Flexible Health Premier

A Guide to Your Policy

Effective from 1 January 2022

Cancellation Rights – If *you* change *your* mind

We are sure that ***you*** will be happy with the WPA ***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 – please see Section 7 (Important Information) for further details.

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 what the WPA ***Policy you*** have chosen provides for, that it has the ***benefits you*** require and that the WPA ***Policy*** meets ***your*** needs.

Information Provided

You have been accepted to join WPA based on the information ***you*** provided when ***you*** completed the ***Application Form***; if ***your*** circumstances have changed since completing the ***Application Form*** it is important that ***you*** contact ***us*** to let ***us*** know. ***We*** reserve the right to end and/or amend ***your Policy*** at any time should it transpire that ***you*** have not disclosed to ***us*** information and/or informed ***us*** of a change of circumstance that ***you*** ought to have done.

! Very Important Information

As with all types of insurance there are exclusions which are applicable generally and apply to every ***benefit*** within this ***Guide***. ***Our*** general exclusions can be found in Section 6 (What is Not Covered).

When using this *Guide* there are a number of things to remember:

- ***You*** must refer to ***your Benefit Schedule*** and ***Certificate of Insurance*** for ***your*** level of ***benefit*** and ***your Optional Extras***. This ***Guide*** contains the details of ***benefits*** which may not be included under ***your Policy***.
- When ***we*** refer to "pay for" or "provide ***benefit***" this is always to a level ***we*** consider to be a ***customary and reasonable cost***.
- When ***we*** refer to ***Specialist*** or ***Therapist we*** mean a ***Specialist*** or ***Therapist we*** recognise.
- When ***we*** refer to ***hospital we*** mean a ***hospital*** on ***our*** list of recognised ***hospitals*** and in accordance with ***your*** chosen ***hospital*** option.
- ***Your*** proposed ***treatment*** must be in accordance with what ***we*** recognise as current medical practice and ***we*** call this ***established treatment***.
- Any direct or indirect reference to a European body or provision may be superseded by a relevant ***UK*** body or provision.

Your Guide to *your* Health Insurance

Thank ***you*** for choosing health insurance from WPA

References in this ***Guide*** to "***you***" or "***your***" are references to both ***you*** as the ***Policyholder*** and any ***Family Member(s)*** insured under ***your Policy***, and included on ***your Certificate of Insurance***. References to "***us***", "***we***" or "***our***" are to WPA. All words and phrases with a defined meaning are shown in bold and italics, ***we*** suggest that ***you*** take a moment to review Section 8 (Definitions) of this ***Guide***.

This ***Guide*** is important. It should be read in conjunction with ***your Benefit Schedule*** and ***your Certificate of Insurance*** which, along with this ***Guide***, explains ***your*** and ***our*** respective rights and obligations and sets out the terms and conditions of ***your*** health insurance ***Policy***. ***Your Certificate of Insurance*** is personal to ***you*** and details the ***benefit*** limits chosen and any ***personal exclusions*** applicable. If ***your Certificate of Insurance*** contains anything unusual or unexpected please contact ***us*** as soon as possible.

Please keep this ***Guide***, ***your Benefit Schedule*** and ***your Certificate of Insurance*** safe, ***you*** may need to refer to them should ***you*** need to make a ***claim***. If ***you*** need a replacement document or have any other questions at all about ***your*** health insurance please do not hesitate to contact ***us***.

Contacting ***Us***

Email:
pcd@wpa.org.uk

Website and Live Chat:
wpa.org.uk/secure where ***you*** may register to view the details of and administer ***your Policy*** and ***claims***. Live chat functionality is also available within this area.

WPA Health app:
To make a ***claim*** online using ***our*** smartphone app please visit the App Store for iPhone or Google Play for Android and download ***our*** WPA Health app. Please note that the app cannot be used to make administrative changes.

Telephone:
01823 625230 where ***our*** staff will be happy to assist (***you*** can check ***our*** real time call waiting at wpa.org.uk/contact).

0345 122 3100 if ***you*** need to make a ***claim***.

Our calls are recorded for training and monitoring purposes and to ensure an accurate record of discussions.

Post:
Private Client Division, WPA, Rivergate House, Blackbrook Park, Taunton, TA1 2PE.

If ***you*** would like this ***Guide***, ***your Benefit Schedule***, ***your Certificate of Insurance*** or any other document issued by WPA in an alternative format, please contact ***us*** and ***we*** will be happy to assist.

Contents

1. *Your Policy*

The insured event is *your eligible treatment*, not *your* condition.

1.1 Purpose of *your Policy*

The purpose of ***your Policy*** is to indemnify ***you*** for the ***customary and reasonable cost*** of elective, short-term, ***eligible treatment*** for ***acute conditions***. ***Your eligible treatment*** must be ***established treatment*** and provided with ***curative intent***.

Your Policy only covers ***treatment*** in the ***UK*** except where the Overseas Emergency ***Treatment Benefit*** applies – see Section 5.2 (Overseas Emergency ***Treatment***).

Your Policy does not cover the long-term monitoring, management or ***treatment*** of incurable, prolonged or lifelong conditions.

Your Policy covers ***eligible treatment*** as it occurs and only whilst ***your Policy*** remains in force.

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

1.2 How *your* Health Insurance Works

Your Policy is an annual contract of insurance. When ***you*** receive private medical ***treatment***, a contract is formed between ***you*** as the patient and ***your treatment*** provider, be that the ***Specialist***, ***Therapist*** or ***hospital***.

A contract does not exist between ***us*** and ***your treatment*** provider. If payment is made directly to ***your treatment*** provider, it is made on ***your*** behalf.

1.3 How to use this *Guide*

This ***Guide*** details what is and is not covered by ***your Policy***. The ***benefits*** are illustrated as follows:

This ***benefit*** is eligible subject to the terms and conditions of ***your Policy.***

This ***benefit*** is not eligible under ***your Policy.***

This ***benefit*** is an ***Optional Extra*** available to enhance ***your Policy***.

Very important information.

Benefits should not be read in isolation and are subject to the terms and conditions contained in this ***Guide***, ***your Certificate of Insurance*** and ***your Benefit Schedule***.

1.4 Level of Cover

Your chosen level of cover and ***benefit*** options are detailed on ***your Benefit Schedule*** and ***your Certificate of Insurance*** along with any applicable ***personal exclusions***.

Only the ***Policyholder*** at renewal may add or remove ***benefits*** to tailor ***your Policy***. The ***Policyholder*** may choose different ***benefit*** options for each insured ***family member***.

If ***you*** upgrade ***your Policy*** to include the Mental Health ***Optional Extra*** at a future ***renewal date***, a Supplementary Questionnaire will be required and ***personal exclusions***/additional ***personal exclusions*** may be applied.

1.5 Shared Responsibility® (co-payment)

Shared Responsibility is a method of co-payment or deductible allowing ***you*** to take control of the cost of ***your*** premium, ensuring that ***you*** receive the best value for money from ***your Policy***. All eligible ***claims*** are paid subject to ***your*** chosen Shared Responsibility level. For further details please see Section 3.5 (Shared Responsibility).

Only the ***Policyholder***, at the annual renewal of the ***Policy***, can amend the level of Shared Responsibility. A reduction to a lower Shared Responsibility level, from that which is in place immediately prior to the annual renewal, is only permitted to be made by one level at the annual renewal.

Any changes may only be made by the ***Policyholder*** and cannot be backdated.

1.6 Self-employed or a Member of a Profession

Self-employed individuals and members of certain professions can qualify for a discounted premium. The qualifying criteria is available on request or at wpa.org.uk/qualify

We reserve the right to request satisfactory evidence of ***your*** employment status. ***You*** must notify ***us*** immediately if there is a change in ***your*** employment status as failure to do so will render the ***Policy*** void.

2. Types of Care and *Treatment*

***Your Policy* only provides *benefit* for what *we* consider to be *established treatment*.**

2.1 *NHS* and Private *Treatment*

Your Policy works alongside available ***NHS treatment*** and does not replace it. In an emergency, the ***NHS*** is best equipped to provide ***treatment***. ***Your Policy*** enables ***you*** to obtain private ***eligible treatment*** where ***you*** prefer. This is valuable where there is any delay receiving ***NHS treatment***.

If ***you*** opt to have ***NHS treatment*** where no charge is made, ***you*** may be eligible to ***claim*** the ***NHS Hospital*** Cash ***Benefit***.

All providers of private healthcare in the United Kingdom are required by law to submit data to the Private Healthcare Information Network (PHIN) as do some ***NHS hospitals***. To assist ***you*** to make informed decisions about ***treatment we*** encourage ***you*** to visit the PHIN website www.phin.org.uk

2.2 *NICE*

The National Institute for Health & Care Excellence (***NICE***) is a national advisory body established by the Health and Social Care Act 2012.

Its purpose is to publish guidelines for the use of health technologies such as new and existing medicines, ***treatments***, ***procedures*** and the ***treatment*** and care of specific conditions.

It does so on the basis of robust evidence taken from the spectrum of health and social care to help ensure that medical technologies which are adopted are effective.

In common with the ***NHS*** and other health insurers WPA relies upon ***NICE*** as the definitive objective guide to patient efficacy and safety.

2.3 Primary Care

Primary care includes any tests or investigations that ***your GP*** needs to arrange in order to treat any condition or refer ***you*** to an appropriate ***Specialist*** or ***Therapist*** for secondary care.

2.4 Secondary and *Hospital* Care

2.4.1 *Hospital* Access

You have access to an extensive choice of ***hospitals*** throughout the ***UK***.

There are some Premium ***Hospitals*** where ***treatment*** is excluded unless ***you*** have chosen to include the Premium ***Hospitals Optional Extra*** under ***your Policy***.

To search for a ***hospital*** in ***your*** area please visit wpa.org.uk/hospital

2.4.2 *Specialist Treatment*

Treatment given on the referral of ***your GP*** by a ***Specialist***. This includes tests and investigations ***your Specialist*** needs to arrange to be able to make a diagnosis or determine ***your treatment*** plan.

2.4.3 *Therapist Treatment*

Treatment given on the referral of ***your GP*** or ***Specialist*** by a ***Therapist***.

2.5 *Critical Care*

2.5.1 Level 2 – High Dependency *Treatment*

Patients requiring more detailed observation (than in an ordinary ***hospital*** bed) or intervention including support for a single failing organ system or post-operative care, and those stepping down from higher levels of care.

2.5.2 Level 3 – Intensive Care *Treatment*

Patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multi-organ failure.

2.6 Emergency *Treatment*

Unforeseen and unplanned ***treatment*** that is due to a sudden ***acute condition*** that for medical reasons cannot be delayed. In an emergency the ***NHS*** is best equipped to provide this ***treatment***.

Once the ***acute condition*** is stabilised, typically after 24 hours, ***you*** may wish to transfer (to a private ***hospital*** or private unit of an ***NHS hospital***) to receive private ***eligible treatment*** which must be arranged by a ***Specialist*** and be at ***your*** own request. ***We*** must authorise the transfer in advance otherwise no ***benefit*** will be available. ***You*** will only be eligible to receive private ***treatment*** with effect from the date ***you*** sign the private ***hospital's*** authorisation form or undertaking to pay form.

We **will not pay for:**

- An emergency or unplanned admission into a private ***hospital***.

3. Claims

3.1 How to make a *Claim* for Private *Treatment*

This is how to make a ***claim*** for private ***in-patient***, ***day-patient*** and ***out-patient treatment***. ***Your Policy*** indemnifies ***you*** for the ***customary and reasonable cost*** of ***eligible treatment***. ***Your Policy*** only covers ***treatment*** in the ***UK*** except where the Overseas Emergency ***Treatment Benefit*** applies – see Section 5.2 (Overseas Emergency ***Treatment***).

All ***claims*** must be pre-authorised – access the WPA Health app or login to ***your*** secure area at wpa.org. uk/secure and follow the prompts under 'Make a ***claim***'. Alternatively, please call ***us***. If ***your claim*** has not been authorised by ***us*** in advance ***we*** will not pay it. Please see Sections 3.3-3.6 for further information which applies.

Step 1

Visit ***your GP***. ***Your GP*** must always be consulted first to provide primary care. In an emergency, seek ***NHS treatment***.

Step 2

If ***your GP*** refers ***you*** to a ***Specialist*** or ***Therapist you*** must contact ***us*** for pre-authorisation before ***you*** see them.

When *you* contact *us*, please ensure that *you* have the name and address of the *Specialist* or *Therapist* that *you* need to see otherwise *we* will be unable to pre-authorise *your claim*.

Step 3

We will advise ***you*** of the ***benefits*** available and send the requisite documentation to be completed by ***you*** and ***your Specialist*** or ***Therapist*** and returned to ***us***. Based on this information, ***we*** will let ***you*** know in writing what is covered and authorised.

Step 4

If ***your Specialist*** or ***Therapist*** recommends ***treatment*** outside of what has been authorised, or referral to another ***Specialist*** or ***Therapist,*** please contact ***us*** for pre-authorisation.

3.2 How to make a *Claim* for a Cash *Benefit*

This is how to make a ***claim*** for ***NHS Hospital*** Cash ***Benefit*** and any other cash ***benefit*** included under ***your Policy***.

All ***claims*** must be submitted within six months of the ***eligible treatment*** date. Please see Section 3.6 (***Claims*** Administration and Reimbursement) for further information which applies.

Step 1

To make a cash ***benefit claim***, access the WPA Health app or login to ***your*** secure area at wpa.org.uk/secure and follow the prompts under 'Make a ***claim***'. Alternatively, please call ***us***. For some cash ***benefit claims you*** may not need to provide any additional information. ***We*** will let ***you*** know if ***you*** need to provide to ***us*** the information in Step 2.

Step 2

In some cases ***you*** may be prompted to complete and return a personalised ***Claim Form*** to ***us*** with the original invoices and proof of payment.

- To ***claim NHS Hospital*** Cash ***Benefit*** for ***in-patient*** and/or ***day-patient treatment we*** will require a copy of ***your*** discharge summary.
- To ***claim NHS Hospital*** Cash ***Benefit*** for Complex Diagnostic Scans and/or ***Out-patient Procedures we*** need a copy of ***your*** appointment letter.
- For all other cash ***benefit claims you*** must include original invoices or proof of payment where applicable.

The information in Sections 3.3-3.4 relates to *claims* for private *treatment*.

3.3 Additional *Claims* Information

At each stage *you* seek pre-authorisation *we* will check:

- That ***your Specialist*** or ***Therapist*** is recognised by ***us*** and that the ***hospital*** is on ***our*** list of recognised ***hospitals***;
- Whether ***your*** proposed ***treatment*** is eligible under ***your Policy*** and advise ***you*** of the ***benefits*** available.

***You* must:**

- Provide any information ***we*** require of ***you***.

If ***your Specialist*** recommends ***treatment*** or referral to a ***Therapist*** ask for the associated ***CCSD Code*** for the ***procedure*** and the likely charge – see Section 3.4 (***Your Treatment*** Provider's Fees).

We reserve the right at any time in ***our*** sole discretion to withdraw or amend ***our*** list of recognised ***treatment*** providers (this includes ***hospitals***, ***Specialists*** and ***Therapists***) and what ***we*** recognise as ***established treatment***.

3.4 *Your Treatment* Provider's Fees

When ***you*** receive ***treatment***, the 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.

Most ***procedures*** are classified using ***CCSD Codes***. ***We*** list all ***CCSD Codes*** in a schedule which details the maximum amount ***we*** will pay towards the fee ***your Specialist*** and Anaesthetist will charge for the ***procedure***. If ***your Specialist*** tells ***you*** that ***you*** need a ***procedure*** ask them to let ***you*** know which code they will use and what their fee will be. ***You*** must contact ***us*** in advance to let ***us*** know the ***CCSD Code*** and the amount ***your Specialist*** intends to charge.

We have cost and fee agreements with almost every ***hospital***, and ***we*** publish ***our*** schedule of fees for ***Specialists*** – these may be viewed at any time at wpa.org.uk/guideline

Fee reimbursement levels are set by ***us*** at a level of ***customary and reasonable cost*** by means of ***our*** continuing dialogue with the medical profession. For the vast majority of cases this results in ***your treatment*** provider's fees being reimbursed in full.

Very occasionally a ***Specialist*** may charge ***you*** more than ***we*** consider to be the ***customary and reasonable cost*** and if ***you*** decide to proceed then it is ***your*** responsibility to settle the difference. ***We*** refer to this as a shortfall.

If ***you*** are admitted to ***hospital*** please ask to see the ***hospital*** invoice when ***you*** leave. Whilst ***you*** may not understand every detail, some information is easily checked.

The information in Sections 3.5-3.6 relates to all *claims* for private *treatment* and cash *benefits*.

3.5 Shared Responsibility® (co-payment)

Shared Responsibility applies to all ***claims*** except:

- ***NHS Hospital*** Cash ***Benefit***;
- Out of Pocket Expenses; and
- Hospice Donation;
- Wigs (***Cancer*** Care ***benefit***); and
- Structured Counselling ***benefits***.

Shared Responsibility applies per person per ***Policy year***. Each ***family member*** may have a different level of Shared Responsibility.

You will pay 25% of ***claims*** for ***eligible treatment*** up to ***your*** chosen level of Shared Responsibility. ***We*** will pay the other 75% of ***claims*** for ***eligible treatment***.

Once ***you*** have paid ***your*** chosen Shared Responsibility level ***we*** will pay 100% thereafter of all ***claims*** for ***eligible treatment*** within ***your benefit*** limits for the remainder of the ***Policy Year***.

Payment of all ***eligible treatment*** costs within ***your*** Shared Responsibility level must be sent directly to ***your treatment*** provider.

It is a term of ***your Policy*** that Shared Responsibility is paid to ***your treatment*** provider(s).

You are not permitted to insure ***your*** chosen Shared Responsibility level amount with another insurer.

Children (under the age of 18) insured as ***family member(s)*** do not have their own Shared Responsibility level. Instead, each child partakes in the Shared Responsibility level applicable to the eldest insured person, who is required to pay 25% of ***claims*** for ***eligible treatment*** for themselves and any children up to their applicable Shared Responsibility level.

Once the Shared Responsibility level is reached ***we*** will pay 100% of ***claims*** for ***eligible treatment***, within ***benefit*** limits, for the remainder of the ***Policy Year***, for the insured children and the eldest insured person.

Once a child reaches 18, provided they continue to reside at the ***Policy Address***, the same level of Shared Responsibility as that applicable for the ***Policyholder*** will automatically apply from the next ***renewal date***. Any subsequent ***claims*** will be deducted from their own Shared Responsibility level.

3.6 *Claims* Administration and Reimbursement

For cash ***benefit claims***, or if ***you*** have received and paid for any part of ***your*** private ***eligible treatment*** and wish ***us*** to repay ***you***, then ***you*** must send ***us*** the original invoice and proof of payment such as a valid, original credit card receipt (these will not be returned to ***you***).

Handwritten receipts will not be accepted.

Please ensure all original invoices are sent to ***us*** no more than six months from the date of the ***eligible treatment***, unless they have already been sent to ***us*** directly by ***your treatment*** provider within the same maximum time period.

For cash ***benefit claims*** submitted online ***you*** must keep the associated invoice for at least six months, as ***you*** may be called upon to provide the invoice to ***us***.

The fact that ***we*** have paid for a particular ***treatment*** in the past does not mean that ***we*** will continue to pay for it in the future.

We pay invoices in line with the terms and conditions of ***your Policy*** which are in force on the date of ***your treatment***, not on the date that ***your*** condition was first noticed or diagnosed.

Where ***we*** reimburse via direct credit ***we*** will only pay in to a valid ***UK*** bank account held in the ***Policyholder's*** name. Reimbursement for any ***family member(s)*** will be paid direct to the ***Policyholder***.

Your Policy **will not pay for any** ***treatment*****:**

- Given by a ***treatment*** provider who is related to ***you***;
- Following a referral by a healthcare provider who is related to ***you***;
- Carried out by a co-worker or that takes place at a facility in which ***you*** have a financial interest;
- Carried out solely at ***your*** request and/or as a result of any inducement, financial or otherwise;
- Received outside of the ***UK*** (unless the Overseas Emergency ***Treatment Benefit*** applies to ***your Policy***);
- Paid in part or in full using vouchers or reward points.

If ***we*** pay a ***claim*** in error, ***we*** will explain this to ***you*** and ***we*** reserve the right to recover all or part of the amount of the payment from ***you***. This may include offsetting the amount of the payment made in error against any amount payable for future ***claims***.

4. Benefits

4.1 ***In-patient*** and ***Day-patient Treatment***

In-patient – A patient who is admitted to a ***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 for medical reasons and because they need a period of medically supervised recovery but do not occupy a bed overnight.

These ***benefits*** are available for ***eligible treatment*** when ***you*** are referred by ***your GP*** to a ***Specialist we*** recognise. If ***you*** receive any of these ***benefits*** on the ***NHS*** please see Section 4.5 (***NHS Hospital*** Cash ***Benefit***). For ***cancer*** please see Section 4.4 (***Cancer*** Care).

In-patient and *Day-patient Treatment Benefit*

Hospital Treatment
Accommodation charges and operating theatre fees. ***You*** may choose from over 600 ***hospitals*** nationwide.

***Critical Care* Levels 2 and 3**
Treatment received in a dedicated private ***Critical Care*** Unit following a planned admission as a private patient to a private ***hospital*** or the private unit of an ***NHS hospital*** for ***eligible treatment*** that requires anticipated pre-planned ***critical care.*** See Section 2.5 (***Critical Care***).

***We* will not pay for:**
- ***Treatment*** in a unit or facility which is not a dedicated private ***Critical Care*** Unit or any ***Critical Care*** Unit of an ***NHS hospital*** following transfer from a private ***hospital***;
- Admission as a private patient to an ***NHS Critical Care*** Unit or into a private ***hospital Critical Care*** Unit following an emergency or unplanned admission.

Drugs
Drugs and dressings.

***Specialists'* Fees**
Such as surgeons', physicians' and anaesthetists' fees provided ***we*** recognise the ***Specialist*** and the charges are a ***customary and reasonable cost***.

Diagnostic Tests
Requested by ***your Specialist***, such as blood tests, ultrasounds and x-rays to help find the cause of ***your*** symptoms.

Complex Diagnostic Scans
We will provide ***benefit*** for MRI, CT and PET scans when referred by ***your Specialist***.

***In-patient* and *Day-patient* Therapy**
Requested by ***your Specialist*** and relating to ***your*** authorised ***claim*** for ***eligible treatment***:
- Dietary Services when treated by a dietitian on the Register of Dieticians of the ***HCPC***;
- Occupational Therapy when treated by a ***Therapist*** on the Register of Occupational Therapists of the ***HCPC***;
- Physiotherapy when treated by a ***Therapist*** on the Register of Physiotherapists of the ***HCPC***; and
- Speech and Language Therapy when treated by a ***Therapist*** on the Register of Speech and Language Therapists of the ***HCPC***.

Post-operative Consultation and Tests
One follow-up consultation with ***your Specialist*** and associated tests carried out on the day of that consultation, including drugs and dressings. The consultation must take place within 90 days following a ***procedure*** which ***you*** had as an ***in-patient*** or ***day-patient*** and which constituted ***eligible treatment***.

Prostheses

Prostheses may be passive or active and must be medically necessary as an integral part of ***your procedure*** and constitute ***eligible treatment***.

Your Specialist must provide full details of ***your*** proposed ***treatment*** to ***our*** medical advisers for their authorisation in advance. ***Your*** proposed ***treatment*** must be ***established treatment***.

Passive Prostheses

These are inert replacements of joints, blood vessels or other organs, e.g. hip or knee replacements or an aortic graft.

We **will pay for:**

- The ***customary and reasonable cost*** of the passive prosthesis.

For lens replacements:

- To consider cataract surgery for those age 65 or less, ***we*** will require retro-illuminate photographs from ***your Specialist*** for ***our*** medical advisers to review;
- ***We*** will pay for the cost of monofocal lenses only, but will allow ***you*** to pay the difference where toric or multifocal lenses are considered clinically appropriate.

We **will not pay for:**

- Artificial limbs;
- Prostheses that are experimental or not, in the sole opinion of ***our*** medical advisers, in established use in the ***UK***;
- Complications which arise specifically from the insertion of a toric or multifocal lens.

Active Prostheses

These are electronic implantable medical devices which are usually implanted permanently within the body to correct or modify an abnormal bodily function caused by an ***acute condition***, e.g. pacemakers or defibrillators.

We **will pay for:**

- The ***customary and reasonable cost*** of the initial supply and fitting of such a device only to prevent the risk of potentially fatal organ failure, e.g. cardiac pacemakers or defibrillators.

We will only provide ***benefit*** for one electronic implantable medical device in the lifetime of each person to treat any condition/pathology of any kind in any single organ system, e.g. one device only for any condition of the heart.

We **will not pay for:**

- Any complication, regardless of the cause, including:
  - Any subsequent maintenance of the device;
  - Battery replacement or replacement because of ageing or technological advance;
  - Any failure in the device due to manufacturing, broken, malfunctioning, misplaced and/or displaced leads becoming evident more than 30 days after placement;
- Internal or external muscle or nerve stimulators, cochlear implants or intracranial/cranial devices for neurological conditions such as epilepsy.

4.2 *Out-patient Treatment*

Out-patient – A patient who attends a ***hospital***, consulting room, or ***out-patient*** clinic for medical reasons and is not admitted as an ***in-patient*** or ***day-patient***.

_We_ will not pay for:

- Any ***out-patient*** drugs and dressings;
- Any fees charged for cancelled or missed appointments;
- Counselling ***sessions***, however ***we*** do provide a Health and Wellbeing Helpline ***benefit***, Remote ***GP*** Services ***benefit*** and Structured Counselling ***benefit*** (see Section 5.3). ***Benefit*** can be further enhanced with the Structured Counselling (Extended Therapy) ***Optional Extra*** (see Section 5.4).

For ***cancer***, please see Section 4.4 (***Cancer*** Care).

Out-patient Treatment Benefit

Consultations with a *Specialist* and *Diagnostic Tests*
We will provide ***benefit*** for consultations with a ***Specialist*** and tests such as x-rays, blood tests and ultrasound when referred by ***your Specialist***.

GP* Referred *Diagnostic Tests
We will provide ***benefit*** for ***diagnostic tests*** such as x-rays, blood tests and ultrasound when referred by ***your GP***.

Complex Diagnostic Scans
We will provide ***benefit*** for MRI, CT and PET scans when referred by ***your Specialist***.

***GP* Referred Complex Diagnostic Scans**
We will provide ***benefit*** for an MRI or CT scan when referred by ***your GP***.

Out-patient Procedures
These are ***procedures*** which involve making an incision or using an instrument e.g. an endoscope to gain access to the inside of a patient's body; using an electromagnetic energy to treat a condition e.g. lithotripsy to treat kidney stones. ***We*** will provide ***benefit*** when carried out by a recognised ***Specialist***, and in line with ***customary and reasonable costs***.

Pre-admission Tests
Tests carried out in ***hospital*** to check ***your*** fitness for ***your*** admission to ***hospital*** up to two weeks before ***your*** admission (such as blood tests, ECGs and chest x-rays).

***Specialist* Referred Therapy – see Section 4.3 (Therapy)**
Carried out by a ***Therapist we*** recognise, on the referral of ***your Specialist***.

***GP* Referred Therapy – see Section 4.3 (Therapy)**
Carried out by a ***Therapist we*** recognise, on the referral of ***your GP***.

Self-referred Therapy (Chiropractic, Osteopathy and Physiotherapy) – see Section 4.3 (Therapy)
Carried out by a ***Therapist we*** recognise.

4.3 Therapy

You can only ***claim*** for the cost of ***eligible treatment*** by a ***Therapist*** if ***you*** are referred to a ***Therapist*** by ***your GP*** or ***Specialist***. For ***cancer***, please see Section 4.4 (***Cancer*** Care).

We **will not pay for:**

- Any fees charged for cancelled or missed appointments;
- Any ***diagnostic tests*** and scans undertaken when referred by ***your Therapist***;
- Any drugs or remedies prescribed by ***your Therapist*** (e.g. medicines, lotions, supplements and herbs);
- Medical appliances such as insoles or orthoses;
- Group therapy ***sessions***;
- Counselling ***sessions***, however ***we*** do provide a Health and Wellbeing Helpline ***benefit***, Remote ***GP*** Services ***benefit*** and Structured Counselling ***benefit*** (see Section 5.3). ***Benefit*** can be further enhanced with the Structured Counselling (Extended Therapy) ***Optional Extra*** (see Section 5.4).

Therapy *Benefit*

Acupuncture
When treated by an acupuncturist who has fully accredited membership of the British Medical Acupuncture Society (BMAS) or British Acupuncture Council (BAC).

Art Therapy
When treated by a ***Therapist*** on the Register of Arts Therapists of the ***HCPC***.

Chiropody/Podiatry
When treated by a ***Therapist*** on the Register of Chiropodists/Podiatrists of the ***HCPC***.

With *our* written pre-authorisation *we* will pay for:

- Surgery to the forefoot by a Consultant Podiatric Surgeon who is a Fellow of the Surgical Faculty of the College of Podiatrists whose qualification is registered under the ***HCPC*** and who is employed as a consultant by the ***NHS***;
- Removal of ingrowing toenails (total or partial nail avulsion) by a Chiropodist/Podiatrist.

Chiropractic
When treated by a ***Therapist*** on the Register of the General Chiropractic Council (GCC).

Dietary Services
When treated by a dietician on the Register of Dieticians of the ***HCPC***.

Homeopathy
Consultations with a homeopath who is an accredited member of the Faculty of Homeopathy (MF-Hom) or a Fellow of the Faculty of Homeopathy (FFHom).

Occupational Therapy
When treated by a ***Therapist*** on the Register of Occupational Therapists of the ***HCPC***.

Osteopathy
When treated by a ***Therapist*** on the Register of the General Osteopathic Council (GOC).

Physiotherapy
When treated by a ***Therapist*** on the Register of Physiotherapists of the ***HCPC***.

Speech and Language Therapy
When treated by a ***Therapist*** on the Register of Speech and Language Therapists of the ***HCPC***.

4.4 *Cancer* Care

We recommend that ***you*** take the time to read this ***Cancer*** Care Section carefully. If ***you*** require any further information please contact ***us*** on 01823 625260 or email: clinicalteam@wpa.org.uk

All ***claims*** for private ***treatment*** must be authorised by ***us*** in advance. ***We*** will work with ***your Specialist*** to request a ***treatment*** plan but ***we*** will only pay for ***established treatment*** within ***customary and reasonable cost*** levels.

We **will not pay for:**

- Any ***cancer*** whether formally diagnosed or not, occurring before or within the 14 day ***deferment period*** applicable from the start of the ***Cancer*** Care ***benefit***. This includes any ***treatment*** that is for, resulting from, or related to, ***cancer*** including metastatic disease.

Your Cancer Care

This ***Cancer*** Care Section sets out what ***you*** need to do in the unfortunate event that ***cancer*** is diagnosed and details what ***benefits*** are available. ***Our*** Oncology Team within ***our*** Centre for Clinical Excellence are there to support ***you*** and will work with ***your Specialist*** to assist with the ***claims*** process.

Subject to the rules of this ***Cancer*** Care Section ***we*** will pay for surgery, radiotherapy, chemotherapy and ***Targeted Cancer Therapies*** which are intended to remove or kill ***cancerous*** cells, for primary and secondary ***cancers***, whether a new ***cancer*** or a recurrence.

Any ***cancer treatment*** must be endorsed by ***your Specialist's*** Multi-Disciplinary Team in accordance with ***best practice guidelines*** from ***NHS*** England or equivalent in the devolved nations.

Please read all of this Section to see how ***we*** cover ***cancer treatment***. Additionally, case studies which demonstrate how this ***Cancer*** Care ***benefit*** works in practice are available at: wpa.org.uk/cancercare

NHS Treatment – Cancer Cash *Benefit*

This is available if ***you*** have this ***Cancer*** Care ***benefit*** included on ***your Policy*** and ***you*** receive ***NHS treatment*** for ***cancer*** which would be ***eligible treatment*** under the terms and conditions of ***your Policy***. This ***benefit*** is also available if ***you*** receive the following as an ***NHS*** patient:

- Bone marrow/stem cell transplant (one complete ***procedure*** per person per lifetime).

Please read the rest of this ***Cancer*** Care Section and see Section 4.5 (***NHS Hospital*** Cash ***Benefit***) for further information.

Cancer Rules – Terminology

When ***we*** refer to ***cancer***, ***we*** use distinct terminology. ***We*** suggest that ***you*** take a moment to review Section 8 (Definitions) of this ***Guide***.

In this Section when ***we*** refer to ***Specialist***, where appropriate, this also includes ***Oncologist***.

Cancer Care *Benefit*

✓ **Diagnosis**

Consultations with ***your Specialist*** including second opinions, ***diagnostic tests***, scans and biopsies.

✗ ***We*** will not pay for any tests, ***treatment*** or screening to determine ***your*** risk of developing ***cancer*** in the future.

✓ **Genetic Tests**

Used to identify the most appropriate ***cancer treatment*** including ***Targeted Cancer Therapies*** to be used within a ***licensed indication*** for ***your*** particular ***cancer***.

✗ ***We*** will not pay for referral to a Genetic Counsellor or Genetic Counselling.

✓ **Radiotherapy *Sessions***

That is ***established treatment*** used within a ***licensed indication*** for ***your*** particular type of ***cancer*** including radiotherapy for pain relief.

! Proton Beam Therapy is only available from a provider ***we*** recognise for ***indications*** limited to certain paediatric ***cancers*** and some ocular, skull and spinal tumours in adults. A fully detailed ***treatment*** plan and pre-authorisation request from ***your Specialist*** endorsed by ***your Specialist's*** Multi-Disciplinary Team will be required in order to consider funding.

✓ **Reconstructive Surgery**

Reconstructive surgery is provided as a ***benefit*** and:

! Must take place within five years of ***your*** primary surgery provided that ***your Policy*** remains in force. In addition, ***we*** will cover any complications of the pre-authorised surgical ***procedure*** within six months of the ***procedure*** date.

✓ Following breast ***cancer***, one form of breast reconstruction after a complete or partial removal of one or both breast(s) as part of the ***treatment*** for breast ***cancer***. This may be carried out in up to five ***procedures*** including one surgical ***procedure*** to restore symmetry in the other breast if required.

✓ **Restorative Treatment as a direct result of Oral Cancer**

(included even if ***you*** do not have the Dental Care ***Optional Extra***)

! Please see Section 4.6 (Dental Care ***Optional Extra***) for details of the applicable terms and conditions

✓ **Non-surgical Implants**

As an alternative to reconstructive surgery, following the complete or partial removal of one or both breast(s) ***we*** will cover one (or two if both breasts have been removed) prosthetic breast implant(s) once per person per lifetime.

✓ **Bone Marrow/Stem Cell Transplants**

One complete ***procedure*** per person per lifetime if the bone marrow or stem cell transplant is not readily available to ***you*** on the ***NHS***.

✗ ***We*** will not pay for:

- Costs relating to the donor, e.g. harvesting of bone marrow/stem cells.

✓ **Drugs**

! Please see the '***Cancer*** Care ***Benefit*** – Drugs' for details of those drugs that are covered.

✗ ***We*** will not pay for drugs that can be prescribed by ***your GP***.

✓ **Wigs**

Up to £500 per person per lifetime towards the cost of a wig when hair loss has occurred due to ***treatment*** for ***cancer***. ***You*** will need to provide a receipted invoice and proof of payment.

✓ **Maintenance and Palliative *Treatment***

For ***active treatment*** of ***cancer***.

✗ ***We*** will not pay for the maintenance of ***remission of cancer***.

✓ **Follow-up after *Active Treatment***

Consultations, blood tests and scans to check that ***your cancer*** has not returned.

Cancer Care *Benefit* continued

End of Life Care

We will not pay for ***treatment*** or care for ***cancer*** which is described by ***your Specialist*** as ***end of life care***, whether carried out in a ***hospital***, at home or in a hospice.

End of Life Hospice Donation – If ***you*** are admitted to a hospice or if ***you*** choose to have ***end of life care*** at home provided by a registered charity, ***we*** will consider a contribution to the hospice or the charity if ***you*** ask ***us*** to do so.

Cancer Care *Benefit* – Drugs

All drug ***treatment*** must be ***active treatment*** designed to remove or destroy ***cancer*** cells.

We consider those drugs on the ***NHS Cancer*** Drugs Fund to be readily available on the ***NHS***.

We will not pay for drugs that can be prescribed by ***your GP***.

Chemotherapy Drugs

Established types of standard chemotherapy prescribed by ***your Specialist*** for ***your*** particular type of ***cancer***.

Bone Strengthening Drugs

Treatment with these drugs if ***your Specialist*** confirms ***you*** have bone metastases, or in the early stages of breast ***cancer*** for post-menopausal women.

Targeted Cancer Therapies (TCTs)

Targeted Cancer Therapies that are not readily available to ***you*** on the ***NHS***. Their use must be within their ***licensed indication*** for the stage of the condition being treated. This may be either single or stipulated combination(s). In addition:

- For haematological (blood borne) ***cancers*** it can be difficult to find objective evidence of active ***cancer***. ***We*** will therefore provide ***benefit*** for up to 12 consecutive months of ***treatment*** with ***Targeted Cancer Therapies*** and this ***treatment*** may be extended if ***your Oncologist*** confirms that there is continuing objective evidence of disease;
- Adjuvant Therapy is sometimes given in order to clear any ***cancer*** cells not removed by the initial surgery or radiotherapy. ***We*** will pay for ***treatment*** for ***Targeted Cancer Therapies*** when given as Adjuvant Therapy in line with current guidelines – for a period up to 12 months.

We will not pay for ***Targeted Cancer Therapies (TCTs)***:

- To maintain ***remission of cancer***;
- If readily available to ***you*** on the ***NHS***;
- For use outside of their ***licensed indication*** for the stage of the condition being treated; or
- For ***non-established treatment*** or ***experimental treatment***.

4.5 *NHS Hospital* Cash *Benefit*

If ***you*** choose to receive: ***in-patient treatment***; ***day-patient treatment***; ***out-patient*** complex diagnostic scans; or ***out-patient procedures*** as an ***NHS*** patient instead of as a private patient, ***you*** may ***claim*** a cash ***benefit***. ***Treatment*** must be ***eligible treatment*** under the terms and conditions of ***your Policy*** and cover for this ***benefit*** is subject to the limits set out in ***your Benefit Schedule***.

If ***your NHS in-patient*** stay is preceded by an ***A&E*** admission, ***we*** will count the first night in ***A&E*** towards ***your NHS Hospital*** Cash ***Benefit*** as the first night as an ***NHS*** patient.

If ***your NHS treatment*** takes place in one of the defined Central London ***NHS hospitals we*** will pay an uplift in addition to the amount stated in ***your Benefit Schedule***, but subject to the same overall ***benefit*** limits. For a list of what ***we*** categorise as Central London ***NHS hospitals*** please visit wpa.org.uk/central

We **will not pay for:**

- The following ***out-patient treatment***:
  - Consultations with a ***Specialist*** and ***diagnostic tests***;
  - ***GP*** referred ***diagnostic tests***;
  - ***GP*** referred complex diagnostic scans;
  - Pre-admission tests;
  - Therapy; and
  - ***GP*** referred therapy.
- ***Treatment*** solely received in an ***A&E*** department.

NHS Hospital Cash *Benefit*

NHS Hospital **Cash** ***Benefit*** **(non-*cancer*)**

We calculate payment as follows:

- Per night for each night spent as an ***NHS in-patient***;
- Per day for each ***NHS day-patient*** admission;
- Per day for one or more ***NHS out-patient*** complex diagnostic scans (MRI, CT or PET) or ***NHS out-patient procedure***.

To ***claim*** under this ***benefit*** please refer to Section 3.2 (How to make a ***Claim*** for a Cash ***Benefit***).

NHS Hospital **Cash** ***Benefit (cancer)***

This ***benefit*** is included under the ***Cancer*** Care ***Optional Extra***.

We calculate payment as follows:

- Per night for each night spent as an ***NHS in-patient***;
- Per day for each ***NHS day-patient*** admission;
- Per day for one or more ***NHS out-patient*** complex diagnostic scans (MRI, CT or PET) or ***NHS out-patient cancer treatment***: radiotherapy/chemotherapy ***Targeted Cancer Therapies*** or ***NHS out-patient procedures***.

To ***claim*** under this ***benefit*** please refer to Section 3.2 (How to make a ***Claim*** for a Cash ***Benefit***).

4.6 Dental Care

We **define a** ***Dentist*** **as:** A ***Dentist*** who is registered to practice with the General Dental Council.

Dental Care is available in four different and distinct categories:

- General Dental ***Treatment***;
- Dental Emergencies;
- Dental Injuries;
- Restorative ***Treatment*** as a direct result of ***Oral Cancer***.

The following exclusions apply to each of the four different categories of Dental Care.

We **will not pay for:**

- Removal of wisdom teeth unless carried out in a general dental practice;
- Dental consumables i.e. toothpaste, toothbrushes, dental floss, interdental brushes or mouthwash and/or orthodontic ***treatment*** and appliances such as mouthguards;
- ***Treatment*** relating to periodontal disease;
- Any charges for completing the ***Claim Form***;
- Cosmetic or aesthetic ***treatment*** i.e. veneers/bleaching unless needed as part of a ***treatment*** plan that ***we*** have pre-authorised;
- ***Treatment*** for dental injuries sustained whilst participating in any contact sport (e.g. American Football, Boxing, Hockey, Ice Hockey, Lacrosse, Martial Arts, Rugby) unless the appropriate mouth protection was 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.
- Dental practice plan premiums and dental insurance;
- Dental prescription charges.

Please note that ***we*** will only reimburse to the maximum amounts listed in ***our*** Dental Schedule which can be found on the ***Claim Form we*** will send to ***you***, or online at: wpa.org.uk/dentalfees

Dental Care *Benefit*

General Dental *Treatment*

As well as forming part of the Dental Care ***Optional Extra***, this ***benefit*** is also included under the Extra-***Out-patient Optional Extra***.

We **define General Dental *Treatment* as:** ***treatment*** of a condition which involves teeth, their roots and surrounding tissue attachments where this forms part of the dental ***procedure***.

Treatment must only be performed by a ***Dentist*** or ***Dental Hygienist*** in general dental practice.

To ***claim*** under this ***benefit*** please refer to Section 3.2 (How to make a ***Claim*** for a Cash ***Benefit***).

Dental Emergencies

A 14 day ***qualifying period*** from joining applies before ***you*** can ***claim*** this ***benefit***

We **define a Dental Emergency as:** An incident of acute pain, swelling, or dental haemorrhage requiring an emergency dental appointment.

Treatment must only be performed by a ***Dentist*** or ***Specialist*** in a general dental practice or ***A&E*** department; an episode or 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 90 days.

This ***benefit*** is available for ***treatment*** carried out in the ***UK*** and abroad and covers ***treatment*** not classed as a dental injury or restorative ***treatment*** as a direct result of ***oral cancer.***

To ***claim*** under this ***benefit*** please refer to Section 3.2 (How to make a ***Claim*** for a Cash ***Benefit***).

The following requirements apply to *claims* for Dental Injuries and Restorative *Treatment* as a direct result of *Oral Cancer*.

Specific information, along with *your* proposed *treatment* plan, is required from:

- ***Your Dentist*** or recognised ***Specialist*** in respect of ***claims*** for Dental Injuries (for restorative ***Treatment*** that cannot be undertaken at the initial emergency appointment); or
- ***Your Specialist*** in respect of Restorative ***Treatment*** as a direct result of ***Oral Cancer claims***.

***You* must seek pre-authorisation of *your treatment* plan, which must include:**

- The type of ***treatment*** proposed;
- The date the ***treatment*** will start and the date the ***treatment*** will be completed;
- ***Your treatment*** provider's name and address;
- The costs involved;
- X-rays; and
- Photographic evidence of facial trauma associated with the Dental Injury for ***claims*** for Dental Injuries.

Claims for Dental Injuries and Restorative ***Treatment*** as a direct result of ***Oral Cancer*** are subject to the Shared Responsibility limit applicable to ***your Policy***.

Dental Injuries

A 14 day ***deferment period*** from joining applies before ***you*** can ***claim*** this ***benefit***

***We* define a Dental Injury as:** An injury to the patient's teeth caused by an extra oral impact (an external blow to the teeth, face or jaws).

Treatment must only be performed by a ***Dentist*** or ***Specialist*** in a general dental practice or ***A&E*** department. This ***benefit*** is available for ***treatment*** carried out in the ***UK*** and also includes a maximum of two dental implants per ***Policy Year***.

You must inform ***us*** and ***you*** must have an emergency appointment within 72 hours of the injury. ***We*** must authorise any restorative ***treatment*** plan following a dental injury.

To ***claim*** under this ***benefit*** please refer to Section 3.1 (How to make a ***Claim*** for Private ***Treatment***).

Restorative *Treatment* as a direct result of *Oral Cancer* (included under the *Cancer* Care *benefit*)

A 14 day ***deferment period*** from joining applies before ***you*** can ***claim*** this ***benefit***

We* define Restorative *Treatment* as a direct result of *Oral Cancer* as:** Dental ***treatment to restore the teeth, their roots and surrounding tissue including a maximum of two dental implants per ***Policy Year***.

To confirm the diagnosis of ***cancer we*** will require a letter from ***your Specialist*** along with a histology (microscopic study) report.

Treatment must only be performed by a ***Specialist we*** recognise in ***hospital***. No ***benefit*** is available for ***treatment*** carried out by a ***Dentist*** unless this is part of the follow-up and this has been agreed in advance by ***us*** in writing.

To ***claim*** under this ***benefit*** please refer to Section 3.1 (How to make a ***Claim*** for Private ***Treatment***).

5. Further *Benefits*

5.1 Additional ***Benefits***

Please refer to ***your Benefit Schedule*** for the amounts payable in relation to the following ***benefits***, if they are included on ***your Policy***.

Additional *Benefits*

Nursing at Home

Nursing at Home is available under ***your Policy*** provided that:

- It is recommended by ***your Specialist*** for a medical reason to permit ***you*** to leave ***hospital*** early, following an admission that ***we*** have authorised;
- The nursing care is arranged by ***your Specialist*** who remains in charge of ***your treatment*** and it must be provided by a qualified ***Nurse***; and
- The nursing care is provided in ***your*** home.

We **will not pay for:**

- Assistance simply for help with mobility or personal care.

To ***claim*** under this ***benefit*** please refer to Section 3.1 (How to make a ***claim*** for Private ***Treatment***).

Private Ambulance Transport

There must be a medical reason for ***you*** to be medically supervised during the journey, for transport to, from or between ***hospital(s)*** for ***treatment*** which is ***eligible treatment*** under ***your Policy***.

To ***claim*** under this ***benefit*** please refer to Section 3.1 (How to make a ***Claim*** for Private ***Treatment***).

Parent and Child

Benefit for accommodation charges made by the ***hospital*** for one parent to accompany a child patient (who is also a member of the ***Policy***) when undergoing ***eligible treatment*** under the ***Policy*** and recommended by the ***Specialist***.

To ***claim*** under this ***benefit*** please refer to Section 3.1 (How to make a ***Claim*** for Private ***Treatment***).

Out of Pocket Expenses

To help with charges made by a private ***hospital*** for items such as telephone calls, newspapers and visitors' meals when ***you*** are a private ***in-patient*** or ***day-patient***.

To ***claim*** under this ***benefit*** please refer to Section 3.2 (How to make a ***Claim*** for a Cash ***Benefit***).

Hospice Donation

When ***you*** are admitted to a hospice a contribution will be considered to the hospice on ***your*** behalf following notification of ***your*** stay from them.

Health Screening

This ***benefit*** is included under the Extra-***Out-patient Optional Extra***.

Benefit for health screens which are carried out by a medically qualified practitioner ***we*** approve in a ***hospital***, clinic, pharmacy or mobile centre approved by us.

We cover full body health screens, well man, well woman, bone density screening, breast screening, liver and kidney health and general health markers and heart disease screening.

We **will not pay for:**

- Health screens needed for legal, pension, insurance, emigration or employment reasons.

To ***claim*** under this ***benefit*** please refer to Section 3.2 (How to make a ***Claim*** for a Cash ***Benefit***).

Optical *Treatment*

This ***benefit*** is included under the Extra-***Out-patient Optional Extra***.

Benefit for sight tests, prescribed glasses, adding new prescribed lenses to existing frames, contact lenses and prescription safety spectacles.

All frames, lenses and contact lenses must be purchased in the ***UK***.

We **will not pay for:**

- Any charges for missed appointments;
- Optical consumables i.e. spectacle or contact lens cases or cleaning materials;
- Non-prescription glasses;
- ***Specialist*** or ophthalmologist consultation charges;
- Refractive eye surgery including any complications arising from refractive eye surgery;
- Postage costs associated with mail order glasses;
- Optical insurance premiums or lenses supplied under an optical insurance plan.

To ***claim*** under this ***benefit*** please refer to Section 3.2 (How to make a ***Claim*** for a Cash ***Benefit***).

5.2 Overseas Emergency *Treatment*

Your Policy only covers ***treatment*** in the ***UK*** except where this Overseas Emergency ***Treatment benefit*** applies.

This is not full travel insurance but an additional ***benefit*** offering restricted cover for Overseas Emergency ***Treatment***.

The ***Policy*** will automatically cease if ***you*** leave the ***UK*** for more than six months of the year. Therefore, any trips ***you*** make outside of the ***UK*** must not exceed 180 days per ***Policy Year,*** each trip must be no longer than 70 days.

We define Overseas Emergency ***Treatment*** as: unforeseen ***treatment*** that is due to a sudden, ***acute condition*** that, for medical reasons, cannot be delayed until ***your*** return to the ***UK***.

The cost of Overseas Emergency ***Treatment*** will be paid in line with ***your UK benefit*** limits and is subject to the Shared Responsibility limit applicable to ***your Policy***. In addition to ***your UK*** cover, this ***benefit*** also includes: primary care ***treatment*** given by a ***GP*** or local equivalent and a ***benefit*** for evacuation or repatriation.

We **will not pay for:**

- Any conditions for which, in the six months prior to travel (starting on the date of ***your*** outward journey) ***you*** have undergone ***treatment***, or that have required ***you*** to visit any ***treatment*** provider including ***treatment*** for a condition that is terminal before ***you*** travel abroad;
- Any ***treatment*** required, 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;
- Any ***treatment*** in the USA and its dependencies;
- Anything not covered by the terms and conditions of ***your Policy*** as ***eligible treatment*** or ***treatment*** that is outside of the ***benefit*** limits under ***your Policy***;
- Any ***treatment*** whilst overseas or on ***your*** return to the ***UK*** for any condition contracted or injury sustained whilst in a location to which ***you*** travelled contrary to advice issued by the Foreign, Commonwealth and Development Office either as 'against all travel' or 'against all but essential travel';
- Any ***treatment*** needed because ***you*** did not take the necessary precautions e.g. vaccinations as advised on the ***NHS*** website: www.fitfortravel.nhs.uk;
- An accompanying adult or medical escort, once the person receiving the Overseas Emergency ***Treatment*** has been discharged from medical care, even if recommended;
- ***Out-patient*** drugs and dressings;
- Any ***treatment*** arising as a result of participating in dangerous activities/circumstances such as taking part in winter sports of any kind or an accident or injury that occurs whilst on a winter sports holiday, or whilst staying in a winter sports resort, as outlined in Section 6 (What is Not Covered).

Overseas Emergency *Treatment Benefit*

Overseas Emergency *Treatment*

This ***benefit*** provides for eligible Overseas Emergency ***Treatment*** whilst ***you*** are on a trip outside of the ***UK***. To be eligible, each trip must be no longer than 70 days starting on the date of ***your*** outward journey. Overseas Emergency ***Treatment*** will continue until such time as medical advice indicates ***you*** are well enough to travel back to the ***UK***, but no longer.

Treatment must be given by a locally recognised provider or in a locally recognised ***hospital***. Locally recognised means recognised by the appropriate authority of the country outside the ***UK*** in which the ***hospital*** is situated or the ***Specialist*** or ***Therapist*** practices.

Before *you* travel:

- Contact the Department of Health and Social Care or visit their website at www.gov.uk/dhsc to understand the reciprocal health agreements in place between the ***UK*** and other countries;
- ***We*** strongly recommend ***you*** have separate travel insurance for overseas travel.

Overseas Emergency *Treatment Benefit* continued

If *you* are travelling in the European Economic Area (EEA) (and Switzerland):

- If ***you*** are entitled to a European Health Insurance Card (***EHIC***) or UK Global Health Insurance Card (***GHIC***) ***you*** **must** have one before ***you*** travel and use it where it is accepted;
- Where ***you*** receive Overseas Emergency ***Treatment*** in a European state funded facility ***we*** will only pay for ***eligible treatment*** costs that are over and above those included within the ***EHIC/GHIC*** or reciprocal health agreements that may apply at that time in the country where ***treatment*** occurs.

If *you* are travelling outside the EEA (excluding the USA and its dependencies):

- If ***you*** undergo private Overseas Emergency ***Treatment*** where the ***EHIC/GHIC*** is not valid or a reciprocal health agreement is not in place, ***we*** will pay the ***claim*** within the terms and conditions of ***your Policy***, subject to any other insurance ***you*** may have. Please refer to Section 7.9 (What to do if ***you*** have insurance with another provider).

Medical Evacuation/Repatriation

If ***you*** are outside the ***UK*** and need eligible Overseas Emergency ***Treatment*** that in ***our*** opinion is not available in the country ***you*** are in, ***we*** will, through the ***WPA Worldwide Coordination Centre***, evacuate ***you*** to the nearest suitable medical facility where the ***treatment you*** need is available.

- ***We*** may, in extreme circumstances, repatriate ***you*** to the ***UK*** for ***treatment*** where this is medically necessary and the Overseas Emergency ***Treatment*** cannot be obtained locally;
- ***You*** must accept ***our*** decision concerning the most suitable, practicable and reasonable medical facility as ***we*** will not agree a transfer on ***your*** personal preference;
- In the event of the death of someone covered by the ***Policy*** the ***WPA Worldwide Coordination Centre*** will make arrangements (including the completion of any documentation) and pay for the return of the deceased to the ***UK***.

No ***benefit*** is available for funeral expenses.

Family Assistance

In the event of medical evacuation or repatriation ***we*** will pay for the cost of immediate ***family member(s)*** who are overseas with the patient at the time of the illness or injury, and who are also insured under ***your Policy*** to travel with the patient or return to the ***UK*** by the most appropriate means and by economy class.

How to Make a *Claim*

Your treatment must be pre-authorised by the ***WPA Worldwide Coordination Centre***. The ***WPA Worldwide Coordination Centre*** is a 24 hour service offering all major languages and they will be able to give ***you*** valuable help and advice. ***You*** must always contact the ***WPA Worldwide Coordination Centre*** straight away or as soon as ***you*** are able to do so. **Call the *WPA Worldwide Coordination Centre* on (+44) 20 8680 3800.**

Payment for *your treatment*:

- Payment will be coordinated by ***us*** or the ***WPA Worldwide Coordination Centre***;
- Invoices totalling over £300 will only be paid to the ***treatment*** provider – not to ***you*** or to any representative on ***your*** behalf.

Do not make payment for ***your treatment*** if the total payment is over £300 because ***we*** will not be able to refund ***you***. If the payment is under £300, please send to ***us*** the original invoice and a receipt demonstrating proof of payment.

In the event of a ***claim we*** will need details of any other insurance policy providing any ***benefit*** for Overseas Emergency ***Treatment*** that ***you*** may have. ***You*** must agree to ***our*** contacting any other insurer to ensure that ***we*** and they only pay a rateable proportion of the ***claim***. Please refer to Section 7.9 (What to do if ***you*** have insurance with another provider).

5.3 Remote *Benefits*

Remote *Benefits*

Remote *GP* Services
Benefit for consultations provided via the telephone or digital media only when provided by the ***WPA GP Service Provider***.

***We* will not pay for:**
- Prescription charges.

To ***claim*** under this ***benefit*** please call: 0333 014 4421.

The Remote ***GP*** Services ***benefit*** is provided by the ***WPA GP Service Provider*** and is subject to their terms and conditions.

Health and Wellbeing Helpline *Benefit*
24/7 telephone support for ***you*** and ***your family member(s)***. The Health and Wellbeing Helpline ***benefit*** includes:
- Wellbeing and Health Information;
- Single-session Telephone Counselling;
- Online computerised Cognitive Behaviour Therapy (cCBT) Life Skills Course;
- Debt and Money Information and Support;
- Legal Information; and
- Manager Support.

To use this ***benefit*** call the helpline on 0333 043 3513.

The medical and legal helplines are not available to those under 16 years of age.

The Health and Wellbeing Helpline ***benefit*** is provided by the ***WPA Helpline Provider*** and is subject to their terms and conditions.

Structured Counselling *Benefit*
Where clinically appropriate, the ***WPA Helpline Provider*** will arrange onward referral to a counsellor for ***sessions*** via either telephone, video or face to face. The counselling available through the ***WPA Helpline Provider*** is short-term, solution-focused counselling. This could be either a brief or extended therapy model and will be within the confines of an allotted number of ***sessions***.

To use this ***benefit you*** must seek pre-authorisation from the ***WPA Helpline Provider*** on: 0333 043 3513.

Counselling will only be available if the ***WPA Helpline Provider***, in their sole discretion, consider it clinically appropriate and is not available to anyone under 16 years of age.

The Structured Counselling ***benefit*** is provided by the ***WPA Helpline Provider*** and is subject to their terms and conditions.

Any ***personal exclusions*** do not apply to any of the Structured Counselling ***benefits***. The following general exclusions from Section 6 (What is not Covered) also do not apply to the Structured Counselling ***benefits***:

- Deliberately self-inflicted injuries;
- Use of or dependency upon alcohol/drugs/substances;
- Developmental (physical or psychological), behavioural or educational problems (or speech problems arising from these).

5.4 Mental Health ***Optional Extra***

Pre-authorisation of any mental health ***treatment*** is required.

Mental Health *Optional Extra*

In-patient and Day-patient Mental Health Treatment

- A maximum of 28 days/nights for either private or ***NHS treatment***.

Out-patient Mental Health Treatment

Benefit for consultations with a Psychiatric ***Specialist***.

- When treated by a psychologist who is fully registered with the ***HCPC***.
- When treated by a psychotherapist who is an accredited member of the British Association of Behavioural and Cognitive Psychotherapists (BABCP), a member of the British Association for Counselling and Psychotherapy (BACP), an accredited member of the UK Council for Psychotherapy (UKCP), an accredited member of the National Counselling Society (NCS), an accredited member of the Association of Christian Counsellors (ACC) or a full member of the Association of Child Psychotherapists (ACP) and hold (or have held) a post as a child Psychotherapist at Grade A in the ***NHS*** with at least five years experience after you qualified.

When recommended following an assessment:

- Eye Movement Desensitisation and Reprocessing (EMDR); and
- Cognitive Behavioural Therapy (CBT).

Structured Counselling (Extended Therapy)

This ***Optional Extra*** provides more ***sessions*** than the Remote ***Benefits*** (Structured Counselling) allowing the ***treatment*** of more complex health concerns, if required.

Use of the Structured Counselling (Extended Therapy) ***benefit*** will only be considered if the health concern cannot be addressed by the Remote ***Benefits*** (Structured Counselling) ***benefit***.

Please refer to Section 5.3 (Remote ***Benefits*** – Structured Counselling) for details of what is and what is not covered under this ***benefit***.

Included in the Mental Health ***Optional Extra*** or can be added as a separate ***Optional Extra***.

This ***benefit*** is provided by the ***WPA Helpline Provider*** and is subject to their terms and conditions.

Counselling will only be available if the ***WPA Helpline Provider***, in their sole discretion, consider it clinically appropriate and is not available to anyone under 16 years of age.

5.5 ***Treatment*** in Premium ***Hospitals Optional Extra***

Premium *Hospitals Optional Extra*

Including the Premium ***Hospitals benefit*** under ***your Policy*** enhances ***your*** extensive choice of ***hospitals*** throughout the ***UK***. ***You*** are only covered for ***treatment*** in the Premium ***Hospitals*** listed below if ***you*** have chosen this ***Optional Extra***.

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

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

If *you* choose not to include the Premium *Hospitals benefit* under *your Policy*:

- ***You*** will not be covered for any ***treatment*** in these ***hospitals***;
- ***You*** will still have a wide choice of over 600 ***hospitals*** nationwide, including BMI, Spire, Nuffield Health, Ramsay, other independent private ***hospitals*** and the private wings of ***NHS hospitals***;
- ***You*** will only be able to include Premium ***Hospitals*** at a future renewal.

If ***you*** choose to include Premium ***Hospitals*** at any future ***renewal date*** there is a 90 day ***qualifying period*** before ***you*** may make a ***claim*** for ***treatment*** in a Premium ***Hospital***.

6. What Is Not Covered

There is no ***benefit*** available to ***you*** or any ***family member(s)*** under ***your Policy*** for ***treatment*** arising from or related to the exclusions in this Section. These exclusions apply to all the ***benefits*** in this ***Guide*** and on ***your Benefit Schedule*** in addition to any ***personal exclusions*** (except where stated in Section 5.3 (Remote ***Benefits*** – Structured Counselling).

Your Policy **does not cover:**

6.1 Any *treatment* which is not *established treatment*. In addition, this includes:

- ***Treatment*** that is not approved by ***NICE*** for routine use in the ***NHS*** without restriction or is not routinely used in the ***NHS*** for this condition without restriction; and
- ***Treatment*** that involves the use of drugs outside of their ***licensed indication*** for the stage of the condition being treated. This may be either single or stipulated combination(s).

6.2 Any preventative *procedure* or *treatment*. This includes:

- Tests to determine if ***you*** have the existence of a condition including presence of a gene for which ***you*** do not have symptoms even if ***you*** have a family history of that condition;
- Removal of tissue for a condition for which ***you*** do not have symptoms even if ***you*** have a family history of that condition.

6.3 Any emergency *treatment*. This includes:

- Unforeseen and unplanned ***treatment*** that is due to a sudden, ***acute condition*** that for medical reasons cannot be delayed;
- Emergency ***treatment*** or emergency admissions into a private ***hospital*** including a private Accident & Emergency department:
  - ***We*** will not pay for emergency admissions into a private ***hospital*** unless pre-authorised and ***you*** have first had a consultation with a ***Specialist*** who has decided to admit ***you***.
- Please see Section 2.6 (Emergency ***Treatment***).

6.4 Allergic conditions

- Neutralising/desensitising diagnosed allergic and/or intolerance conditions;
- However ***we*** will cover the investigations to establish that an allergy and/or intolerance is the underlying cause of ***your*** symptoms.

6.5 Breast surgery

- Breast modification, including augmentation or reduction, whether for medical or psychological reasons in men or women, except following ***cancer*** surgery under the ***Cancer*** Care ***benefit***.

6.6 Certain *hospital treatment*

- ***Treatment*** taking place in a Premium ***Hospital*** unless this ***benefit*** has been included as an ***Optional Extra*** under ***your Policy*** and the 90 day ***qualifying period*** has expired;
- Private ***in-patient treatment*** following an ***A&E*** admission to a ***hospital*** unless the transfer to receive private ***treatment*** is arranged by the ***Specialist*** at the patient's own request.

  We must authorise the transfer in advance otherwise no ***benefit*** will be available. Private ***treatment*** will only be eligible with effect from the date the patient signs the ***hospital's*** authorisation form;
- Private fees whilst being treated in ***hospital*** as an ***NHS*** patient;
- In a ***hospital*** overseas unless the Overseas Emergency ***Treatment benefit*** applies.

6.7 Cosmetic/aesthetic *treatment*

- ***Treatment*** intended to improve the patient's appearance whether or not for psychological purposes;
- Breast reduction or enlargement;
- ***Treatment*** required directly or indirectly as a result of cosmetic ***treatment*** (examples include but are not limited to breast augmentation, liposuction, botox, dermal fillers) or for performance enhancing ***treatment*** (examples include but are not limited to anabolic steroids);
- Any form of cosmetic dentistry (e.g. bleaching, veneers or implants);
- However ***we*** will provide ***benefit*** for cosmetic/aesthetic surgery when needed as a direct result of an accident or injury when this forms part of an eligible ***claim*** that ***we*** have provided ***benefit*** for.

6.8 Dangerous activities

Any condition contracted, injury sustained, or ***treatment*** required:

- Either overseas or on ***your*** return to the ***UK:***
  - Whilst on a winter sports holiday or whilst staying in a winter sports resort.
- 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.

If ***you*** are unsure if an activity falls within this exclusion ***you*** should check with ***us*** beforehand.

6.9 Dangerous circumstances

Any condition contracted, injury sustained, or ***treatment*** required:

- Either overseas or on ***your*** return to the ***UK:***
  - Whilst in a location to which ***you*** travelled against advice issued by the Foreign, Commonwealth and Development Office (FCDO) either as against all travel or against all but essential travel; or
  - War, invasion, riot, revolution, act of terrorism, act of piracy, nuclear, biological or chemical contamination or any similar event.

6.10 Deliberately self-inflicted injuries or attempted suicide

6.11 Dental *treatment*

- Unless ***you*** have ***benefit*** for dental ***treatment*** included under ***your Policy***.
- However, ***we*** will pay for restorative dental ***treatment*** as a direct result of ***oral cancer*** if the ***Cancer*** Care ***Optional Extra*** is chosen.

6.12 Developmental (physical or psychological), behavioural or educational problems (or speech problems arising from these)

6.13 Dialysis

- ***We*** will however provide ***benefit*** for a maximum of 28 days haemofiltration within the ***benefits*** for ***Critical Care***: Level 3, or 28 days for haemodialysis, because of sudden kidney injury (failure) due to an eligible ***acute condition***.

6.14 Drooping eyelids (ptosis)

- ***We*** will only pay for ptosis (drooping eyelids) if ***your*** optometrist identifies visual impairment and ***you*** are referred by ***your*** optometrist to a consultant ophthalmologist. ***We*** will only pay for surgery if ***your*** field defects, as identified by the optometrist, breach the DVLA requirements for visual field testing for safe driving.

6.15 *End of life care*

- Please see Section 8 (Definitions – ***end of life care***).

6.16 Excluded conditions

- Anything excluded by the terms and conditions of ***your Policy***;
- Any ***personal exclusion*** applied to ***your Policy*** by ***us*** when it was underwritten. Please refer to ***your Certificate of Insurance*** and Section 7.4 (Underwriting Terms);
- Any related condition(s).

  A related condition is where a current ***UK*** body of reasonable medical opinion considers another symptom, disease, illness or injury to be related to or associated with an excluded condition.

6.17 Fees that are over and above those of *customary and reasonable cost* levels

6.18 Gender reassignment

6.19 Genetic tests

- Unless ***you*** have ***benefit*** for ***cancer*** included under ***your Policy***. Please see Section 4.4 (***Cancer*** Care).

6.20 HIV, AIDS

- Or similar or consequential infections, injuries or illnesses.

6.21 *Long-term conditions* (also referred to as long-term (chronic))

- ***Your Policy*** covers the short-term ***treatment*** of ***acute conditions*** which start after ***you*** have taken out the ***Policy***;
- ***Your Policy*** does not cover ***treatment*** for conditions that keep on coming back or need long-term monitoring or management. Including but not limited to Alzheimer's Disease, Charcot Marie Tooth Disease, Crohn's Disease, Diabetes, Fibromyalgia, Glaucoma, Haemophilia, Juvenile Arthritis, Macular

Degeneration, Recurrent back and joint problems, Recurrent Urinary Tract Infections, Rheumatoid Arthritis, Ulcerative Colitis;

- If ***your treatment*** becomes recurrent, continuing or long-term, the costs of ***treatment*** for this ***long-term condition*** – including monitoring, management, consultations and check-ups – and associated conditions will not be covered. ***We*** will write to let ***you*** know if this is the case;

We will, for a period not exceeding three months, pay for initial investigations needed to diagnose a new ***long-term condition*** and the initial short-term ***treatment*** up to the point of stabilisation. ***You*** must always contact ***us*** for pre-authorisation;

- Following the three month period, ***we*** will not pay for further investigations such as endoscopies that are primarily diagnostic or ***treatment*** for relief of symptoms relating to a ***long-term condition*** e.g. pain relief injections.

Targeted Therapies* for *long-term conditions

- ***Targeted Therapies*** are now being used for some ***long-term conditions***. If ***your Specialist*** considers that ***you*** may respond to a short-term course of ***Targeted Therapies you*** must always contact ***us*** for pre-authorisation. In addition, ***your Specialist*** must confirm:
  - That the ***treatment*** is not readily available to ***you*** as an ***NHS*** patient; and
  - That the ***Targeted Therapy*** will be used within its ***licensed indication*** for the stage of the particular clinical condition.
- ***We*** will then, for a period not exceeding three months, pay for ***eligible treatment***. ***We*** have produced an advisory leaflet about cover for ***long-term conditions***. If ***you*** would like a copy of this, please contact ***us***.

6.22 Menopausal/Pubertal conditions

- ***Treatment*** arising from or related to the male or female menopause;
- ***Treatment*** arising from or related to puberty.

6.23 Mental health conditions

- Any mental illness or disorder (including stress) except a limited number of telephone or face to face counselling ***sessions*** as appropriate where the Remote ***GP*** Services, Health and Wellbeing Helpline and Structured Counselling ***benefits*** apply.

Where the Mental Health ***Optional Extra*** has been included on ***your Policy you*** will not be covered for any ongoing psychiatric illness/condition(s).

- If ***you*** continue to take medication for the illness/condition then it is deemed ongoing and the episode has not ended.

6.24 Newborn/congenital disorders

- ***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***. This includes, but is not limited to, conditions such as:
  - Patent Foramen Ovale (PFO), Bicuspid Aortic Valve and genetic disorders and/or abnormalities causing a pathological condition or syndrome, including chromosomal abnormalities and gene point mutations.

6.25 Non-disclosed conditions/symptoms

- Conditions and symptoms which ***you*** have not told ***us*** about when asked to do so when applying for cover or pre-authorising a ***claim***. Please see Section 7.13 (Terminating or Cancelling ***your Policy***).

6.26 Non-*established treatment* and *experimental treatment*

- Please see Section 8 (Definitions – ***non-established treatment*** and ***experimental treatment***).

6.27 Non-*hospital* establishments

- ***Treatment*** taking place in a ***hospital*** that is not on ***our hospital*** list. Please see Section 2.4.1 (***Hospital*** Access);
- ***Treatment*** in convalescent, nursing or residential homes, health-hydros, nature cure clinics or similar establishments.

6.28 Obesity

- ***Treatment*** arising from or related to obesity and/or ***treatment*** for obesity, e.g. bariatric surgery;
- ***Treatment*** arising from or related to the removal of fat or surplus healthy tissue from any part of the body, even if this is for medical or psychological reasons.

6.29 Organ transplant(s)

A transplant is where a patient receives an organ or tissue from another person (surgically implanted or infused).

- Organ transplant operations, including investigations done before the operation or ***treatment*** needed as a result of the operation.

However, ***we*** will pay for:

- Cornea transplants, skin grafts and blood transfusions;
- Bone marrow or stem cell transplants;
  - Where this forms part of ***treatment*** for ***cancer we*** can only consider if ***you*** have the ***Cancer*** Care ***benefit*** included under ***your Policy***. Please see Section 4.4 (***Cancer*** Care).

6.30 *Out-patient* drugs/dressings

- This includes any drugs and dressings ***you*** are given to take home from ***hospital*** unless they are needed to complete a short course of ***treatment*** (e.g. antibiotics).

6.31 Pre-existing conditions – subject to the underwriting of *your Policy*

- 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 symptoms or condition, whether diagnosed or not, which occurs in the first 14 days of cover, unless agreed and accepted by ***us*** in writing in advance.

6.32 Professional sports

- Any illness or injury due to engaging in professional sport that is a sport where any fee, donation or benefit in kind is payable either directly or indirectly for playing, training or coaching.

6.33 Refractive eye surgery

- Refractive eye surgery for the correction of imperfect sight.

6.34 Rehabilitation

- ***Treatment*** helping towards improving physical and/or mental capacities, following illness or injury;
- However, ***we*** will pay for a short course of rehabilitation (not to exceed two weeks) immediately following an ***in-patient*** admission that has been covered by ***your Policy***. ***We*** must specifically agree the extent of the cover before rehabilitation starts and this will not be extended.

6.35 Removal of healthy tissue

- From any part of the body for any ***indication*** (including medical or psychological) examples include (but are not limited to) surgery for Gynaecomastia, Labial Reduction, Circumcision and Prophylactic Mastectomy or Prophylactic Oophorectomy to prevent ***cancer***.
- Except following ***cancer*** surgery under the ***Cancer*** Care ***benefit we*** will pay for prophylactic mastectomy and/or prophylactic oophorectomy when a patient has diagnosis of breast ***cancer*** and has a confirmed BRCA genetic change resulting in a high risk of further breast or ovarian ***cancer***.

6.36 Reproductive system

- Pregnancy, fertility problems, assisted conception, contraception, sterilisation and child birth;
- However, ***we*** will pay for ***treatment*** of the following specified conditions when they occur during pregnancy:
  - Ectopic pregnancy (where the foetus grows outside the womb);
  - Hydatidiform mole (abnormal cells growing in the womb);
  - Post-partum haemorrhage;
  - Retained placental membrane;
  - Medical and Surgical Management of Miscarriage and Removal of Persistent Products of Conception.

    (!) Please note that investigations into the cause of miscarriage are not covered.
  - Physiotherapy.

6.37 Road traffic collision/illegal activity

- Any illness or injury due to a road traffic incident/collision where ***you*** were not suitably restrained and/or wearing/using appropriate protection, e.g. seat belt, helmet or suitable child restraint;
- If ***your claim*** for ***treatment*** results from an incident or injury which is or may be subject to criminal proceedings against ***you*** or

conviction, including road traffic offences, then ***you*** must provide all relevant details and ***we*** will suspend payment of ***your claim*** pending the outcome of the proceedings. If ***you*** are convicted then no ***benefit*** will be paid.

6.38 Routine medical examinations, health screening (unless *you* have *benefit* for health screening included under *your Policy*) or medical appliances, such as:

- Hearing aids, wheelchairs, crutches, braces or surgical orthoses.

6.39 Sexual problems

- A condition of sexual function however caused;
- Sexually transmitted diseases.

6.40 Sleep disorders

- Sleep disorders, including sleep studies or corrective surgery, e.g. sleep apnoea and snoring.

6.41 *Targeted Cancer Therapies (TCTs)*

- To maintain ***remission of cancer***;
- If readily available to ***you*** on the ***NHS***;
- For use outside of their ***licensed indication*** for the stage of the condition being treated***;***
- For ***non-established treatment*** or ***experimental treatment***.

6.42 Use of or Dependency upon Alcohol/ Drugs/Substances

- ***Treatment*** required, directly or indirectly, as a result of:
  - Harmful use of alcohol; or
  - Any use of drugs or of other addictive/intoxicating substances, examples include (but are not limited to): psychoactive substances, anabolic steroids, performance enhancing drugs and Class A, B and C drugs.
- ***Oral cancer*** attributed by a medical practitioner directly or indirectly to smoking/smoking-related materials/chewing tobacco and/ or consuming alcohol, when ***you*** have been advised by a medical practitioner to reduce the intake.

6.43 Varicose veins

- ***Treatment*** for thread veins and other superficial veins;
- ***Treatment*** of varicose veins during the first two years of ***your Policy*** (if ***you*** joined on a Full Medical Underwriting or Moratorium Underwriting basis). If ***you*** have a ***personal exclusion*** for varicose veins, this will continue to apply indefinitely;
- Recurrent varicose veins;
- However, if ***you*** do not have a ***personal exclusion*** for varicose veins, after two years (subject to ***your*** underwriting) ***we*** will pay for:
  - One admission per venous drainage system regardless of ***treatment*** type per person per lifetime of the ***Policy***;
  - One visit only for injections of residual veins after ***treatment*** to the main veins per person per lifetime of the ***Policy***, covered for up to six months after the main ***procedure***.

6.44 Pelvic Venous Congestion/Ovarian Vein Reflux

- One ***hospital***/treatment centre admission per leg for pelvic vein embolisation per person per lifetime of the ***Policy***.

7. Important Information

7.1 What is required of *you*

7.1.1 *Policyholder* Status

In order to be able to take out the ***Policy***, as the ***Policyholder***, ***you*** must be aged between 18 and 65. After reaching 65 years, ***you*** can continue to renew ***your Policy*** each year.

A child under the age of 18 cannot be a ***Policyholder*** without a named parent or guardian who, acting on their behalf, is responsible for all ***Policy*** administration, including paying premiums and submitting ***claims*** until the child reaches 18.

If the ***Policyholder*** dies, any other ***family member*** named on the ***Certificate of Insurance*** may take over the ***Policy***. They will be bound by the terms and conditions of the ***Policy***.

Before being able to take out a ***Policy***, ***you*** must have been registered with an ***NHS GP*** for at least the six months prior to taking out the ***Policy***. ***You*** must remain registered with an ***NHS GP*** whilst insured under the ***Policy***.

The ***Policy Address*** and the address ***you*** register with ***your NHS GP*** must be the same.

7.1.2 Adding *family member(s)*

Eligible ***family member(s)*** including children over six months old may only be added to ***your Policy*** by the ***Policyholder*** and provided they live at the ***Policy Address***. This cannot be backdated. Any ***family member(s)*** to be added will need to complete an ***Application Form*** detailing their medical history. Any adjustment to the premium will take effect from their date of joining.

To add ***your*** baby (under six months old) to ***your Policy*** without the need for medical underwriting the ***Policyholder*** must send ***us*** a copy of the birth certificate within six months of birth. Any adjustment to the premium will take effect on the next ***renewal date*** following their date of birth.

7.1.3 *Your* Occupation

Self-employed individuals and members of professions can qualify for a discounted premium. The qualifying criteria is available on request or at wpa.org.uk/qualify

We reserve the right to request satisfactory evidence of ***your*** employment status. ***You*** must notify ***us*** immediately if there is a change in ***your*** employment status as failure to do so will render the ***Policy*** void.

7.2 Residential Status

The ***Policy Address*** will be used for all ***Policy*** related matters. ***You*** (and ***your family member(s)*** subject to the one exception stated below) must live at the ***Policy Address*** for at least six months of the year.

Family member(s) may only have an alternative ***UK*** address to the ***Policy Address*** if they are aged under 25 and in full time education.

You must notify ***us*** immediately of any change to ***your Policy Address***. The ***Policy*** will be automatically terminated if ***you*** leave the ***UK*** for over six months (or if ***you*** live outside the ***UK*** for more than six months in any year) or provide ***us*** with an incorrect ***Policy Address***.

If ***treatment*** received is invoiced to an address which is not the ***Policy Address***, or the address that ***you*** are registered at with ***your NHS GP***, then ***we*** reserve the right in ***our*** sole discretion to:

- Apply the premium commensurate with that address retrospectively; or
- Void the ***Policy***; or
- Void the ***Policy*** and recover any ***benefit*** paid.

7.3 Premium and Renewal

7.3.1 Premium

It is the ***Policyholder's*** responsibility to ensure that ***your*** premium is paid to ***us*** when it is due whether annually or by monthly instalments.

If the ***Policyholder*** fails to pay ***your*** premium to ***us*** when it is due ***your Policy*** will automatically be terminated (or void, if no premium has ever been paid) and any ***claim(s) you*** make will not be paid.

Your premium has Insurance Premium Tax (IPT) added at the prevailing rate. ***You*** agree ***we*** may adjust the amount ***you*** pay to reflect any change in IPT or other relevant legislation during ***your Policy Year***.

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

You can also pay by 12 separate monthly payments. Direct debit and credit card payments are accepted on a continuous authority basis.

It is ***your*** responsibility to ensure that the details of ***your*** payment method are up to date and correct, even if someone else pays the premium on ***your*** behalf.

7.3.2 Renewal

At least 21 days before the ***Policy*** expires ***we*** will contact the ***Policyholder*** with renewal terms including any changes for the forthcoming ***Policy Year***.

After the ***renewal date***, the new renewal terms will apply to ***your Policy*** but ***you*** will benefit from the same medical underwriting terms.

Remember, changes to ***your Policy*** may only be made at renewal.

7.4 Underwriting Terms

When a customer applies for a ***Policy*** with ***us***, ***we*** assess and determine the risk being presented to ***us*** when underwriting the ***Policy***. There are several types of underwriting terms that can be applied to ***your Policy*** and these are explained below. Please refer to ***your Certificate of Insurance*** to see which one has been applied to ***you*** because each insured person can have different underwriting terms applied to them.

When ***we*** refer to conditions in this Section the term also includes any related conditions and any undiagnosed symptoms. A related condition is where a current ***UK*** body of reasonable medical opinion considers another symptom, disease, illness or injury to be related to or associated with a condition.

For guidance regarding what ***we*** consider to be related to some ***long-term conditions*** please visit: wpa.org.uk/relatedconditions

It is important to note that if ***you*** have made a transfer from another health insurer in order to have a ***Policy*** with ***us*** it will only be ***your*** underwriting terms that transfer. The terms and conditions of ***your*** new ***Policy*** may be different to ***your*** previous one.

If ***you*** are required to complete medical questions prior to joining, it is essential that ***we*** have all relevant information from ***you*** when applying for a ***Policy*** (or to add ***family member(s)*** to an existing ***Policy***); this includes information about symptoms that have not been diagnosed. If relevant information is not provided to ***us***, ***we*** will not pay any ***claim(s)*** that ***you*** make in the future for that condition, or may even terminate or void ***your Policy***. If ***you*** are unsure whether ***you*** should have mentioned something on ***your Application Form***, please contact ***us*** immediately.

We reserve the right at all times to write to ***your GP*** for information. Please refer to Section 7.5 (***Your*** Medical Information).

There are different types of underwriting terms:

7.4.1 Full Medical Underwriting (FMU) – Declared Medical History

FMU means ***your Policy*** does not pay for conditions that ***you*** already had when ***you*** joined, unless adequately declared to and accepted by ***us***. ***You*** are also not eligible for cover under ***your Policy*** for any conditions, whether diagnosed or not, if these arise in the first 14 days after ***you*** joined ***us***. ***We*** call these pre-existing conditions.

On the ***Application Form we*** ask ***you*** to give ***us*** details of ***your*** full medical history. ***Our*** underwriters review the information ***you*** provide to ***us*** and determine whether ***you*** have a greater than average risk of requiring ***treatment*** for any condition. Such conditions have underwriting terms, which ***we*** refer to as ***personal exclusions***, placed on ***your Policy***. ***Personal exclusions*** are recorded on ***your Certificate of Insurance***.

This means that *you* will not be able to *claim* for:

- Any ***personal exclusions*** shown on ***your Certificate of Insurance*** as well as the general exclusions in Section 6 (What is Not Covered);

- Any conditions that existed before the date that ***you*** joined ***us***, that fall within the questions in the ***Application Form***, unless adequately declared to and accepted by ***us*** in writing.

7.4.2 Moratorium Underwriting (sometimes referred to as Mori)

If ***you*** have moratorium underwriting ***you*** will not be eligible to ***claim*** for at least two years, for any condition(s) which ***you*** had during the five years before ***your Policy*** starts or which occurred in the first 14 days after ***you*** joined ***us***. ***We*** call these pre-existing conditions.

If ***you*** do not have any symptoms, ***treatment***, medication or advice for pre-existing conditions for two continuous years after the ***Policy*** starts, ***benefit*** will then be available. ***We*** refer to this as a two year clear period.

When applying for ***your Policy***, although ***you*** do not have to provide ***us*** with full medical details, ***we*** may request more detailed information from ***your GP***/***Specialist*** for each new condition ***claimed*** for.

If, when ***you*** joined, ***you*** suffered any condition that requires regular monitoring, management, advice or medication, such conditions will never be eligible for ***benefit***. This is because ***you*** will not have had a two year clear period, as explained above.

This means that *you* will not be able to *claim* for:

- Any conditions that existed during the five years before the date that ***you*** joined ***us***, unless ***you*** have a two year clear period after ***your*** join date.

We strongly advise ***you*** not to delay seeking medical advice or ***treatment*** for any condition during the moratorium period.

7.4.3 Continued Moratorium

If ***you*** have continued moratorium underwriting, this means that ***you*** have had a transfer from a previous health insurer where ***you*** had insurance that was underwritten on a moratorium period basis. This means the previous moratorium period will apply to ***your*** new ***Policy*** 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 unless ***you*** have satisfied their 'symptom, ***treatment***, medication and advice free' moratorium period as shown on ***your*** previous insurer's Certificate of Insurance or equivalent as supplied to ***us*** on joining;
- Any conditions that existed before the date that ***you*** joined ***us***, that fall within the continued moratorium criteria in the ***Application Form***, unless adequately declared to and accepted by ***us*** in writing.

7.4.4 Continued Personal Medical Exclusions (CPME) (sometimes referred to as Switch)

CPME means that ***you*** have had a transfer from a previous health insurer where ***you*** had insurance that had been medically underwritten, based on the medical history ***you*** had disclosed to that insurer. The same ***personal exclusions*** (or equivalent) applied by ***your*** previous insurer (shown on ***your*** previous Certificate of Insurance or equivalent) have been transferred on to ***your Policy*** and will be shown on ***your*** current ***Certificate of Insurance***.

This means that *you* will not be able to *claim* for:

- Any ***personal exclusions*** shown on ***your Certificate of Insurance***;
- Any conditions that existed before the date that ***you*** joined ***us***, that fall within the questions in the ***Application Form***, unless adequately declared to and accepted by ***us*** in writing.

7.4.5 Additional Information – when joining on a continued basis

(!) This information applies to Section 7.4.3 and 7.4.4.

(!) There must be no break in insurance cover between leaving ***your*** previous health insurer and joining ***us***. ***We*** must receive a copy of the previous health insurer's Certificate of Insurance or equivalent.

Our individual health insurance Policies have a 14 day ***deferment period*** before ***you*** can ***claim*** for any condition. If ***your*** previous

health insurance had an equivalent level of cover, ***we*** may at ***our*** sole discretion waive the 14 day ***deferment period***, provided there is no break between ***your*** previous insurance and the start of ***your Policy***.

Exclusions applied by WPA may be worded differently to any applied by ***your*** previous insurer.

We reserve the right to apply additional ***personal exclusions***.

7.5 ***Your*** Medical Information

It is a term of ***your Policy*** that ***we*** may access ***your*** medical record(s) and/or request a medical report from ***your treatment*** provider. ***Our*** entitlement to this information is governed by the Access to Medical Reports Act 1988 (AMRA).

If ***we*** require further information, ***we*** will seek ***your*** consent. ***You*** may choose whether or not ***you*** wish to give ***your*** consent. If ***you*** refuse to give consent then ***we*** will be unable to process any ***claim(s) you*** have made or may make and ***your Policy*** may be terminated or rendered void.

Once ***you*** have provided ***your*** consent ***you*** have the option to view the information first. If ***you*** choose to view the information first, ***we*** will be unable to process ***claims you*** have made or may make until all the information is provided by ***you*** to ***us***. If ***you*** do not provide all of the information requested to ***us***, ***your Policy*** may be terminated or rendered void.

If ***your Policy*** is terminated or rendered void as a result of a failure by ***you*** to provide to ***us*** information ***we*** have requested ***we*** may recoup from ***you*** any amounts already paid in respect of conditions for which ***you*** have made a ***claim*** prior to the request for information. In these circumstances, ***we*** will also seek ***our*** costs of recoupment.

We may also require ***your treatment*** provider including ***Specialist*** or ***Therapist*** whose care ***you*** have been under, to supply ***us*** with any information ***we*** reasonably require in relation to ***your treatment*** details, costs, invoices submitted to ***us*** or in relation to the administration of ***your Policy***.

7.6 What ***you*** need to know about WPA

7.6.1 Who are ***we***?

WPA is a company registered in England and Wales under company number: 475557. ***Our*** registered office is: Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. WPA is a company limited by guarantee with no shareholders.

7.6.2 Regulation

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. ***We*** are authorised to arrange and underwrite general insurance contracts.

Our Financial Conduct Authority registration number is: 202608. ***Our*** authorisation may be checked against the Financial Services Register at: www.fca.org.uk/register

7.6.3 Products Offered

We only offer ***our*** own medical insurance Policies, dental insurance Policies and cash plans. ***Our*** products are renewable annually. ***We*** promote ***our*** products through distribution channels which may include other companies within the WPA Group.

You will not be charged any fees by ***us*** for arranging insurance products with ***us***.

7.7 What ***you*** should do if ***you*** are unhappy and want to complain

If ***you*** are unhappy and want to make a complaint ***you*** should contact ***us*** using any of the contact methods in this ***Guide*** and detail ***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.

7.7.1 Financial Ombudsman Service (FOS)

We are a member of FOS. FOS provide an independent and impartial method of resolving complaints. If, following complaining to

us, ***you*** remain unhappy ***you*** may complain to FOS. They will need to know that ***you*** have given ***us*** the opportunity to put things right and they cannot investigate ***your*** complaint if ***you*** have not contacted ***us*** to try to let ***us*** resolve ***your*** complaint or if ***your*** complaint is already the subject of legal proceedings or arbitration.

For more information please visit: www.financial-ombudsman.org.uk

You **may contact FOS at:**
Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

0800 023 4567 – calls to this number are free on mobiles and landlines.

0300 123 9 123 – calls to this number cost no more than calls to 01 or 02 numbers.

complaint.info@financial-ombudsman.org.uk

7.7.2 Applicable Law and Jurisdiction

Your Policy is governed by the laws of England and Wales.

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

7.8 Enforcing *your Policy*

7.8.1 Who can Enforce *your Policy*?

Third party rights are excluded and the ***Policy*** can only be enforced by ***us*** and the ***Policyholder***.

No third party or ***family member(s)*** may enforce any term of ***your Policy***. The provisions of the Contracts (Rights of Third Parties) Act 1999 are expressly excluded from ***your Policy*** and any document issued under this ***Policy***. Neither this ***Policy*** nor any document issued under or as a result of ***your Policy*** are intended to confer any rights on any ***family member(s)*** or third parties.

7.8.2 Terms and Conditions

If for any reason, any terms and conditions or provisions within this ***Guide*** are deemed unenforceable, invalid or illegal, in any respect under law or regulation, the validity, legality and enforceability of the remaining terms and conditions or provisions in this ***Guide*** will not, as a result, be in any way affected or impaired. Any failure to exercise, or delay in exercising, any terms and conditions or provisions within this ***Guide*** by ***us***, will not operate as any waiver by ***us***.

If ***we*** pay any ***benefit*** outside the terms and conditions of ***your Policy***, it does not mean that ***we*** are liable to continue to make payment in the future.

7.9 What to do if *you* have insurance with another provider

It is a condition of this ***Policy*** that if, at the time of making any ***claim*** (or at the time of any ***eligible treatment*** for which a ***claim*** has been made) there is any other scheme or insurance and/or cash benefit plan covering all or part of the costs which are the subject of the ***claim***, ***our*** liability under this ***Policy*** is limited to a rateable proportion of any such ***claim***.

For the avoidance of doubt, this includes any benefit provided by ***your*** credit card provider or similar.

If ***you*** have the benefit of membership of a scheme or insurance and/or cash benefit plan with another insurer ***you*** must tell ***us*** and agree to ***us*** contacting them. This is a condition of ***your Policy*** because neither ***we*** nor the other scheme or insurer is liable to pay more than a rateable proportion of any ***claim*** for ***eligible treatment***.

If ***you*** fail to provide ***us*** with details of any other scheme or insurance from which ***you*** are eligible to ***claim*** benefit then ***we*** reserve the right to recover the rateable proportion from ***you***.

The amount of any ***claim*** that ***you*** make must not exceed the cost actually incurred by ***you*** for the ***eligible treatment you*** have received.

It is a general legal principle that ***you*** are not permitted to make a profit from an insurance ***claim***.

You may not be paid more than once in respect of the same expense.

7.10 What to do if *you* have a Personal Injury or Clinical Negligence claim

It is a condition of ***your Policy*** that if ***you*** have a claim for a personal injury or clinical negligence ***you*** agree to comply with ***our***: "Claims Cooperation Procedure" which can be viewed on ***our*** website at: wpa.org.uk/injury

It is important that ***you*** understand the legal implications of the Claims Cooperation Procedure. If ***you*** are in any doubt as to its meaning, ***you*** must contact ***us*** or take independent legal advice as soon as possible.

If ***we*** fund any ***eligible treatment*** costs which were attributable to the fault or negligence of a third party and ***you*** make a ***claim***, ***you*** must include the ***eligible treatment*** costs within ***your*** legal action.

We have a subrogated right in law to take legal action on ***your*** behalf (and in ***your*** and/or where applicable ***your family member(s)*** name(s)) and ***you*** must cooperate with ***us*** in the exercise of that right.

7.11 Financial Services Compensation Scheme (FSCS)

We are a member of 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

7.12 Personal Information, Financial Crime and Fraud

7.12.1 How *we* use information about *you*

We will hold and process personal data in accordance with the Data Protection Act 2018, including the General Data Protection Regulation (Regulation (EU) 2016/679) and any other applicable laws and regulations relating to the processing of personal data and privacy. This also includes any applicable guidance and codes of practice issued by the Information Commissioner's Office or any other relevant supervisory authority.

Before ***we*** provide services to ***you*** ***we*** undertake checks for the purposes of preventing financial crime, fraud, money laundering and to verify ***your*** identity. These checks require ***us*** to process personal data about ***you***.

The personal data ***you*** have provided, ***we*** have collected from ***you***, or that ***we*** have received from third parties will be used to prevent fraud and money laundering and to verify ***your*** identity. Details of the personal information that will be processed include e.g. name, address and address history, date of birth, contact details, financial information, employment details, medical and lifestyle information and device identifiers including IP addresses.

Further, ***we*** use ***your*** personal data to administer ***your Policy*** including underwriting, ***claims*** processing, assessment and statistical analysis and to improve ***our*** products and services. ***We*** take great care in the safe custody and use of personal data. ***We*** are one of the few insurance companies to hold the ISO 27001:2013 Standard – the International and British Standard for Information Security.

We do not share information about ***you*** with third parties other than to a limited number of essential people necessary to perform ***our*** obligations to ***you***, including:

- ***Your treatment*** providers;
- ***Our*** trusted third party service providers;
- Other companies within the WPA Group including: WPA Protocol Plc; WPA Healthcare Practice Plc; WPA Insurance Services Limited; WPA World Class Services (India) Private Limited and any others as notified from time to time.

In certain circumstances, when ***we*** are legally obliged to, it may be necessary for ***us*** to share information with HMRC and/or ***our*** Regulators.

We may also share medical information with someone acting on behalf of ***you***, if incapacitated.

We never share information with third parties for marketing purposes.

For further details please visit ***our*** website at: wpa.org.uk/privacy

For anything else, including an up-to-date list of ***our*** Service Providers, please contact the Data Protection Officer for the WPA Group in writing or email: dataprotection@wpa.org.uk

7.12.2 Financial Crime and Fraud

To detect and prevent fraud, financial crime or improper ***claims we*** check details with fraud prevention agencies. Additionally, ***we*** work with other organisations including other insurers to pool information about applications or ***claims***. When ***we*** and fraud prevention agencies process ***your*** personal data, ***we*** do so on the basis that ***we*** have a legitimate interest in preventing financial crime, fraud, money laundering and to verify identity, in order to protect ***our*** business and to comply with laws that apply to ***us***. Such processing is a contractual requirement of the services ***you*** have requested.

We, and fraud prevention agencies, may also enable law enforcement agencies to access and use ***your*** personal data to detect, investigate and prevent crime.

Fraud prevention agencies can hold ***your*** personal data for different periods of time, and if ***you*** are considered to pose a financial crime, fraud or money laundering risk, ***your*** data can be held for up to six years.

Where any potential financial crime, fraud or improper ***claim*** is suspected by ***us***, notified to ***us***, or identified by ***us***, ***we*** will investigate. If ***we***, or a fraud prevention agency, determine that ***you*** pose a financial crime, fraud or money laundering risk, ***we*** may refuse to provide the services ***you*** have requested or ***we*** may stop providing existing services to ***you***.

A record of any financial crime, fraud or money laundering risk will be retained by fraud prevention agencies and may result in others refusing to provide services, financing or employment to ***you***.

If ***we*** conclude ***you*** have or any ***family member*** has committed fraud, financial crime or submitted an improper ***claim*** (or attempted to do so) then ***we*** reserve the right to notify the person who pays the premium which may include an employer or ***family member***.

If ***we*** obtain evidence of fraud, financial crime or reckless or deliberate misrepresentation in relation to ***your Policy we*** will avoid the contract and refuse all ***claims*** and will not refund any premiums paid. Further, ***we*** will take legal action to recover all losses to ***us*** including any ***claims we*** have paid, the interest on these sums and all associated costs.

Whenever fraud prevention agencies transfer ***your*** personal data outside of the European Economic Area, they impose contractual obligations on the recipients of that data to protect ***your*** personal data to the standard required in the European Economic Area. They may also require the recipient to subscribe to 'international frameworks' intended to enable secure data sharing.

7.12.3 *Your* Data Protection Rights

Your personal data is protected by legal rights, which may include ***your*** right to:

- Object to ***our*** processing of ***your*** personal data;
- Request that ***your*** personal data is erased or corrected;
- Request access to ***your*** personal data.

For more information or to exercise ***your*** data protection rights please contact ***us*** in writing or email: dataprotection@wpa.org.uk

You also have a right to complain to the Information Commissioner's Office which regulates the processing of personal data.

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

Please note that ***our*** processing of ***your*** personal data is an essential requirement in order for ***us*** to provide services to ***you*** under the terms and conditions of ***your Policy***.

7.12.4 Giving *you* information

Where ***you*** have 'opted in' ***we*** may advise ***you*** by letter, telephone, electronic mail or otherwise of ***our*** 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 an administration fee for supplying a copy of any personal information.

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

Subject to ***your*** chosen communication method, ***we*** use email as ***our*** primary method of communication when ***we*** need to communicate with ***you*** on ***claims***, medical or administrative matters.

For security, all of ***our*** emails are hosted in a secure online account and ***you*** will be notified by email when ***you*** have a message.

Please remember that the email address ***you*** give ***us*** must be secure and not accessible by anyone else.

By providing ***your*** email address ***you*** are consenting to its use for services which may include the provision and/or receipt of ***claim*** and medical information as well as the administration of ***your Policy***.

In the event of any unforeseen circumstance, such as a pandemic, ***we*** may need to default to email communication on a time-limited basis.

7.12.5 *Our* Personal Data Retention *Policy*

We will hold and process ***your*** personal data whilst ***you*** are insured under the ***Policy*** so that ***we*** may administer ***your Policy***. Following termination of the ***Policy we*** will be entitled to continue to hold and process ***your*** personal data for legal, regulatory and statutory reporting purposes such as:

- Fraud detection and prevention;
- As required by ***our*** Regulators and HMRC;
- Monitoring and improving ***our*** services;
- Data analytics, market trends and benchmarking;
- Calculating premiums; and
- Such other purposes as may be agreed between ***us***.

How long ***we*** will retain and process ***your*** personal data depends upon the reason for processing. Where ***we*** carry out processing following termination ***we*** will use reasonable endeavours to ensure the anonymisation or pseudonymisation of personal data in so far as such processing can be carried out in that form.

7.13 Terminating or Cancelling ***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.

7.13.1 Terminating or Voiding *your Policy*

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 as provided for in Section 7.3 (Premium and Renewal); 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 as provided for in Section 7.2 (Residential Status).

7.13.2 Cancelling *your Policy*

If ***you*** choose to cancel ***your Policy*** after the initial 30 day ***notice period*** (or alternatively if ***we*** decide to cancel ***your Policy*** which ***we*** reserve the right to do at any time) then ***you*** may be entitled to a partial pro-rata refund of the premium paid for that ***Policy Year***. Any refund due will depend on how ***you*** paid ***your*** premium. No premiums are refundable if a ***claim*** has already been made.

Where the premium for the ***Policy Year*** was paid in full then ***you*** will be entitled to a pro-rata refund of the premium paid. The pro-rata refund will be calculated proportionally based on the date ***you*** or ***we*** cancelled the ***Policy*** and the end of the ***Policy Year***.

Where payment of the premium has been made by monthly instalments then ***you*** will not be entitled to a refund.

8. Definitions

Some words and phrases used in ***our*** Policies have a particular meaning and this is explained in this Section 8 (Definitions). These defined terms may not all apply to ***your*** particular ***Policy***, depending on the cover it offers.

Unless the context of a defined word or phrase otherwise requires, the singular includes the plural and vice versa.

8.1 *Policy* Definitions

Active Treatment
Treatment that is of ***curative intent*** or to relieve acute symptoms, arrest disease progression or remove/destroy ***cancer*** cells.

Acute Condition
A symptom, disease, illness or injury that is likely to respond quickly to ***treatment*** which aims to return ***you*** to the state of health ***you*** were in immediately before suffering the disease, illness or injury, or which leads to ***your*** full recovery.

A&E
NHS Accident and Emergency.

Application Form
The document(s) that ***you*** completed and/or submitted to apply for ***your Policy***.

Benefit
What ***you*** are entitled to ***claim*** reimbursement for under this ***Policy*** in respect of ***eligible treatment***.

Benefit Schedule
The schedule of ***your benefits*** applicable to ***your Policy*** and in force for the ***Policy Year*** which details all applicable monetary and non-monetary limits.

Best practice guidelines
Guidance set by the Royal College of Radiologists, ***Cancer*** Multi-Disciplinary Team Meetings – standards for clinical radiologists or peer review measures set out by the Commissioning for Quality and Innovation (QUIN).

Cancer
A group of cells that are no longer responsive to the normal mechanisms that control cellular growth and division.

CCSD Code
Operations/***procedures*** carried out by ***your Specialist*** are classified using the industry standard CCSD (Clinical Coding and Schedule Development) codes. For information visit www.ccsd.org.uk

Certificate of Insurance
The certificate applicable to ***your Policy*** and in force for the ***Policy Year*** giving details of:

- The ***Policyholder***;
- Registered ***family member(s)***;
- Any ***Optional Extras***;
- Underwriting terms;
- Any ***personal exclusions*** that apply; and
- ***Your*** payment schedule.

(!) Please note that ***your Certificate of Insurance*** was formerly and may be referred to as: "Certificate of Registration".

Claim
A request for payment of a ***benefit*** for which qualifying expenses have been incurred under the terms and conditions of the ***Policy*** and in line with its terms and conditions.

Claim Form
The document that ***you*** and/or the provider of ***your treatment*** or ***your GP*** sign telling ***us*** the details of ***your claim*** which ***we*** will use to confirm that it is covered.

Clinical Trial
A formally constituted ***clinical trial*** in accordance with prevailing legislation and overseen by the Medical Research Council.

Critical Care
The Intensive Care Society provide 'Classification of Critical Care' guidance. For information visit www.ics.ac.uk

Curative Intent
Curative intent applies to ***treatment*** that is administered with a reasonable expectation both that it will restore the patient close to the state of health enjoyed prior to the disease being diagnosed, and expect the patient to be disease free five years after commencement of the ***treatment***.

Customary and Reasonable Cost
The level of fees that ***we*** deem to be a ***customary and reasonable cost*** are set to reflect the complexity of a ***procedure***, the time and skill involved in its performance and that which is a ***customary and reasonable cost*** and a fair return for services rendered. The ***benefit*** levels for each ***procedure*** are regularly reviewed by WPA's Medical Advisory and Clinical Governance Committee, whose medical members have both private and ***NHS*** consultant experience. ***We*** take professional advice from ***our Specialist*** advisers and through continuing dialogue with both the medical profession and professional ***Specialist*** bodies.

Day-patient
A patient who is admitted to a ***hospital*** or ***day-patient*** unit for medical reasons and because they need a period of medically supervised recovery but do not occupy a bed overnight.

Deferment Period
A period during which ***your Policy*** is in force but no ***benefit*** is payable. Following the expiry of the ***deferment period***, ***you*** are covered for the ***eligible treatment*** of any symptom or condition, but not if the symptom or condition arose, whether diagnosed or not, within the ***deferment period***.

Dental Hygienist
A ***Dental Hygienist*** who is registered to practice with the General Dental Council.

Dentist
A ***Dentist*** who is registered to practice with the General Dental Council.

Diagnostic Tests
Investigations, such as x-rays or blood tests, to find or to help to find the cause of ***your*** symptoms. For the purposes of this ***Policy***, ***diagnostic tests*** also include ultrasound scans.

EHIC
European Health Insurance Card or any future equivalent reciprocal health funding agreements. Please also see ***GHIC*** below.

Eligible Treatment
Established treatment for which the ***Policy*** provides ***benefit***, given by a provider of ***treatment we*** recognise for an ***acute condition*** which is not excluded by any ***personal exclusion*** and is within the terms and conditions of the ***Policy***.

End of Life Care
Treatment which concentrates on controlling pain and other symptoms when the patient is near or approaching the end of life and ***active treatment*** for the causative disease is no longer considered effective or appropriate.

Established Treatment
Treatment that is considered to be acceptable recognised clinical practice by WPA's medical advisers and/or:

- It is approved by ***NICE*** for routine use in the ***NHS*** without restriction or it is routinely used in the ***NHS*** for this condition without restriction; and
- If it involves the use of drugs, they are used within their ***licensed indication*** for the stage of the condition being treated. This may be either single or stipulated combination(s).

Family Member
A person covered by the ***Policy*** who is ***your*** partner or who is related to the ***Policyholder*** and lives at the same address (unless in full-time education).

GHIC
UK Global Health Insurance Card.

GMC
General Medical Council.

GP
General Practitioner holding a current licence to practice whose name appears on the ***GMC*** General Practitioner Register.

References to ***GP*** include, where applicable, the ***WPA GP Service Provider***.

Guide
This ***Policy*** document.

HCPC
Health and Care Professions Council.

Histologically/Genetically Distinct
Every ***cancer*** has a unique "footprint" that can be identified by examining tumour cells in the laboratory. One method is histology which is the microscopic study of tissues and cells.

Hospital
A ***hospital*** included in ***our*** list of recognised ***hospitals*** that is:

- A private ***hospital*** which charges fees for its services with facilities for providing private medical and surgical ***treatment***; or
- An ***NHS hospital*** in the ***UK*** which is registered in accordance with United Kingdom legislation which is not a nursing home which provides convalescence or geriatric care;
- Or overseas is locally recognised.

Indication(s)
Authorised therapeutic use affirmed by the appropriate licensing authorities based upon the evidence-based submission for efficacy at product license application.

For malignant conditions, the specific type of ***cancer*** and stage of the disease need to be stipulated.

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

Licensed
Any drug, medical and surgical appliance must be ***licensed*** for use in the ***UK***.

Long-term Condition
A long-term (chronic) condition is a symptom, disease, illness, or injury that has one or more of the following characteristics:

- It needs on-going or long-term monitoring or management through consultations, examinations, check-ups, and/or tests;
- It needs on-going 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.

NHS
National Health Service.

NICE
National Institute for Health & Care Excellence (or the equivalent of ***NICE*** in England and Wales).

Non-established Treatment or Experimental Treatment
Which is any ***treatment***:

- That ***NICE*** does not recognise; or
- Which makes use of a drug outside of its ***licensed indication*** for the stage of the condition being treated; or
- Is any form of ***clinical trial*** whether formally constituted or not.

Your Policy does not cover ***non-established treatment*** or ***experimental treatment.***

Notice Period
The 30 day period commencing with the date of issue of ***your Policy*** shown on ***your Certificate of Insurance***.

Nurse
A qualified ***Nurse*** who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

Oncologist
Oncology is the ***Specialist treatment*** of ***cancer,*** which includes radiotherapy and chemotherapy. ***We*** provide ***benefit*** for Consultant ***Oncologists***. Best Clinical Practice requires that ***your*** Consultant ***Oncologist*** will form part of a Multi-Disciplinary Team overseeing ***your cancer treatment***.

Optional Extra
A ***benefit*** available to enhance ***your Policy***. Please check ***your Certificate of Insurance*** to see if this ***Optional Extra*** has been chosen. If ***you*** would like to include an ***Optional Extra*** please contact ***us***.

Oral Cancer
The diagnosis of ***cancer*** of the lips, tongue, major salivary glands, gums or from the pharynx down to the top of the oesophagus.

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

Personal Exclusion(s)
Specific term(s) that ***we*** may, in ***our*** discretion, apply to ***your Policy*** based on either ***your*** lifestyle, ***your*** medical history or ***your*** family's medical history. These will be applied either when ***you*** take out ***your Policy*** or on transfer and will appear on ***your Certificate of Insurance***. If ***you*** are joining on a moratorium underwriting basis ***you*** will see ***your*** moratorium terms outlined in the ***personal exclusions*** section on ***your Certificate of Insurance***.

We reserve the right to cancel or add retrospective ***personal exclusions*** to ***your Policy*** if ***we*** become aware of information ***you*** did not provide on ***your*** medical declaration.

Policy
The ***Policy*** is the contract of insurance between ***you*** as the ***Policyholder*** and WPA as the insurer as set out in the terms and conditions contained in this ***Guide***, the ***Benefit Schedule***, ***Certificate of Insurance*** and where applicable any other endorsement or memorandum issued by WPA.

Policy Address
The ***UK*** address ***you*** provided to ***us***. If ***you*** have one or more addresses, ***you*** should provide ***us*** with ***your*** usual residence where ***you*** and ***your family member(s)*** live for at least six months of the year. The ***Policy Address*** and the address ***you*** register with ***your NHS GP*** must be the same.

Policy Year
The ***Policy*** lasts for 12 months commencing on the start date set out in ***your Certificate of Insurance***.

Policyholder
The person who enters into the contract of insurance with WPA.

Procedure
A ***procedure*** that includes any of the following:

- Making an incision to gain access to the inside of a patient's body;
- Using an instrument (such as an endoscope) to gain access to and view the inside of a patient's body;
- Using electromagnetic energy to treat a condition, e.g. lithotripsy to treat kidney stones.

Note: these ***procedures*** are classified by ***CCSD Codes***.

Qualifying Period
A period during which ***your Policy*** is in force but no ***benefit*** is payable.

Remission of Cancer
A clinical state in which there is no objective evidence of ***cancer***.

Renewal Date
12 months following the start of the ***Policy*** as shown on the ***Certificate of Insurance***.

Session
A maximum of one per day in a series of short daily ***treatments***, e.g. physiotherapy or radiotherapy.

Specialist
A medical practitioner holding a licence to practise 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.

Targeted Cancer Therapies (TCTs)
These are drugs or other substances that block the growth and spread of ***cancer*** by interfering with specific molecules ("molecular targets") that are involved in the growth, progression and spread of ***cancer***.

Targeted Therapies
These are drugs or other substances that interfere with specific molecules ("molecular targets") that are involved in the growth of rapidly dividing cells. Although such cells are always a feature of malignant processes, they are also involved in some benign inflammatory conditions of the joints, the bowel, the nervous system and the skin, where ***targeted therapies*** are increasingly being used for ***treatment***.

Therapist
A ***treatment*** provider fully registered with the appropriate professional body.

Treatment
Surgical or medical services (including ***diagnostic tests***) that are needed to investigate, relieve and/or cure a symptom, disease, illness or injury. This includes any form of medical care.

UK
When reading this ***Guide*** references to the ***UK*** include England, Wales, Scotland, Northern Ireland and where applicable equivalent services or guidance in the Crown Dependencies of the Channel Islands and the Isle of Man.

Us/We/Our
Western Provident Association (WPA) Limited Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE and any other company within the WPA Group.

WPA GP Service Provider
The third party who provides Remote ***GP*** Services subject to their terms and conditions which may be amended from time to time.

We reserve the right to change the Remote ***GP*** Services provider without prior notice.

WPA Helpline Provider
The third party who provides the 24/7 helpline subject to their terms and conditions which may be amended from time to time.

We reserve the right to change the 24/7 helpline provider without prior notice.

WPA Worldwide Coordination Centre
The 24 hour service which ***you*** must contact in order to make an Overseas Emergency ***Treatment claim***.

You/Your
The person (***Policyholder***) named on the ***Certificate of Insurance*** and any registered ***family member(s)***.

Our standards are high

WPA is unique amongst UK insurers in achieving four highly regarded and internationally recognised standards across our company. These standards reflect our service excellence provided to our customers, whether big global employers, medium sized businesses or the many thousands of UK individuals and families. We are independently audited by BSI and have been certified to:

Quality Management : ISO 9001:2015

The Standard for Quality Management systems placing emphasis on achieving customer satisfaction and continual improvement.

Business Continuity Management : ISO 22301:2012

A management system to restore our ability to supply critical services to an agreed level following a disruption to service.

Environmental Management : ISO 14001:2015

The Standard for Environmental Management systems – one of the highest benchmarks in environmental management and best practice.

Information Security Management : ISO 27001:2013

The benchmark for protecting valuable and sensitive customer information.

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