which you are convicted of a criminal offence;
- Treatment relating to:
  - dangerous activities/circumstances;
  - deliberately self-inflicted injuries or attempted suicide;
  - drug/substance dependency or abuse of alcohol, drugs or other addictive substances;
  - HIV/AIDS or similar infections;
  - chronic conditions;
- Non-established treatment;
- Charges that are not customary and reasonable;
- Dental consumables;
- Charges made by the dentist/specialist for completing the claim declaration.

## Dental injuries

- ✓ We will pay:
  - Up to the amount shown on the Benefit Table per plan year for treatment required for dental injuries received as a result of an injury to the patient's teeth and support structures caused by an extra oral impact, (an external blow to the face, teeth or jaw).
  - You must inform us and have the emergency appointment within **72 hours of the injury**. You can only claim this benefit if you have had an emergency appointment first.
  - **Worldwide cover:** should the injury occur outside the UK and you need an **emergency appointment abroad**, we will cover the cost of your emergency treatment abroad up to a maximum of £250. All subsequent treatment relating to this injury will be subject to the normal limits (and requirements as listed below) and must be undertaken in the UK only. Your trip must not exceed 35 days.
  - **WPA must grant prior approval for any restorative treatment plan following a dental injury (this is for any treatment that cannot be undertaken at the emergency appointment).**

### Your dentist must provide:

- A fully completed claim 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 by way of x-rays to show the injuries sustained;
  - evidence that the injury is not related to chronic periodontal disease or material dental neglect.
- On the basis of this information, WPA will give prior written approval (pre-authorisation) of your treatment and associated costs. Cover will not commence until this pre-authorisation has been sought and given and the extent of cover will be limited to the treatment detailed on the plan provided by your dentist.
- Benefit will be paid in line with the WPA Dental Schedule on pages 10 & 11 or the WPA Schedule for customary and reasonable fees as appropriate.
- ✗ You are not covered for:
  - Treatment given more than 12 months after the date of the extra oral impact to which the treatment relates unless we have agreed in writing to cover it;
  - Orthodontic treatment except the repair or replacement of orthodontic appliances as a result of a dental injury;
  - Treatment for dental injuries sustained while participating in any contact sport (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.

## Oral cancer

- ✓ We will pay:
  - Up to the amount shown on the Benefit Table per plan year for oral cancer treatment under the care of a Consultant Oral/Maxillo-Facial Surgeon or recognised specialist;
  - Treatment must be carried out by a Consultant Oral/Maxillo-Facial Surgeon in hospital and will not qualify for benefit when carried out by a dentist unless part of follow-up treatment agreed by us;
  - Oral cancer is defined as the diagnosis of cancer of the lips, tongue, major salivary glands, gums, from the mouth or pharynx down to the top of the oesophagus, supported by a specialist's letter and histology (microscopic study);
  - If you need to claim you must contact us **within 72 hours** of the diagnosis so that we can confirm the extent of your cover.
  - You must then provide a fully completed claim declaration which will be sent to you when you contact WPA.
  - Before your treatment starts we require a **detailed treatment plan** including costs and x-rays from your Consultant Oral/Maxillo-Facial Surgeon or recognised specialist to show the diagnosis of the oral cancer and that the treatment is not needed because of chronic periodontal (gum) disease.
  - Benefit will be paid in line with the WPA Dental Schedule on pages 10 & 11 or the WPA Schedule for customary and reasonable fees as appropriate.
- ✗ You are not covered for:
  - Orthodontic treatment; appliances (such as mouth guards),
  - Treatment in convalescent, nursing or residential homes, health-hydros, nature cure clinics or similar establishments;
  - Oral cancers diagnosed or for which symptoms or signs develop within the first 90 days of cover (90 day deferment period);
  - Oral cancer (or related NHS hospital cover) if you have chewed tobacco and/or have been advised by your doctor to reduce alcohol intake.

**The following benefits apply to dental injuries & oral cancer and will be payable within the maximum sum allowed under these benefits.**

### Hospital Charges

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

### Specialist/Consultant Fees while you are in hospital

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

### NHS Hospital Cover

- ✓ We will pay:
  - A cash benefit of £200 for each night you spend as an NHS patient in an NHS hospital, without charge, instead of being admitted to hospital as a private patient. This will be payable for up to a maximum of 10 nights for in-patient treatment as an NHS patient.

### Parent and Child

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

**The following exclusions apply to both dental injury and oral cancer benefits:**

- ✗ You are not covered for:
  - Treatment given without our prior written approval;
  - Treatment given if you did not inform us within 72 hours of the injury or diagnosis;
  - Treatment by a provider who is not recognised by WPA;
  - Extraction of wisdom teeth;

- Appliances (such as mouth guards);
- Cosmetic/aesthetic treatment (e.g. bleaching, etc) except when needed as a direct result of an accident or injury as part of a dental injury claim or when directly related to treatment for oral cancer;
  - Veneers: We will only provide benefit for the cost of a replacement veneer if the original is damaged as a result of a dental injury or the oral cancer;
- More than 2 implants per plan year;
- Treatment relating to:
  - dangerous activities / circumstances;
  - deliberately self-inflicted injuries or attempted suicide;
  - drug/substance dependency or abuse of alcohol, drugs or other addictive substances;
  - HIV/AIDS or similar infections;
  - periodontal (gum) disease;
  - material dental neglect;
  - chronic conditions.
- Treatment arising as a result of:
  - a road traffic accident/collision where you were not wearing a seat belt or suitable child restraint;
  - an activity, accident/collision for which you are convicted of a criminal offence;
- Non-established treatment;
- Pre-existing conditions;
- Out-patient drugs/dressings;
- Private in-patient treatment following an accident and emergency admission to an NHS hospital unless the transfer to a private bed is arranged by the specialist at the patient's own request and of his own free will. The patient needs to complete and sign the hospital's appropriate authorisation form. Private treatment will only be covered with effect from the date the form was signed.
- Specialists' fees when the patient receives treatment as an NHS patient in an NHS hospital;
- Treatment outside the UK;
- Charges that are not customary and reasonable;
- Charges made by the dentist/specialist for completing the claim declaration.

## Dental Schedule

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

<b>Out of hours attendance fee</b>	<b>Reimbursement limit</b>
Out of hours telephone consultation	Up to £40
Registered dentist	Up to £200
Registered dental surgery assistant	Up to £75
<b>Miscellaneous</b>	<b>Reimbursement limit</b>
Consultation, examination & report	Up to £60
X-ray (small)	Up to £25
X-ray (full mouth)	Up to £55
Prescription antibiotics/pain killers	Up to £30
Sedative dressings – 1st tooth	Up to £45
Sedative dressings – multiple	Up to £75
Intravenous sedation	Up to £140
Abscess drainage	Up to £40
Arrest of haemorrhage	Up to £70
Root canal treatment, opening and dressing: single	Up to £45
Root canal treatment, opening and dressing: multiple	Up to £75
Temporary crown	Up to £55
Temporary bridge	Up to £120
<b>Fillings</b>	<b>Reimbursement limit</b>
One filling	Up to £45
Two fillings	Up to £75
Multiple fillings	Up to £95
Pin retention	Up to £25
<b>Root fillings</b>	<b>Reimbursement limit</b>
Incisor/canine	Up to £130
Pre-molar	Up to £160
Molar	Up to £295
Apicectomy (root filling)	Up to £165
<b>Extractions</b>	<b>Reimbursement limit</b>
One tooth	Up to £55
Multiple	Up to £75
Surgical extraction	Up to £145

## Crown & Bridges

Pin retention for crown	Up to £25
Ceramic crown	Up to £350 per unit
Bonded crown – precious metal	Up to £390 per unit
Cast gold crown	Up to £370 per unit
Gold/ceramic inlay	Up to £320 per unit
Bridgework – precious metal	Up to £360 per unit
Re-cement crown/bridge/inlay	Up to £55

## Dentures

<b>Dentures</b>	<b>Reimbursement limit</b>
Complete set acrylic resin	Up to £625
Full upper or lower resin	Up to £360
Partial resin	Up to £240
Partial metal	Up to £545
Repairs	Up to £45
Repairs – emergency out of hours	Up to £85

## Dental implants

<b>Dental implants</b>	<b>Reimbursement limit</b>
Implants and associated restorative treatment	£1,900 per implant £3,800 overall maximum per plan year

## NHS Dental Fees

<b>NHS Dental Fees</b>	<b>NHS Reimbursement limit</b>
Band 1 course of NHS treatment	NHS Charges as applicable at the point of treatment
Band 2 course of NHS treatment	
Band 3 course of NHS treatment	

## Plan administration

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

Please note that this is an annual contract of insurance.

You can apply to join this plan as the primary policyholder if you are between 18 and 65 years of age. 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. You must have visited a UK dentist for treatment or a check-up within the last 18 months.

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.

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.

Your premium depends on your age, the number of enrolled family members, their ages and level of cover and how you pay your premiums.

You may pay the full annual premium by cheque, direct debit, with a Maestro card or an acceptable credit card.

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.

Please note payments made by credit card will attract a surcharge of 1.5%.

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 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 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 cover is cancelled no premiums will be refunded to you. If you cancel cover within 14 days of joining (28 days for online buys) we will refund premiums paid. If you have chosen to pay the full annual premium at the start of the policy year this must be paid before you are entitled to any benefits. If you have chosen to pay in advance each month you must make each payment on time for that period. Your cover will end if your premium is not paid when it is due or you cancel your plan. If you cancel your plan and you chose to pay the premium by monthly instalments we reserve the right to make a reasonable charge to reflect the cost to us.

Cancellation cannot be backdated.

### 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 your children on your plan. Your child can remain on the plan until they marry or leave the main residence, except if going to higher education.

Whilst babies can be added to your plan 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](https://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

- For your cancellation rights as part of the 'cooling off' period please see pages 12 & 14. 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) with effect from your annual renewal 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.

### Renewing the plan

- Your plan is an annual contract of insurance and runs for a period of 12 months from the start date shown on your Certificate of Registration;
- At least 21 days before the contract expires we will advise you that we will renew your plan for a further 12 months and will send you the relevant information including changes to the plan for the forthcoming year. This may include changes to rules and terms of the contract and your premium. After your renewal date, the new rules and premiums will apply;
- Please note, the provisions set out in "Ending the Plan" will apply.

## 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 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 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 plan 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 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 on-line) of receiving your plan 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: 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 e.g. their GP, dentist, 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, 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 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.

## 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 plan, depending on the cover it offers.

### Annual renewal date

Normally the anniversary of the date you joined the plan except that for some group policies it will be the anniversary of the day when the group policy was first registered;

### Certificate of Registration

The Certificate of Registration issued by us or the certificate which confirms:

- The level of cover;
- The people covered by the plan;
- Their dates of birth;
- The plan start date;
- The main address;
- How you have chosen to pay, the amount and when the premiums are due.

### Chronic Condition

A chronic medical condition is a disease, illness or injury which has at least one of the following characteristics:

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

### Consultant Oral/Maxillo Facial Surgeon

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

### Cosmetic/aesthetic treatment

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

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

### Contract

The plan 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 your plan. Your family members will also be treated as party to the plan and so are bound by its terms.

### Cover

The benefit under your plan.

### Cover period

Your cover period is a year if the whole premium is paid in advance at the beginning of the plan year or a month if it is paid each month.

### Customary and reasonable

The level of fees that are charged by the dentist's/ specialist's medical colleagues to the majority of our policyholders for the same treatment and which is considered reasonable and fair by our Medical Advisory and Clinical Governance Committee.

### 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;
- any extreme sports;

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.

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

### Day-patient

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 do not occupy a bed overnight.

### Dental conditions

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

### Dentist

A WPA recognised dentist who is registered with the General Dental Council. The dentist must not be related to you/the patient or recommended by a dentist who is a member of your/the patient's family.

### Eligible treatment

Treatment for which your plan provides a benefit given by a provider of treatment we recognise for a condition which is not excluded by the rules of your plan.

### In-patient

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

**Non-established Treatment**

Established treatment is treatment that is considered to be acceptable recognised clinical practice by WPA's medical advisors and which falls into one or more of the following categories:

- It is approved by NICE for routine use in the NHS;
- It is an established clinical practice in the UK, supported by peer reviewed published evidence of significant clinical benefit;
- It involves the use of drugs that are licensed by EMEA for safe use for the stage of the condition being treated.

**Out-patient**

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.

**Out-patient drugs/dressings**

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

**Partner**

The person you are married to or who you live with as if you were married.

**Pre-existing condition**

- Any treatment that was planned or recommended by your dentist, or known about by you before the plan start date;
- An illness or injury for which you have experienced symptoms before your cover started whether the condition has been diagnosed or not.

**Provider recognition**

We reserve the right to withdraw or amend our list of recognised providers (without prior notice if necessary) in such a way as we feel is reasonably and commercially necessary – this may include hospitals, specialists, dentists etc.

**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.

**UK**

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

**Us/we/our**

Western Provident Association Limited, also referred to as WPA.

**You/your**

You and any registered family member(s) named on the certificate of registration.



**wpa.org.uk**

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

The member state of the insurer is the United Kingdom. WPA is a registered service mark of Western Provident Association Limited. WPA is authorised and regulated by the Financial Services Authority (FSA). The FSA website may be checked at [fsa.gov.uk/register/home.do](http://fsa.gov.uk/register/home.do) for WPA number 202608. 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.

© Western Provident Association Limited 2011. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of Western Provident Association Limited. 0211/10747