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Flexible Health

Health Insurance Policy Summary

Effective from 9 January 2012

Flexible Health is for busy people like you.

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

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

Select the cover that's right for you, with the confidence of a company with a heritage of over 110 years and customer service standards second to none.

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

Your Flexible Health policy

Value: essentials

Fast track private surgery

- ✓ Make the most of the NHS to find out what's wrong. If your GP/Consultant say you need surgery you can be fast tracked as a private patient. Choose from over 600 private hospitals including NHS private wings.
- ✓ Up to £50,000 per year for hospital and specialist charges when you have non-emergency (elective) surgery in hospital. Includes post-op physiotherapy and pre- and post-op surgical consultations.
- ✓ No excess or co-payment to pay.
- ✗ Cancer surgery not covered.

Business Class: premier

Quality cover at an affordable price

- ✓ All hospital costs, surgery fees, MRI/CT Scans and out-patient surgical procedures.
- ✓ Specialist consultations (£150) and physiotherapy (£200) can be enhanced with extra out-patient.
- ✓ Choose from over 600 UK hospitals as standard.
- ✓ 4 co-payment levels giving you savings of up to 50%.
£250 • £500 • £1,000 • £3,000

1st Class: elite

When you want the best

- ✓ The most extensive cover offered by WPA.
- ✓ Dedicated personalised claims handling.
- ✓ Choose from over 600 UK hospitals as standard.
- ✓ Includes cancer cover, unlimited out-patient consultations and tests, health screening and more.
- ✓ 2 co-payment levels of £1,000 or £3,000 for even greater value.



Extras

- Add** [advanced cancer drugs](#)
funds life-saving cancer drugs not available on the NHS. £50,000 lifetime benefit.



Extras

- Add** [cancer cover \(with advanced cancer drugs\)](#)
or [advanced cancer drugs \(only\)](#)
- Add** [extra out-patient](#)
- Add** [emergency abroad](#)
- Add** [dental cover](#)
- Add** [premium hospitals](#)



Extras

- Add** [premium hospitals](#)
These hospitals are typically within Central London (see page 8).



Up to **20% discount** available for the **self-employed** and members of a WPA **recognised Profession** (see page 9)
This discount also applies to family members in the same household. Visit wpa.org.uk/qualify

There are 3 levels of cover you can choose from when building your policy.

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

premier ★★★★★ offers **enhanced cover**, with the ability to tailor your cover and premium.

elite ★★★★★ is our **most extensive** level of cover.

The following pages show the benefits available under each level of cover. The in-patient and day-patient benefits are standard across all 3 levels of cover. However, if you choose **essentials** you have an overall annual maximum limit of £50,000.

When reading this Policy Summary, all benefits apply per person per policy year unless otherwise stated.

Definitions used in the benefit tables

In-patient.

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

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.

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.

keyfacts[®]

As with all insurance policies, there are some Key Facts we need to draw to your attention so that you can make an informed decision that best matches your needs. The following pages contain a summary of the policy terms and conditions. The full terms can be found in 'A Guide to Your Policy' which you can view online at wpa.org.uk/flex or is available on request.

essentials – value cover ★★★

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

In-patient & Day-patient Treatment

★★★

Notes

Hospital Treatment	✓	Choose from over 600 hospitals for planned (elective) surgical treatment of a diagnosed condition. Premium hospitals are not covered (see page 8).
Specialists' Fees ¹	✓	In line with customary & reasonable fees.
NHS Hospital Cash Benefit (elective surgery only)	✓	£100 per day/night up to a maximum of £3,000.
Prostheses	✓	
Emergency Surgery	X	
Cancer Surgery	X	Excludes surgical treatment of cancer conditions.
Psychiatric Treatment	X	

Out-patient Treatment – limited cover available as shown below

Pre-admission Tests	✓	In the 2 weeks prior to your admission to hospital.
Consultations with a Specialist ¹	✓ £150	Pre-surgical consultations and tests in the 6 weeks prior to your surgery, in line with customary & reasonable fees.
Post-Hospital Consultation and Tests ¹	✓	One follow-up consultation within 90 days following a surgical procedure and associated tests carried out on the same day.
Physiotherapy (and other therapies) ²	✓ £200	Within 90 days following a surgical procedure.
Out-patient Procedures	X	
Psychiatric Treatment	X	

✓ Covered. X Not covered (see 'What is not covered' in 'A Guide to Your Policy').

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

WPA actively manages your claims and most specialists' and anaesthetist fees are within these limits. If their charges are higher, and they have advised you before the treatment takes place, they may require you to pay the difference (see Important Information).

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



Add advanced cancer drugs

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

This benefit will be removed at the renewal following your 65th birthday.

premier – business class cover ★★★★★

In-patient & Day-patient Treatment

★★★★★

Notes

Hospital Treatment	✓	Choose from over 600 hospitals (<i>enhance by adding premium hospitals – see Tailor Your Premium on page 8</i>).
Specialists' Fees ¹	✓	In line with customary & reasonable fees.
Post-Hospital Consultation & Tests ¹	✓	One follow-up consultation within 90 days following a surgical procedure and associated tests carried out on the same day.
Diagnostic Tests	✓	Such as blood tests, ultrasound & x-rays.
Diagnostic Scans	✓	MRI, CT & PET scans only.
NHS Hospital Cash Benefit	✓	£100 per day/night, maximum £3,000.
Prostheses	✓	
Psychiatric Treatment	X	

Out-patient Treatment – *enhance by adding the extra out-patient*

Consultations with a Specialist & Diagnostic Tests ¹	✓ £150	Consultations and diagnostic tests arranged by either your specialist or GP, in line with customary & reasonable fees.
Diagnostic Scans	✓	MRI, CT & PET scans at the request of a Specialist and 1 MRI or CT scan arranged by your GP.
Physiotherapy (and other therapies) ²	✓ £200	
Out-patient Procedures ¹	✓	Covers surgical and diagnostic procedures (including endoscopies as an out-patient) in line with customary & reasonable fees.
Pre-admission Tests	✓	In the 2 weeks prior to your admission to hospital.
Psychiatric Treatment	X	

Cancer Cover

Cancer Cover	X	<i>enhance by either adding advanced cancer drugs or the cancer cover extra.</i>
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Other Benefits

Nursing at Home	✓	Up to 4 weeks.
Private Ambulance Transport	✓	
Parent and Child	✓	Hospital accommodation charges.
Out of Pocket Expenses	✓	Up to £10 per day.
Hospice Donation	✓	£70 per day/night up to £700.
Elective Overseas Treatment	✓	Available with our prior approval.

Add your Extras Enhance your cover with the following

cancer cover (including advanced cancer drugs)³

- ✓ Consultations with a Specialist.
- ✓ Radiotherapy/Chemotherapy.
- ✓ Advanced therapeutics (targeted therapies).
- ✓ NHS Cash Benefit (Cancer) £200 per day/night, maximum £6,000.
- ✓ NHS Car Parking £300 for out-patient cancer treatment.

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

OR **advanced cancer drugs** (only)³

- ✓ Cover for licensed cancer drugs that are not available on the NHS. £50,000 lifetime benefit.
- ✓ Drugs must be licensed by the European Medical Agency (EMA) and recommended by your cancer specialist but not yet approved by the National Institute for Health and Clinical Excellence (NICE) and therefore not available from the NHS.

This benefit will be removed at the renewal after your 65th birthday.

extra out-patient

- ✓ Consultations with a Specialist and Diagnostic Tests – enhances your cover from £150 to £500.
- ✓ Physiotherapy (and other therapies) – enhances your cover from £200 to £500.
- ✓ General Dental Treatment – £200 (1 month qualifying period).
- ✓ Optical – £200 (1 month qualifying period).
- ✓ Health Screening – £200 (1 month qualifying period).

emergency abroad (not USA)

Trips abroad for up to 70 days per trip (annual maximum of 180 days and £500,000).

- ✓ Treatment for medical emergencies.
- ✓ Evacuation/Repatriation, including family members, by air ambulance when local medical facilities are inadequate.

Note that 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.

dental cover

- ✓ General Dental Treatment up to £250 per policy year (1 month qualifying period).
- ✓ Dental Emergencies up to £250 per emergency, maximum £1,000 per policy year (14 day qualifying period).
- ✓ Dental Injuries up to £20,000 per policy year.
- ✓ Oral Cancer up to £10,000 per policy year.

premium hospitals – See page 8 for details.

- ✓ Covered. You will pay 25% of eligible fees until you reach your chosen Shared Responsibility (co-payment) maximum annual limit (not applicable for Hospital Cash Benefits, NHS Car Parking, Out of Pocket Expenses and Hospice Donation benefits).
- ✗ Not covered (see 'What is not covered' in 'A Guide to Your Policy').
- 1 For a guideline of customary and reasonable fees contact WPA or visit wpa.org.uk/guideline
WPA actively manages your claims and most specialists' and anaesthetist fees are within these limits. If their charges are higher, and they have advised you before the treatment takes place, they may require you to pay the difference (see Important Information).
- 2 This benefit covers one or a combination of the following treatments: Acupuncture, Chiropody/Podiatry, Chiropractic Care, Dietary Services, Homeopathy, Osteopathy, Physiotherapy and Speech and Language therapy.
- 3 Cancers will not be covered which are diagnosed or for which symptoms develop within the first 90 days of the start of cover.

elite – 1st class cover ★★★★★

In-patient & Day-patient Treatment

★★★★★

Notes

Hospital Treatment	✓	Choose from over 600 hospitals (<i>enhance by adding premium hospitals – see Tailor Your Premium on page 8</i>).
Specialists' Fees ¹	✓	In line with customary & reasonable fees.
Post-Hospital Consultation & Tests ¹	✓	One follow-up consultation within 90 days following a surgical procedure and associated tests carried out on the same day.
Diagnostic Tests	✓	Such as blood tests, ultrasound & x-rays.
Diagnostic Scans	✓	MRI, CT & PET scans only.
NHS Hospital Cash Benefit	✓	£100 per day/night, maximum £3,000.
Prostheses	✓	
Psychiatric Treatment	✗	

Out-patient Treatment

Consultations with a Specialist & Diagnostic Tests ¹	✓	Consultations and diagnostic tests arranged by your specialist and up to £500 for diagnostic tests arranged by your GP, in line with customary & reasonable fees.
Diagnostic Scans	✓	MRI, CT & PET scans at the request of a Specialist and 1 MRI or CT scan arranged by your GP.
Physiotherapy (and other therapies) ²	✓	
Out-patient Procedures ¹	✓	Covers surgical and diagnostic procedures (including endoscopies as an out-patient) in line with customary & reasonable fees.
Pre-admission Tests	✓	In the 2 weeks prior to your admission to hospital.
Psychiatric Treatment	✗	

Cancer Cover ³

Consultations with a Specialist ¹	✓	In line with customary & reasonable fees.
Radiotherapy/Chemotherapy	✓	
Advanced Therapeutics (targeted therapies) ⁴	✓	Advanced anti-cancer (targeted therapies) treatment.
NHS Hospital Cash Benefit (Cancer)	✓	£200 per day/night up to a maximum of £6,000.
NHS Car Parking	✓	£300 associated with out-patient NHS cancer treatment.

Other Benefits

Nursing at Home	✓	Up to 4 weeks.
Private Ambulance Transport	✓	
Parent and Child	✓	Hospital accommodation charges.
Out of Pocket Expenses	✓	Up to £10 per day.
Hospice Donation	✓	£70 per day/night up to £700.
Health Screening ⁵	✓ £200	
Optical Treatment ⁵	✓ £200	
General Dental Treatment ⁵	✓ £450	
Dental Emergencies ⁵	✓ £250	£250 per emergency (maximum £1,000).
Dental Injuries	✓ £20,000	
Oral Cancer	✓ £10,000	
Emergency Abroad (not USA)	✓	Up to 70 days per trip (annual maximum of 180 days and £500,000).
Elective Overseas Treatment	✓	Available with our prior approval.

- ✓ Covered. You will pay 25% of eligible fees until you reach your chosen Shared Responsibility (co-payment) maximum annual limit (not applicable for Hospital Cash Benefits, NHS Car Parking, Out of Pocket Expenses and Hospice Donation benefits).
- ✗ Not covered (see 'What is not covered' in 'A Guide to Your Policy').
- 1 For a guideline of customary and reasonable fees contact WPA or visit wpa.org.uk/guideline
WPA actively manages your claims and most specialists' and anaesthetist fees are within these limits. If their charges are higher, and they have advised you before the treatment takes place, they may require you to pay the difference (see Important Information).
- 2 This benefit covers one or a combination of the following treatments: Acupuncture, Chiropody/Podiatry, Chiropractic Care, Dietary Services, Homeopathy, Osteopathy, Physiotherapy and Speech and Language therapy.
- 3 Cancers will not be covered which are diagnosed or for which symptoms develop within the first 90 days of the start of the policy.
- 4 WPA will fund the use of advanced anti-cancer (targeted) treatments which are not readily available in the NHS with our prior approval and when given with curative intent.
- 5 There is a 1 month qualifying period for optical, general dental treatment and health screening and a 14 day qualifying period for dental emergencies.

Add premium hospitals

See page 8 for details.

Tailor your premium

Add premium hospitals *(not available on essentials)*

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

Cromwell Hospital • Devonshire Hospital • Harley Street at Queens • Harley Street at UCH • Harley Street Clinic • Lister Hospital • London Clinic • Portland Hospital • Princess Grace Hospital • Royal Marsden Hospital (London and Surrey) • The London Bridge Hospital • The London Oncology Clinic • The National Hospital for Neurology and Neurosurgery • University College London • Wellington Hospital

Note

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

Shared Responsibility® *(not available on essentials)*

Shared Responsibility (SR) allows you to take greater control of your healthcare costs and make significant savings on your premiums. Unlike an excess, the cost of your medical treatment is shared on a co-payment basis, as a 25/75 split (WPA pay 75% and you pay 25%) until your contribution reaches your chosen SR level (maximum annual limit). Thereafter, WPA will pay 100% of eligible treatment costs until your next renewal date.

SR Levels (premier)	£250	£500	£1,000	£3,000
SR Levels (elite)	£1,000		£3,000	

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

Your 25% contribution to claims for all children under 18 will be deducted from the oldest person's SR level. At renewal you can increase your SR limit, however you can only reduce the SR level one step at a time.

Further information about Shared Responsibility is available from wpa.org.uk/shared or on request.

Self-employed or member of a Profession?

Further discounts are available

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

To qualify for the self-employed discount you must be:

- 1) Actively self-employed as recognised by HM Revenue & Customs;
- 2) A partner within a partnership that employs no more than five additional salaried staff;
- 3) A director of a private limited company which employs no more than five additional salaried staff;
- 4) An owner of a franchise agreement.

For practicing Professionals, WPA has a list of recognised professions. Please visit wpa.org.uk/qualify for details.

Choose your joining method

Choose your underwriting

Depending on your circumstances you can choose to join WPA on a fully medically underwritten or a moratorium basis.

Full Medical Underwriting (FMU)


By completing a health and medical questionnaire you provide us with your full medical history. We use the information provided to decide if there are any pre-existing conditions that are likely to need treatment in the future. We will write to you with any specific medical conditions that are excluded from your policy (referred to as personal medical exclusions).

When you take out your plan on a full medical underwriting basis, you have certainty as to what is covered.

Moratorium Underwriting

If you join on a moratorium basis, any pre-existing medical condition(s) – and other directly related conditions – which you had during the five years before your cover starts will not be covered, unless and until you remain free of symptoms, advice, treatment or medication for that condition for a continuous period of two years after taking out the policy.

Although you do not have to provide medical details on application, we may request more detailed information from your GP for each new condition you claim for.

 We strongly advise you not to delay seeking medical advice or treatment for a pre-existing condition during the moratorium period.

To join on a moratorium basis you must satisfy the following criteria:

- You and any applicant have not been diagnosed with **heart disease, stroke, diabetes, cancer** or undergoing **regular screening for cancer** owing to your family history, nor had a **surgical procedure/arthroscopy for a joint or back condition**.
- Applicants over 18 must have a **Body Mass Index (BMI) between 19 and 32**.

For full information on these underwriting terms, please refer to our leaflet 'Applying to join a health insurance policy' available from wpa.org.uk/joining or on request.

Important Information

What's not covered

As with all health insurance policies, there are certain things that are not covered. Flexible Health specifically excludes the following list which is a summary only. **For a full list please see 'What is not covered' in 'A Guide to Your Policy'.**

A copy is available from wpa.org.uk/flex or upon request.

- **If you have chosen full medical underwriting:**

You will not be covered for pre-existing conditions that you had when you took out the policy unless declared to and accepted in writing by WPA.

- **If you have chosen moratorium underwriting:**

You will not be covered for any pre-existing condition(s) and other directly related condition(s) which existed in the five years before cover starts, unless during two continuous years after the policy starts you don't receive medication, advice or treatment or experience symptoms of that disease, illness or injury.

You will also not be covered for:

- Emergency and cancer surgery and non-surgical or diagnostic treatment (**essentials** only).
- Cancers diagnosed or for which symptoms or signs develop within the first 90 days of the policy commencing or the first 90 days of upgrading your cancer cover (by adding the advanced cancer drugs or cancer cover extras), unless we agree in writing. This is also referred to as '90 day deferment period'. You will be required to complete a medical declaration to upgrade cancer cover.
- Any long-term illnesses that lead to long-term monitoring or management (chronic conditions).
- Dental problems (unless dental cover is included in your level of cover or added as an extra).
- Fertility problems, pregnancy & childbirth.
- Neonatal treatment.
- Psychiatric conditions.
- HIV/AIDS.
- Cosmetic surgery.
- Care and/or treatment arising from or related to taking part in winter sports (e.g. skiing, snowboarding) scuba diving, extreme sports and motor sports or engaging in professional sport.
- Any claim that has not been pre-authorised.

Note: If you transfer from **essentials** to either **premier** or **elite** you must complete a medical declaration. Personal medical exclusions may then apply. This is not required for transfers from **premier** to **elite** unless you are enhancing your cancer cover.

Important Information

Your rights

Duration of cover.

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

Changing your mind.

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

Easy to claim.

When you have joined Flexible Health, all claims must be pre-authorised before you commence any treatment. For instant authorisation of claims 24 hours a day, 7 days a week, visit wpa.org.uk/claim – alternatively contact us on 0845 122 3100.

Consultant and Anaesthetist Fees.

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

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

Making yourself heard.

If you have a complaint at any time, you should write to The Director of Best Practice, WPA, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. Alternatively, you can e-mail directorofbestpractice@wpa.org.uk If you are still not totally satisfied, we encourage you to appeal to The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR (telephone 08000 234 567 – free from a landline or 0300 123 9 123 – free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02).

Compensation scheme.

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

Our Community

About WPA

WPA is a not-for-profit provident association focusing on customer value, not shareholder value, with a heritage dating back over 110 years. We are proud of our excellent reputation built on quality, providing an unparalleled level of service to our customers, whether families funding their own health cover or major UK companies.

- Best Insurer for Customer Care (British Insurance Awards 2005 & 2009)
- Most Innovative UK Health Insurer (Laing & Buisson 2006, 2007 & 2008)
- Health Insurer of the Year (Insurance Times 2007)
- With standards of excellence:



It's easy to join

Joining WPA's community

It's easy to join Flexible Health. Simply visit our website where you will find full policy information, get a quote and buy online. Alternatively phone WPA Direct free, Monday to Friday, 8am – 6pm; or contact your insurance adviser directly.



wpa.org.uk/flex



WPA Direct: 0800 783 3 783

Please note that the maximum age to join Flexible Health is 65 but you can renew your policy each year thereafter. To join, you must be resident in the UK for at least 6 months of the year.



wpa.org.uk



Western Provident Association Limited

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Registered in England No. 475557

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