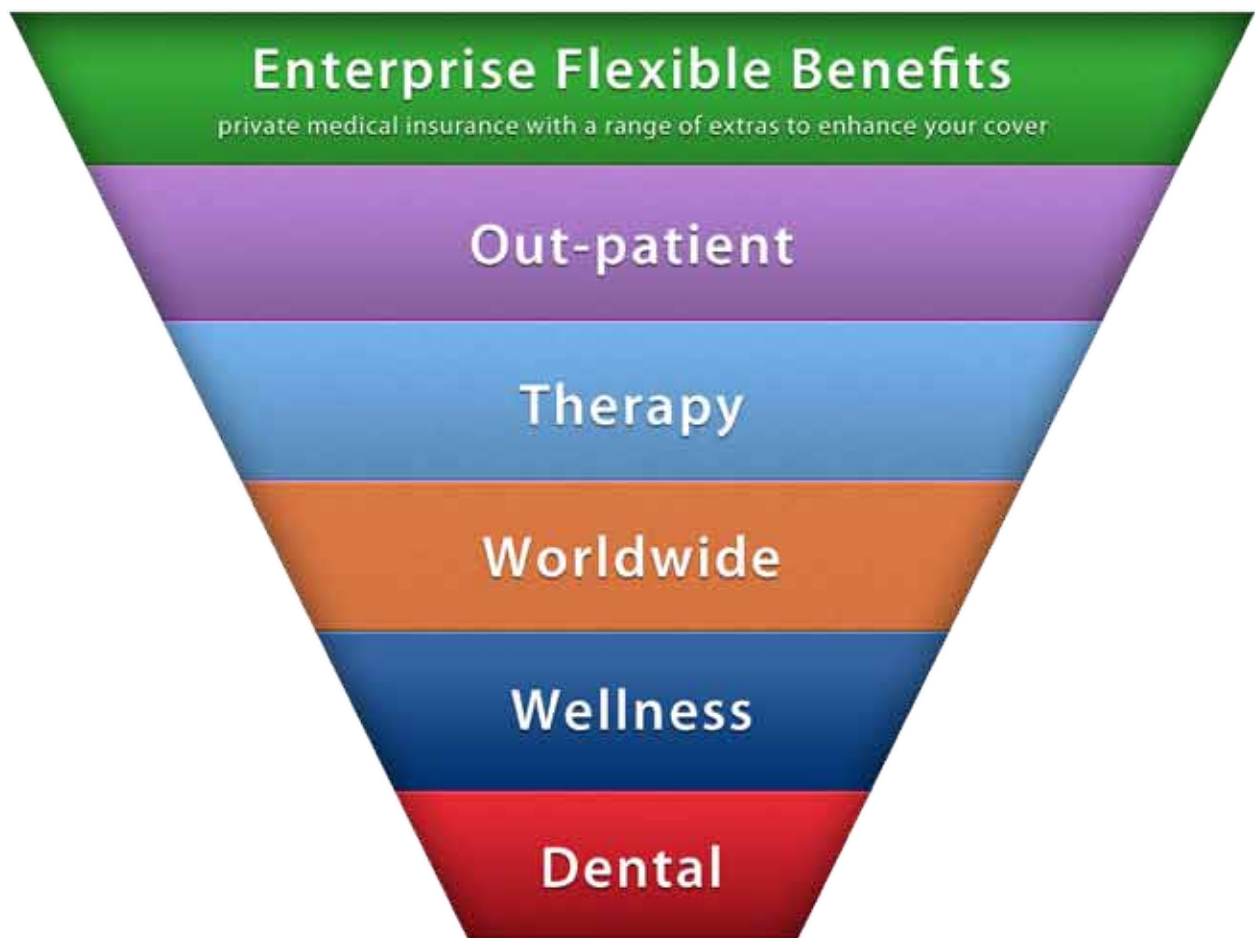




Company Paid Healthcare

Introducing flexibility



† we offer discounted gym membership with UK wide gyms for WPA customers.

Essential Cover: benefits

Enterprise Flexible Benefits is designed to promote **maximum flexibility** when insuring your company's healthcare needs. Choose your cover and enhance it with the **Extras** available. Choose **different cover options** for **each one** of your employees and their family members.

in-patient & day-patient treatment

hospital treatment	Choose from over 600 hospitals nationwide including London
specialists' fees	In line with customary & reasonable fees whilst in hospital
diagnostic tests	Such as blood tests, ultrasound & x-rays
diagnostic scans	MRI, CT & PET scans only
nhs cash benefit	£100 for day-patient or per night for in-patient (maximum £3,000 per person per group policy year)
psychiatric treatment	28 days/nights in 5 group policy years (must be pre-authorised)

out-patient treatment (more cover available with the out-patient extra)

consultations with a specialist	Up to £150 per person per group policy year
single post-hospital consultation & tests	One follow-up consultation & associated tests carried out that day, within 90 days of a surgical procedure
diagnostic scans	MRI, CT & PET scans only at the request of a specialist
out-patient procedures	In line with customary & reasonable fees for diagnostic or endoscopic procedures
pre-admission tests	In the 2 weeks prior to your operation

cancer treatment

radiotherapy/chemotherapy	In line with customary & reasonable fees
consultations with a specialist	In line with customary & reasonable fees, post diagnosis
advanced therapeutics	Advanced anti-cancer (targeted) treatment currently being introduced into clinical practice
nhs cancer cash benefit	£200 for day-patient or per night for in-patient. £100 for out-patient radiotherapy/chemotherapy. (Maximum £6,000 per person per group policy year)
nhs car parking ¹	£300 associated with out-patient NHS cancer treatment

other benefits

nursing at home	Up to 4 weeks per person per group policy year
private ambulance transport	Full cover when medically necessary
parent & child	Hospital accommodation charges
prostheses	In-patient & day-patient only
out of pocket expenses	Up to £5 per day
hospice donation	£70 per day/night (maximum £700 per person per group policy year)

¹ £300 for cancer treatment, £50 for other hospital stays

Extras: valuable add-ons to enhance your Essential Cover

Out-patient

consultations with a specialist

diagnostic tests

psychiatric treatment

No annual limit provided fees are customary & reasonable. Includes benefit for a 'second opinion' if required

In addition to diagnostic scans (MRI, CT & PET) further diagnostics such as **x-rays, pathology & ultrasound** when referred by your specialist

Fully covered for 6 months for specialist treatment

OR

£1,000 out-patient

as above but within an overall annual limit of £1,000

Therapy

acupuncture
chiropractic
chiropractic/podiatry
dietary services
homeopathy
osteopathy
physiotherapy
psychology
speech & language therapy
psychotherapy
gp referral for ultrasound scans/x-rays (75% of cost)

Up to a combined total of **£1,000 per person** per group policy year

Worldwide

worldwide 35: 35 days cover for medical emergencies & evacuation/repatriation

worldwide 70: 70 days cover for medical emergencies & evacuation/repatriation

Covers **trips abroad** for up to **35 days per trip**, with an annual maximum benefit of **£250,000**

Covers **trips abroad** for up to **70 days per trip** (35 in the USA), with an annual maximum benefit of **£500,000**

The worldwide extra does not include destinations that are considered 'at risk' by the Foreign & Commonwealth Office (FCO) website. See www.fco.gov.uk for details.

Employee assistance programme

A high quality EAP service provided by Validium. For more information see the EAP leaflet.

employee support – telephone based service

line manager support

organisational support

Counselling, legal, health & wellbeing information, financial & debt counselling, child & elder care and an emergency domestic repair service

To improve performance and staff productivity

For both managers and directors

FREE

Extra cash benefits: to help with those everyday healthcare costs

Wellness: a standalone policy **OR** in addition to Essential Cover

prescription charges up to £40	<p>100% cash back (benefit amounts are payable per person per group policy year)</p>	
specialist/second opinion up to £250		
eye test up to £40		
nhs car parking up to £300 (£300 for cancer treatment, £50 for other hospital stays)		
optical treatment up to £150		
routine dental treatment up to £150		
physiotherapy and other therapies up to £300		
gp services up to £150		
scans & screens up to £200		
nhs hospital in/day-patient admission		£65 per day/night for up to 20 days
post-hospital recovery bonus up to £400		After 7 consecutive nights in hospital (payable per person per group policy year)
a&e attendance		£40 for each emergency attendance up to £80
maternity/paternity up to £200		Each time you have a child (payable per person per group policy year) A 10 month qualifying period applies
employee support – telephone based service		24/7 telephone support
line manager support		
organisational support		

Children under 18 are FREE under Wellness and enjoy 50% of the benefits above if the adult under whom they are enrolled also holds this cover.

Enhance your Wellness policy...

A&E Abroad *not available in conjunction with Essential Cover*

Cover for treatment abroad, including x-rays, tests, prescription medication and dental hospital treatment for medical emergencies overseas (including evacuation/repatriation). Provides supplementary EHIC cover in the EEA. 24/7 international telephone support. Cover only for trips of no more than 21 days and a maximum total of 90 days abroad in each group policy year. Excludes any trips to the USA or where the FCO advises against travel.	£100,000
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------

mycancerdrugs *not available in conjunction with Essential Cover*

Will provide access to advanced cancer drugs not available on the NHS. There is a 90 day deferment period for this Extra. This benefit is available up to your 66th birthday.	£50,000 lifetime benefit
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------

cosmetic surgery

Provides private reconstructive plastic surgery following a scar left on the face or upper body after an NHS operation. There is a 1 month qualifying period for Cosmetic Surgery. Deliberately self-inflicted injuries, disfigurement through illness or treatment received are not covered. There are 3 options to choose from (upper body, lower body and total body).	£20,000
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------

Dental: add to your Essential or wellness cover **OR** buy standalone

Dental

general dental treatment	75% of costs up to £250 a 3 month qualifying period applies
dental emergencies	£1,000 (up to £250 per episode, maximum 4 per year) a 14 day qualifying period applies
dental injuries	Up to £20,000
defined serious oral problems	Up to £10,000

other benefits

hospital charges	Full cover
specialist/consultant fees	In line with customary & reasonable fees, whilst in hospital
hospital cash benefit	£200 for each night you spend in an NHS hospital
parent & child	Up to a maximum of 10 nights

Benefits apply per person per group policy year.

Note we don't ask for dental history or a dental examination, but customers must have visited a UK registered dentist for a check-up or treatment within the 18 months prior to joining the policy.

Flexibility on your premium

Shared Responsibility

An added feature available on Essential Cover is Shared Responsibility. This is an innovative cost-saving option which reduces your premium without reducing your cover.

How it works

Step 1

Choose a **personal annual limit** for each employee.

Step 2

WPA **pay 75%** of all eligible claims up to the personal annual limit.

Step 3

Your employee pays the **remaining 25%**.

Step 4

Once your employee's **25% contributions** reach their **personal annual limit**, WPA will pay **100% of all eligible claims** until the next annual renewal date.

Note at renewal you can increase the Shared Responsibility limit, however you can only reduce it by one level at a time (e.g. from £3,000 to £1,000 or £1,000 to £500). Further information is available from wpa.org.uk/shared or on request.

Important information

What's not covered

As with all health insurance policies, there are certain things that are not covered. These policies specifically exclude the following list which is a summary only. For a full list of exclusions please see 'A Guide to Your Group Policy'. A copy is available from wpa.org.uk/efb or upon request.

- Any medical conditions your employee had when you took out the policy (pre-existing conditions) unless declared to and accepted by WPA
- Chronic conditions (which are any long-term illnesses that lead to long-term monitoring or management)
- Dangerous sports/activities
- Dental problems (unless you choose the Dental Option)
- Fertility problems, pregnancy & childbirth
- Fees charged above "customary & reasonable" rates
- Neonatal treatment
- HIV/AIDS
- Cosmetic surgery (unless you buy NHS Top-Up with the Cosmetic option)
- Care and/or treatment arising from or related to taking part in winter sports holiday (e.g. skiing, snowboarding) scuba diving and motor sports
- Injuries resulting from taking part in professional sports
- mycancerdrugs is not an option you are able to purchase if you have bought Essential Cover
- Wellness & Dental Plans: please note you cannot hold any existing cashplan or dental plan with another insurer after the qualifying period
- NHS cash benefit can only be claimed under either Essential or Wellness in respect of one hospital stay
- Varicose veins for the first 2 years of cover if you join on fully underwritten terms

The small print – a summary

Minimum requirement

A minimum of 3 employees actively involved with the business (not including family members) must be insured under Essential Cover at all times on your company's policy.

Pricing

Our charges are based on our experience of medical claims trends throughout the UK. Premiums therefore vary according to your company's postcode. If your company has a head office in one location and branches or sub-offices

elsewhere, the premium for employees may be calculated on the postcode of the office where they are employed.

Joining

Full medical underwriting allows us to assess the medical information provided on application forms. As a result we may exclude from cover any current condition or one that is likely to reoccur. Therefore, if your company is taking out PMI for the first time, we will ask that all applicants are medically underwritten. If employees already have private medical insurance with another company it may be possible to transfer the current medical underwriting arrangements to WPA.

Your rights

Duration of cover

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

Changing your mind

When you join these policies, you will receive full details of the Benefits & Rules. Of course, we are sure you'll be completely happy with your choice but if, for whatever reason, you are not entirely satisfied you have the right to cancel your policy provided you notify us within 14 days of receiving your policy documents. If you do not exercise this right within the 14 day period then you are committed to the cover and premium for the rest of the cover period. If you wish to cancel during the notice period please write to us or e-mail ebd@wpa.org.uk

Easy to claim

When you have joined these policies, any claims your employees make will be handled by our Enterprise Division who can be contacted directly on 01823 625270 or e-mail ebd@wpa.org.uk

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 compliancemonitoring@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 fscs.org.uk

Join our community

It's easy to join

Simply visit our website where you will find full policy information.

Alternatively phone WPA Direct free, Monday-Friday 8am-6pm or contact your Adviser/Broker directly.



wpa.org.uk

Effective from 1 November 2011

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

wpa.org.uk/efb

WPA Direct: 0800 783 3 783



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 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 2012. 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. 02/12063