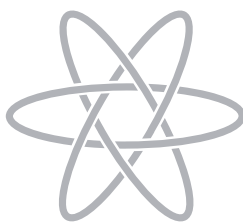


Complete Health



Personal and family health insurance
designed for today's lifestyle





Just health insurance
No distractions

What is health insurance

Health insurance, often called private medical insurance, is designed to cover some or all of the costs of private healthcare. This includes consultations with scans and tests, through to treatment either as an in-patient where you stay overnight in hospital, a day-patient or in an out-patient setting. Having a health insurance policy gives peace of mind that you or a family member will have quicker access to treatment at a time and place that is convenient to you.

Depending on the cover you choose, your premium will cover all or some of the cost of treatment for acute (curable) conditions that develop after your health insurance policy has begun.

In the UK, we benefit from the National Health Service (NHS). But sometimes you want to be more in control, like avoiding long waiting lists for surgery or getting access to cancer treatment. You want the freedom to choose what's best for you. Some health insurers limit where, when and who can treat you. We believe that's wrong. It's your health, so you should be in control.

Why choose WPA?

WPA is a specialist UK not-for-profit health insurer offering award-winning health insurance solutions to individuals, families and companies of all sizes. With a heritage of over 120 years, we've been helping our members since 1901 and, because we're good at it, that's all we do.

Just health insurance. No distractions.



Our members are at the centre of all that we do

Rated highly by our members

When you buy our health insurance, you buy our promise that we'll deliver.

We're currently **rated excellent** on Trustpilot.



Rated 'Excellent' as at 01.08.24

Which? recommended

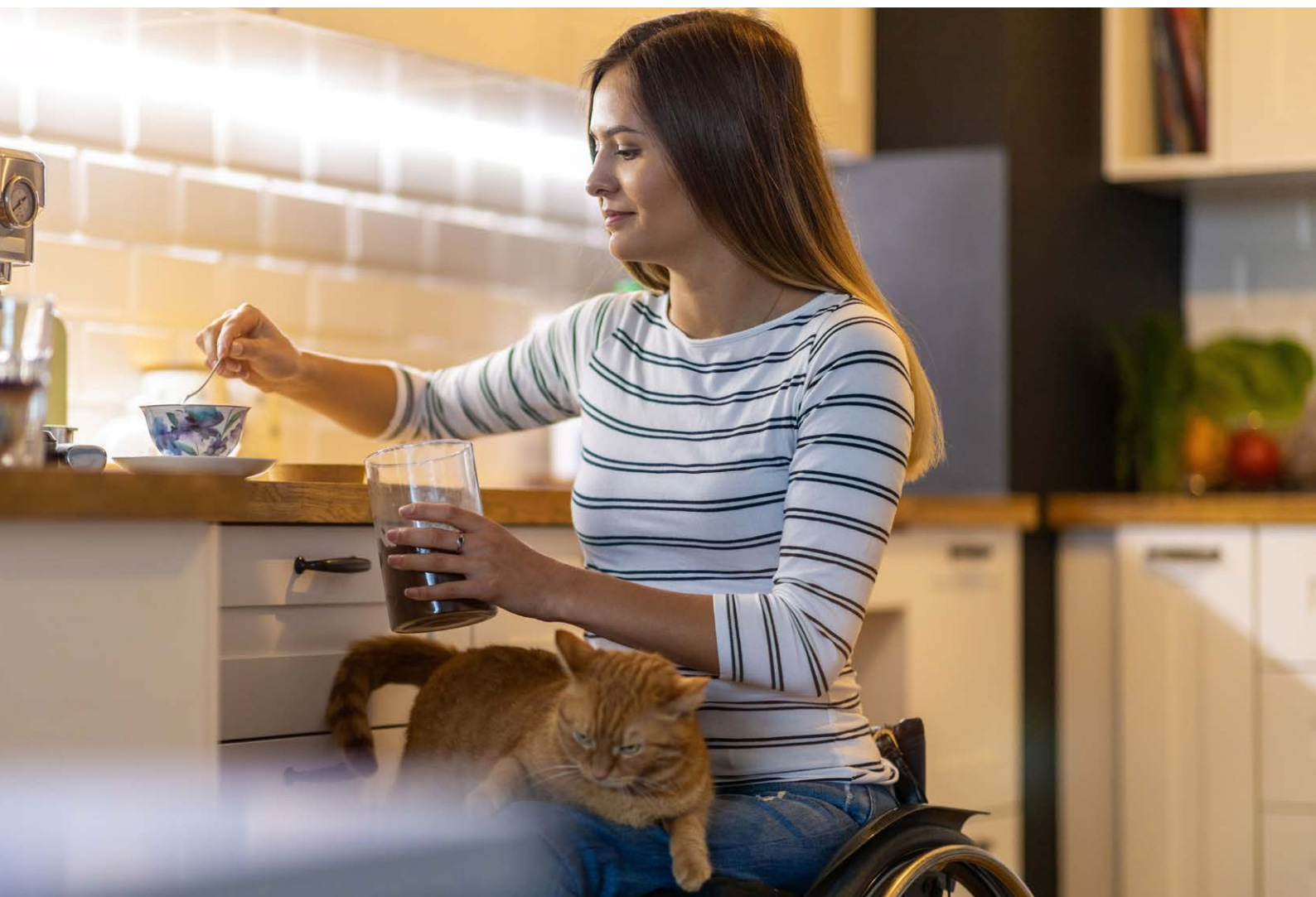
WPA is the Which?
Recommended Provider for
Private Medical Insurance.



Just knowing you are there, and actually talking through things gives you peace of mind

WPA have been very, very, very good to me, and I thank them so much, for their kindness, help & advice

*You are all so lovely at WPA, I recommend you to everyone...
You're all so helpful*



An award-winning UK health insurer

We are not hampered by the demands of shareholders motivated to make a profit, meaning we are free to act differently.

We focus on the service we provide to our members – we offer all of our members a personal commitment to customer service excellence.

On average calls answered in two minutes*

97% of claims authorised*

* WPA data: July 2024

WINNER

FOUR TIMES

Health Insurance Provider of the Year

COVER

CUSTOMER CARE AWARDS 2023

WINNER

Outstanding Use of Technology

THE HEALTH PROTECTION AWARDS 2023

WINNER

Best Group Health Insurance Provider

wpa.org.uk/awards to find out more.

Complete Health provides one of the highest quality offerings on the market. Defaqto is an independent financial information and technology business.

defaqto

PMI (Individual) 2024

EXPERT RATED

WPA has achieved four highly regarded and internationally recognised standards across our company.

We are independently audited by BSI and have been certified to:

- Quality Management : ISO 9001
- Business Continuity Management : ISO 22301
- Environmental Management : ISO 14001
- Information Security Management : ISO 27001

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We offer support in a variety of ways

Health and Wellbeing Benefits

There are times when we could all benefit from some extra help or advice, and the convenience of having access to support from the comfort of our own home is invaluable.

That's why our Complete Health policy includes a range of health and wellbeing benefits – available at a time and a place of your choosing.



Remote GP Services

Access to a GP either by phone or by video. Simply book online at My WPA or via our WPA Health app to set up a GP consultation including the issuing of digital prescriptions to your local pharmacy.



Health & Wellbeing Helpline – 24/7 support

Telephone emotional support covering a variety of different areas, many of which are provided by experts in their particular field. Includes healthy lifestyle, legal matters and financial wellbeing.



Mental Health Support

With one in four people affected by a mental health condition* it is important they feel supported. We can help with early intervention to treatment for complex conditions – see page 14 for more details.

*Mind: June 2020.

This information is published in full at [mind.org.uk](https://www.mind.org.uk)



Health & Wellbeing Hub

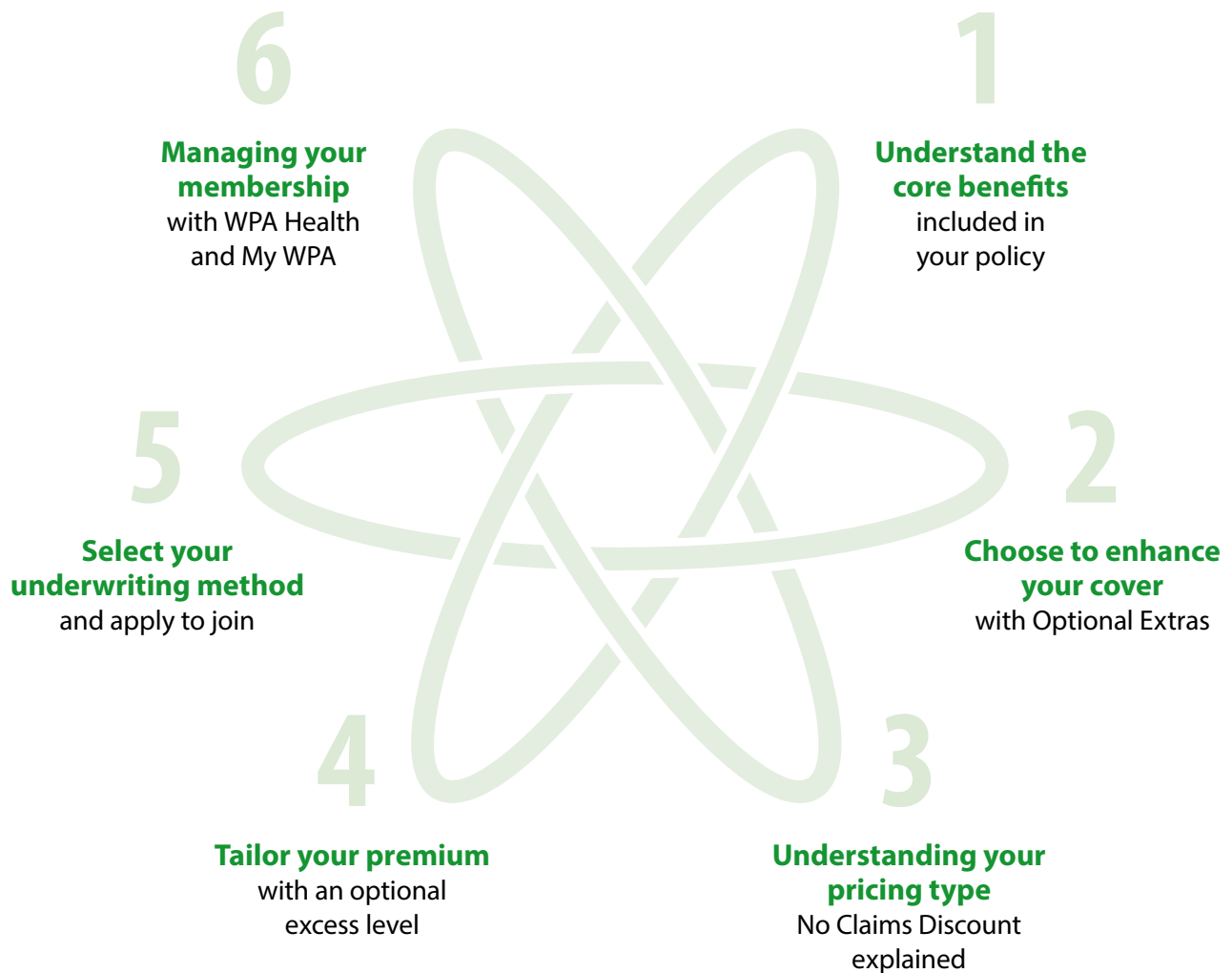
Our Health & Wellbeing hub provides access to a variety of useful and valuable information.

Designed to offer support and guidance it's accessible via our WPA Health app or website. Here you will find a wide range of support.

Complete Health

A tailored and flexible product
for individuals and families

Six steps to setting up your cover







What this policy covers

Core Benefits included in every policy

Access to hospital treatment supported by out-patient benefits which can be enhanced.

- ✓ **Out-patient Treatment**
A range of out-patient treatment
- ✓ **Hospital Treatment**
In-patient and day-patient treatment
- ✓ **Health and Wellbeing Benefits**
A range of health and wellbeing benefits
- ✓ **NHS Hospital Cash Benefit**
Cash benefit for NHS day-patient, in-patient and out-patient treatment
- ✓ **Further Benefits**

➤ *See page 10 for details of the core benefits*

Optional Extras choose to enhance your cover

Optional Extras provide even more flexibility to tailor your health insurance policy benefits.

- [] **Cancer Care**
➤ *See page 12*
- [] **Extra Out-patient Consultations**
➤ *See page 13*
- [] **Out-patient Tests**
➤ *See page 13*
- [] **Therapy**
➤ *See page 13*
- [] **Mental Health Treatment**
➤ *See page 14*
- [] **Overseas Emergency Treatment**
➤ *See page 15*
- [] **Winter Sports – UK Treatment**
➤ *See page 15*
- [] **Cash Extras**
➤ *See page 15*
- [] **Dental Care
(Dental Emergencies & Dental Injuries)**
➤ *See page 15*
- [] **Premium Hospitals**
➤ *See page 15*

Core Benefits included in every policy



Out-patient Treatment

Typically, your treatment will start with a specialist consultation. Core cover contributes £250 per year towards these costs.

Complex scans such as MRI/CT/PET scans are included, plus procedures carried out by your specialist on an out-patient basis.

- ✓ **£250 Consultations** – enhance with the Out-patient Consultations Optional Extra
- ✓ **Complex Scans**
- ✓ **Out-patient Procedures**
- ✓ **Pre-admission Tests**

You can increase your out-patient treatment benefit to include cover for out-patient tests such as blood tests, x-rays and ultrasound scans. ➔ [See page 13](#)



Hospital Treatment

- ✓ **Hospital stays**

Cover should you need to stay in hospital as a day-patient or overnight as an in-patient.



Health and Wellbeing Benefits

- ✓ **Remote GP Services**
- ✓ **Health & Wellbeing Helpline**
- ✓ **Counselling** for you and your family members over 16



NHS Hospital Cash Benefit (non-cancer)

If you choose to be treated in an NHS hospital instead of as a private patient, you may claim a cash benefit.

An annual benefit limit of £4,500 applies to the following benefits:

- ✓ **NHS day-patient/in-patient (less than three nights)** £150 per day/night
- ✓ **NHS in-patient (three or more nights)** £200 per night
- ✓ **NHS out-patient complex scans and NHS out-patient procedures** £150 per day

Further Benefits

The following additional benefits are included with every policy:

- ✓ **Nursing at Home** – up to four weeks
- ✓ **Private Ambulance Transport**
- ✓ **Parent and Child** – up to 10 nights
- ✓ **Out of Pocket Expenses** – £10 per day
- ✓ **Hospice Donation** – £70 per night, up to £700



Optional Extras

The Optional Extras have been designed to offer a highly flexible policy that can be built to suit each individual's personal needs and circumstances.

Each Optional Extra can be added separately, or you can choose to add them all if you wish.





Cancer Care



We recognise that cancer care is an important consideration when buying a private healthcare policy. If you get cancer, we will support you from diagnosis through to treatment.



[] Cancer Care

Our aim with this Optional Extra is to provide easy and prompt access to a diagnosis, followed by full and comprehensive cover for medical treatment.

You and your family can have confidence that you are in excellent hands if you are diagnosed with cancer.

- | | |
|--|--|
| <ul style="list-style-type: none">✓ No financial caps
Benefit for all tests and treatments, from initial diagnosis through to palliative treatment.✓ Unlimited follow-up care
No time limit to our support for follow-up scans and consultations.✓ Personalised support
All cancer claims are overseen by our team of specially trained Case Managers and our Medical Advisors. | <p>NHS Hospital Cash Benefit (cancer treatment)
An annual benefit limit of £6,000 applies to the following benefits:</p> <ul style="list-style-type: none">✓ NHS day-patient/in-patient
£200 per day/night✓ NHS out-patient treatment
£150 per day |
|--|--|



Out-patient enhanced options



If you have an appointment in a hospital or clinic, but do not need to stay overnight or occupy a bed, it means you're being treated as an out-patient. You may be having an appointment (a consultation or therapy session) and/or tests to reach a diagnosis.



[] Consultations

Increase the £250 core benefit to:

£500, £1,000 or unlimited.



[] Tests

Benefit for tests such as blood tests, x-rays and ultrasound scans. Choose from:

£500, £750, £1,000, £1,500 or unlimited.



[] Therapy

A range of therapy treatment including physiotherapy, chiropractic, homeopathy and acupuncture is available with a choice of benefit limits:

£500, £750, £1,000, £1,500 or unlimited.

Within your chosen limit, you can self-refer for up to four sessions of physiotherapy, chiropractic and osteopathy treatment.

Physio Pathway

Rapid access for up to five face to face or remote physiotherapy sessions through the WPA Physio Pathway Provider. Sessions do not require a referral and will not be deducted from the therapy annual benefit limit. After your initial triage appointment, you will have access to an app where you can book subsequent sessions and take advantage of the exercises available.



Mental Health Care



Looking after your mind is an important part of your overall wellbeing. Mental health is about how you are feeling and how well you are coping.



Core Benefits

We recognise the importance of mental health. Within your core benefits, your policy provides support in the following ways:

- ✓ Access to a 24/7 health & wellbeing telephone helpline.
- ✓ A wealth of information in our health & wellbeing hub – available online or through our app.
- ✓ Based on clinical assessment, a brief course of structured therapy counselling (up to six sessions).



[] Mental Health Treatment Optional Extras

[] Mental Health Hospital Treatment

Up to 28 days/nights.

If you add this benefit you must also choose a level of out-patient treatment and therapy below.

[] Out-patient Treatment and Therapy

Choose from:
£1,000 or £2,500.

[] Structured Counselling (Extended Therapy)

Allowing for the treatment of more complex health conditions (up to 20 sessions). Available for over 16s only.



Further Optional Extras



[] Overseas Emergency Treatment

Excludes the USA & its dependencies and winter sports resorts. Choose from:

Up to 35 days per trip

(maximum of 180 days and £250,000).

Up to 70 days per trip

(maximum of 180 days and £500,000).

[] Winter Sports – UK Treatment

Should you have an injury whilst in a winter sports resort, this Optional Extra provides benefit, from your existing benefits, for treatment on your return.

Please note: you are not covered for treatment costs whilst abroad.

[] Cash Extras

Choose from two levels of cover:

	Level 1	Level 2
General Dental Treatment	£200	£400
Optical Treatment	£150	£250
Health Screening	£200	£400
Audiology	£100	£200

[] Dental Care

Dental Emergencies

£250 per course of treatment in the UK or abroad (up to four courses).

Dental Injuries

£20,000.

- ➔ Dental injuries will be refunded up to the maximum amounts listed in our Dental Schedule, available online at: wpa.org.uk/dentalfees



[] Premium Hospitals

We provide an extensive choice of hospitals as standard, including large private hospital groups, independent private hospitals and clinics, and private wings of NHS hospitals.

You can extend your choice of over 1,000 hospitals, clinics and scanning centres across the UK by including the Premium Hospitals Optional Extra.

The following hospitals are **not** included, unless you choose to add this Optional Extra.

For the most up-to-date list please visit: wpa.org.uk/

BUPA Cromwell Hospital 30 Devonshire Street	London Bridge Hospital at Guy's and St. Thomas'
Harley Street at Queen's (Romford, Essex)	London Clinic
Harley Street at UCH	Portland Hospital
Harley Street Clinic	Princess Grace Hospital
Kingston Hospital (Surrey)	Royal Marsden Hospital (London and Surrey)
Lister Hospital	The National Hospital for Neurology and Neurosurgery
LOC at Chelsea (Sydney Street)	University College London
LOC – Leaders in Oncology Care	Wellington Hospital
London Bridge Hospital	

These hospitals are primarily located in and around London. As specialist centres (e.g. for cancer treatment) many patients are referred to these sites for treatment regardless of where they live. In addition, certain specialists only work out of these hospitals.

Please note that any treatment (including scans, tests, procedures etc.) recommended by your Specialist at a Premium Hospital, will not be covered unless this Optional Extra is selected.



Important information to help
you tailor your policy

Choices to make before you join

The following pages contain key information to help you tailor your policy.



Who can buy this policy

To join, you must have lived in the UK and been registered with an NHS GP for at least six months.

To remain on the policy, you must reside in the UK for at least six months of the year and remain registered with an NHS GP.

Are you aged 66 and over?

When you join, the following will apply:

- You must take a minimum excess of £500.
➤ [See page 19](#)
- You will need to join on a Full Medical Underwriting (FMU) basis.
➤ [See page 20](#)
- If choosing the **Cancer Care Optional Extra**, targeted cancer therapy drugs will only be covered if they are not available on the NHS.

How your policy is priced

There are a number of factors that will affect the cost of your policy now and in the future such as your age, your method of underwriting, where you live and inflation.

Other factors will include:

- Your position on the No Claims Discount ladder.
➤ [See page 18](#)
- Your level of excess.
➤ [See page 19](#)
- Your selection of benefit limits and Optional Extras.



No Claims Discount

Each person has their own No Claims Discount level. The table opposite shows the discount that is applied.

A No Claims Discount, whether you claim or not, has a direct impact on your premiums.

Your quote and Certificate of Insurance will show the level of No Claims Discount that applies.

Level	Discount
14	70%
13	67%
12	64%
11	61%
10	58%
9	54%
8	50%
7	45%
6	40%
5	35%
4	28%
3	21%
2	15%
1	6%
0	0%

What won't affect your No Claims Discount

The following benefits are not included when calculating your No Claims Discount level. Therefore, you are able to claim for these benefits without it affecting your premiums.

- Health and Wellbeing benefits (excluding the Extended Therapy Structured Counselling benefit)
- NHS Hospital Cash Benefit
- Physio Pathway
- Hospice Donation
- Dental Emergencies (part of the Dental Care Optional Extra)
- Cash Extras Optional Extra

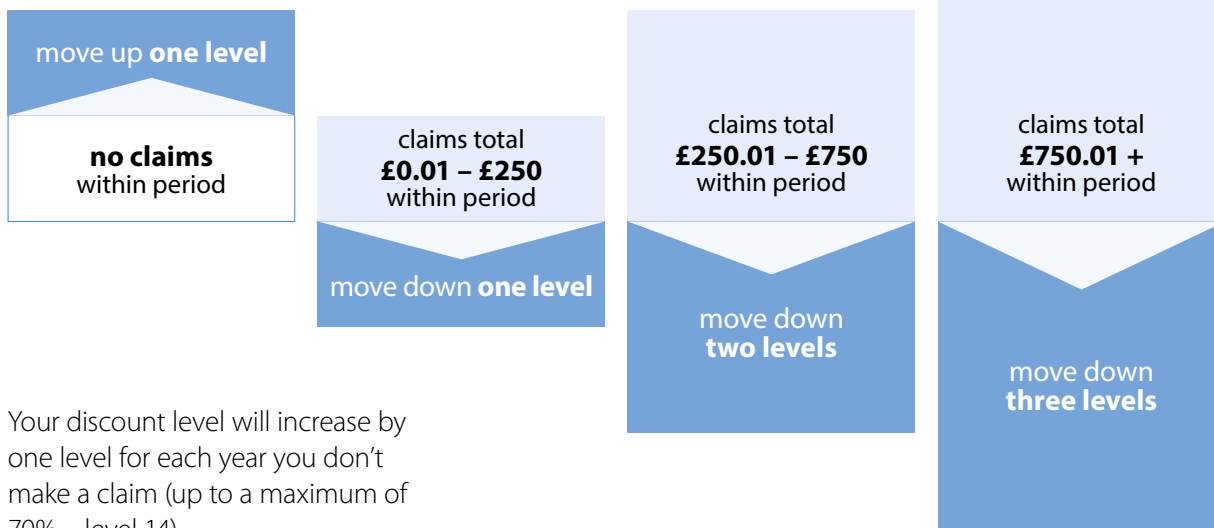
In addition, any excess amount that you have paid will not affect your No Claims Discount.

How claiming affects your No Claims Discount

The chart below details how claims that are made affect your No Claims Discount level.

During your first year, claims approved for payment within the first nine months will affect your No Claims Discount. In future years, the period will typically run from the last three months of your previous policy year and the first nine months of your current policy year.

For our **videos** please visit:
wpa.org.uk/completehealth



Your discount level will increase by one level for each year you don't make a claim (up to a maximum of 70% – level 14).



Excess

How does it work?

An excess is the amount you have to pay towards the cost of your eligible treatment before we contribute to your treatment costs. Once your excess has been paid, we will provide benefit for your eligible treatment costs for the remainder of that policy year within your benefit limits.

You can choose different excess levels per family member – these are then applied per person, per policy year and not per claim.

Choosing to include an excess makes your insurance premiums cheaper, as you'll be paying some of the claim costs yourself.

Make sure you choose an excess that's within budget as if you need to make a claim, having an excess is only worth doing if you can afford to pay it.

Example

In this example the excess level is set at £250, per person per policy year.

£0

£100

£250

£500

Order of treatment	Claimed amount	You pay	WPA pay
Specialist consultation	£200	£200	£0
Physiotherapy	£150	£50	£100
You have now reached your excess level			
Osteopathy	£150	£0	£150
Total	£500	£250	£250

Please note that the example is for indicative purposes only. It is based upon the assumption that the Optional Extras or level of cover chosen provides benefit for the types of treatment illustrated.



Key note

What benefits don't apply to an excess

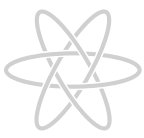
You do not have to pay your excess on the following benefits:

- Structured Counselling benefits;
- NHS Hospital Cash Benefit;
- Physio Pathway (part of the Therapy Optional Extra);
- Out of Pocket Expenses;
- Hospice Donation;
- Wigs (part of the Cancer Care Optional Extra);
- Cash Extras Optional Extra; and
- Dental Emergencies (part of the Dental Care Optional Extra).



For our **video** please visit: wpa.org.uk/completehealth





Across the next two pages we talk about pre-existing conditions. To find out what this means see page 23.

Underwriting explained

Now you have selected your benefits you are ready to apply. The final decision is to choose your method of underwriting. Underwriting is the way health insurers use someone's personal and health information to decide what cover they can offer.

Are you currently insured?

Yes

No

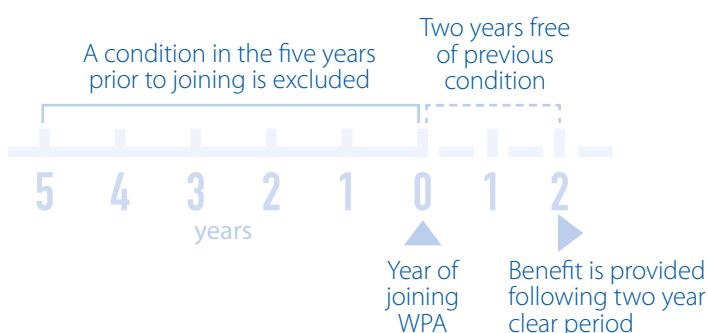
Moratorium Underwriting

I would prefer not to provide medical information and understand I will need to provide more detailed information when claiming

You do not have to provide medical history details on your application. We may request further information to assess the eligibility of a claim. Where we request further information, we will be unable to confirm any authorisation of your claim and any treatment until this is received.

Benefit will not be provided for at least two years, for any pre-existing condition(s) that occurred in the five years before your membership starts.

If after two continuous years you have not had any symptoms, treatment, medication or advice, benefit for pre-existing conditions may be covered.



Benefit is not provided for pre-existing long-term medical conditions (and related conditions), which are likely to need regular or periodic treatment, medication or advice. This is because the moratorium period starts each time you receive such treatment, so it's unlikely you'll ever have two consecutive years free of symptoms and/or treatment.

Examples include: Diabetes, Uncontrolled Hypertension, Fibromyalgia, Multiple Sclerosis.

Full Medical Underwriting (FMU)

I would prefer to have greater certainty and clarity of any conditions which may not be covered

You will be asked a number of questions to help us understand your medical and family history.

It is essential that you give us all the information we ask for, even if you have symptoms that have not been diagnosed. If you are unsure whether you should mention a condition or symptom (including those undiagnosed) please contact us.

Although FMU is more detailed, it means that you will have certainty and clarity of what condition(s) and symptom(s) will not be covered.

Our underwriters review the information you provide and, for example, determine whether you have a greater than average risk of requiring treatment for any condition. Such conditions have underwriting terms applied to them, which we refer to as personal exclusions. These personal exclusions are recorded on your Certificate of Insurance.



Key note

Your chosen underwriting option

The underwriting option that's best for you will depend on your circumstances and needs. There is a direct correlation between risk and underwriting option, meaning the underwriting you choose is likely to influence the future renewal premiums of your policy.

Each underwriting option is explained in more detail below.

Remember, you can apply to join with either FMU or Moratorium even if you are currently insured – these underwriting options may provide a lower entry premium level than switch underwriting.

Switch/Continued Moratorium

My current underwriting is
Moratorium/Continued Moratorium

Switch/Continued Personal Medical Exclusions (CPME)

My current underwriting is FMU/CPME

These options are available if there has been continuous cover from your current or previous insurer(s). We need your Certificate of Insurance (or equivalent) from your existing insurer detailing any personal exclusions/moratorium periods that have been applied, together with confirmation of your existing underwriting terms. You will also need to answer a few questions about your medical history on the application and, occasionally, it may be necessary to apply additional personal exclusions. We will let you know in advance if any new personal exclusions apply.

If you were previously underwritten on a moratorium basis you may join WPA on Continued Moratorium terms and keep the underwriting dates of your existing moratorium. This option is not available for existing insurance that is on a 'Fixed Moratorium'. Please contact us if you are unsure if you meet our criteria.

Your previous moratorium period will apply to your new membership with us. This means that you will not be able to claim for any conditions that existed before your initial moratorium underwriting date with your previous insurer. If you have met the 'symptom, treatment, medical and advice free' moratorium period as shown on your previous Certificate of Insurance (or equivalent) these conditions may be covered.

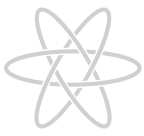
Benefit is not provided for pre-existing long-term medical conditions (and related conditions) which are likely to need regular or periodic treatment, medication or advice. This is because the moratorium period starts each time you receive such treatment, so it's unlikely you'll ever have two consecutive years free of symptoms and/or treatment.

A member can transfer from another insurer under a 'Continued Personal Medical Exclusions' (CPME) basis, provided you have completed Full Medical Underwriting (FMU) and have maintained continuous insurance cover on an FMU or CPME basis since then.

We will carry over any personal exclusions from your current insurance plan. Sometimes, we may need to add extra personal exclusions based on information requested during the application process.



For our **videos** please visit:
wpa.org.uk/help/what-is-underwriting



Supporting our members

WPA Health and My WPA

Manage your membership on the go with the WPA Health app or through My WPA.

It's easy to manage your membership and any ongoing claims.

Features include

- ✓ Submit your claim and get an instant response
- ✓ Track your submitted claims and remaining benefit limits
- ✓ Send and receive secure messages
- ✓ View your WPA membership documents
- ✓ Book a remote GP appointment
- ✓ Explore our health & wellbeing resource library

▶ The WPA Health app is available on:



To view the app in action please visit:
wpa.org.uk/help/wpa-health-app

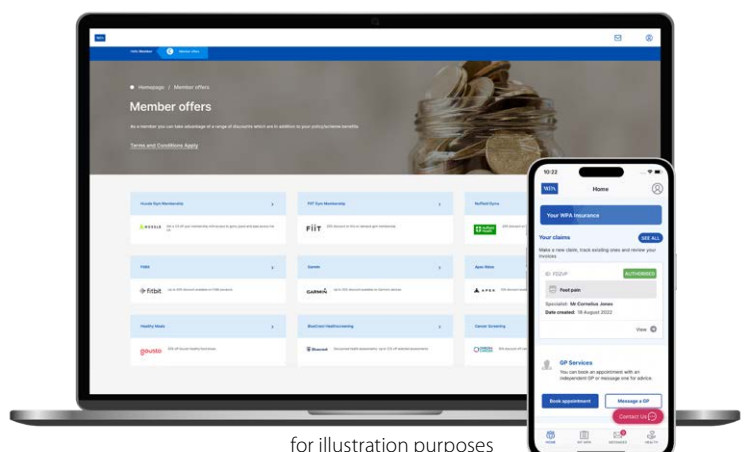
Making the most of your membership

We've teamed-up with a select range of organisations to provide you with enhanced health, wellbeing and lifestyle special offers which are in addition to your policy benefits.

Offers include

- ✓ Gym membership discounts
- ✓ Optical discounts
- ✓ Health screening and assessment discounts

You will be able to access all the offers within the WPA Health app or through My WPA once you have joined.



for illustration purposes

Terms & conditions

Joining terms

Where can I find the full terms & conditions?

There is some important information we need to draw to your attention so that you can make an informed decision that best matches your needs.

Full terms and conditions are contained in 'A Guide to Your Policy' which is available on request.

It is important to understand that health insurance is not designed to be a replacement for the NHS, but rather to complement it.

What is a pre-existing condition?

Depending on your choice of underwriting, pre-existing conditions may not be covered. Pre-existing conditions are defined as any condition, disease, illness or injury whether symptomatic or not. This includes:

- Anything for which you have received medication, advice or treatment; or
- Where you have experienced symptoms, whether the condition has been diagnosed or not, before the start of your cover; or
- Any symptom(s) or condition(s), whether diagnosed or not, which occur in the first 14 days of cover, unless agreed and accepted in writing by us in advance.

Can I claim straight away?

WPA's individual health insurance policies have a deferment period. A deferment period is a period during which your policy is in force but no benefit is payable. Following the end of a deferment period, you are covered for the eligible treatment of any symptom or condition. Although, if the symptom or condition arose, whether diagnosed or not, within the deferment period these conditions will not be covered.

A 14 day deferment period applies to any symptom(s) or condition(s), whether diagnosed or not, which happen within the first 14 days of the policy commencing. We may accept these conditions if they are declared to us.

If your current health insurance has an equivalent level of cover we may be able to waive the 14 day deferment period, providing there is no break in insurance, but only if confirmed by us in writing to you.

Deferment periods do not apply to the Cash Extras benefits.

We may request further information to assess the eligibility of a claim. Where we request further information, we will be unable to confirm any authorisation of the claim and any treatment until this is received.

Upgrading your cover

You will need to complete an Application Form if you add a Mental Health Treatment Optional Extra, or the Cancer Care Optional Extra, at a future renewal date. We will ask you about your medical history for mental health and/or cancer conditions and personal exclusions/additional personal exclusions may be applied to your policy.

What's not covered

The following list is not exhaustive and you should read the Guide for a full list.

- ⊗ Any long-term monitoring, management or treatment of incurable, prolonged or lifelong condition(s) (chronic conditions).
- ⊗ Dental problems (except limited benefit if the Dental Care Optional Extra and/or Cash Extras Optional Extra has been included).
- ⊗ Pregnancy, fertility problems, assisted conception, contraception, sterilisation and childbirth.
- ⊗ HIV/AIDS.
- ⊗ Cosmetic/aesthetic treatment unless needed as a direct result of an accident or injury when this forms part of an eligible claim that we have provided benefit for.
- ⊗ Allergic conditions.
- ⊗ Varicose veins for the first two years of joining (if joining on a Full Medical Underwriting or Moratorium Underwriting basis).
- ⊗ Any condition contracted, injury sustained, or treatment required:
 - As a direct or indirect result of taking part or participating in a dangerous activity, which includes:
 - Winter sports of any kind; or
 - Scuba diving; or
 - Motor sports.
 - When overseas on a winter sports holiday or whilst staying in a winter sports resort; or
 - When you return home having sustained an injury on a winter sports holiday/at a winter sports resort. Where the Winter Sports – UK Treatment Optional Extra is included, we will provide benefit on your return.

- ⊗ Treatment for unborn babies/foetuses/embryos. Any birth defect or congenital abnormality whether identified at/or within the first 90 days of birth or prior to joining the policy.
- ⊗ Any claim that has not been pre-authorised.
- ⊗ Any cash benefit claims submitted more than six months after treatment took place.
- ⊗ Treatment outside the UK except where the Overseas Emergency Treatment Optional Extra is added.

Overseas Emergency Treatment excludes:

- ⊗ Travel to the USA and its dependencies.
- ⊗ Conditions (and any related conditions) that require current treatment in the UK or for which you have undergone treatment in the six months prior to travel.
- ⊗ Any treatment needed whilst overseas, for or related to an infectious disease, condition or virus which has been deemed an epidemic or pandemic by the World Health Organisation e.g. COVID-19; SARS or Zika virus.

Cancer Care Optional Extra:

- ⊗ At the point of joining, if you are aged 66 and over and have included the Cancer Care Optional Extra, we consider drugs on the NHS Cancer Drugs Fund to be available on the NHS, therefore any drugs on this fund are not available privately. We will not pay for drugs which can be prescribed by your GP.

Your rights

How long does my policy last?

The policy is an annual contract of insurance. We will send the policyholder renewal terms, including any changes to the policy for the forthcoming year, before the contract expires.

The policy will renew on the annual renewal date unless you cancel it.

Any changes to the policy may only be made at renewal.

Applicable law, jurisdiction and language

Your policy is governed by the laws of England and Wales. The language used in the terms and conditions and any communications relating to them will be in English.

In the event of any dispute, the policy is the subject of the exclusive jurisdiction of the Courts of England and Wales.

Cancelling your policy

We are sure that you will be happy with the policy you have chosen and the benefits that it provides. However, if you change your mind and wish to cancel you may do so provided you have not made any claims and you contact us within 30 days of the issue date on your Certificate of Insurance (the notice period).

If you do not exercise the right to cancel within the notice period you may cancel at a later date but will not be entitled to a full refund of premium. You may, however, be entitled to a partial refund of premium.

If you wish to cancel your policy, you can do so by notifying our customer service department in writing at: WPA, Private Client Division, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. You can also call us on 01823 625230 or email: pcd@wpa.org.uk

Cancelling existing insurance

Please thoroughly check all WPA documentation before cancelling any other health insurance product or policy you may already have. It is important that you understand the WPA policy, the benefits you have chosen, and that the WPA policy meets your needs.

Why WPA may cancel your policy

We reserve the right to terminate or cancel all or part of the policy, or to void the policy, and may not pay claims you have made.

We may at any time terminate (and/or void) or change the terms and conditions of your policy or stop providing benefits under your policy if at any time you:

- Act dishonestly or fraudulently in relation to your policy and us (including without limitation as to the deployment and/or existence of any fraudulent devices or means whatsoever); or
- Recklessly or negligently mislead us, either intentionally or carelessly including giving us incorrect information or not disclosing information that might influence whether we accept you as a WPA customer, and if so on what terms, including but not limited as to premium, or agree to pay a claim or any part of it; or

- You make or try to make a fraudulent claim under your policy; or
- You are abusive or threatening towards our staff; or
- You do not comply with the terms and conditions of your Policy.

In any of these circumstances you must return any benefit we have paid and we will not refund any part of the premium. The Policy will automatically be void or terminated and no claims will be paid if:

- You fail to pay any part of the premium when due; or
- You leave the UK to live elsewhere for over six months or you live outside the UK for more than six months in any year.

Important Information

Your treatment provider's fees

When you receive treatment, a contract is formed between you and the provider, be that a hospital, Specialist, or a Therapist. A contract does not exist between us and your treatment provider.

We publish a Fee Schedule which sets out the maximum amount we will reimburse for any consultation with a Specialist or for a procedure. Our Fee Schedule may be viewed at any time at: wpa.org.uk/guidelines.

Our fee reimbursement levels are set by us to reflect what we consider to be customary and reasonable by means of our continuing dialogue with the medical profession.

If you decide to proceed with the treatment, then it is your responsibility to settle the difference. We refer to this as a shortfall.

How to make a complaint

If you are unhappy and want to make a complaint you should contact us on 01823 625230 or by emailing pcd@wpa.org.uk and detailing your complaint. Your complaint will then be escalated to an appropriate line manager to deal with.

The appropriate line manager will investigate the complaint and following the conclusion of the investigation issue you with a response. This process is overseen by our Head of Complaints.

If you are not totally satisfied, we encourage you to appeal to the Financial Ombudsman Service (FOS).

FOS address

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Website

www.financial-ombudsman.org.uk

Email

complaint.info@financial-ombudsman.org.uk

Consumer helpline

Open 8am-8pm Monday to Friday and 9am-1pm Saturday:

0800 023 4567 (*calls to this number are free on mobile phones and landlines*)

0300 123 9 123 (*calls to this number cost no more than calls to 01 or 02 numbers*)

Financial Services Compensation Scheme (FSCS)

FSCS is the UK's compensation fund of last resort for customers of authorised financial services firms including insurers. FSCS may pay compensation if an insurer is unable, or is not likely to be able, to pay claims.

For more information please visit: www.fscs.org.uk

How to make a claim

Once you have joined, all claims must be pre-authorised before commencing any treatment. For authorisation of claims please use the WPA Health app, visit My WPA or contact us on 01823 625230. Lines are open Monday to Friday 8am-7pm and Saturday 9am-12pm. National call rates apply.

We're here to help you choose

**Talk to our experts and find
out more**

01823 625050

**wpa.org.uk/
completehealth**

**To find out more about WPA visit:
wpa.org.uk/about**



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Effective from 1 September 2024

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