



Flexible Health

Essentials | Premier | Elite

Personal and family health insurance





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Why choose WPA?

Just health insurance No distractions

We're serious about health insurance

We provide access to the sort of healthcare that we want for ourselves and our families. With a heritage of over 120 years, we've been helping our members as a not-for-profit organisation since 1901. That's quite a while now and, because we're good at it, that's all we do. Just health insurance. No distractions.

We believe in the freedom to choose

In the UK, we benefit from one of the best healthcare systems in the world. But sometimes you need more, such as avoiding long waiting lists to gain quicker access to treatment.

Some health insurers limit your freedom of choice. We believe that's wrong. It's your health, so you should be in control. We prioritise clinical best practice over commerciality. All of our members are free to choose when, where and who provides them with treatment.

With access to over 600 hospitals throughout the UK, visit: wpa.org.uk/providersearch to search for a hospital or provider in your area.

We put our members at the centre of all that we do

When you buy our health insurance, you buy our promise that we'll deliver. We have specialist in-house clinical teams to provide dedicated and personal claims management support to those members with complex clinical needs.

After a claim has been made, we'll invite you to rate the service received from us during the process. Our members rate our service as 5 star, with an average rating of 4.8 out of 5.



Data recorded 01.01.21 to 31.12.21 (14,238 responses).

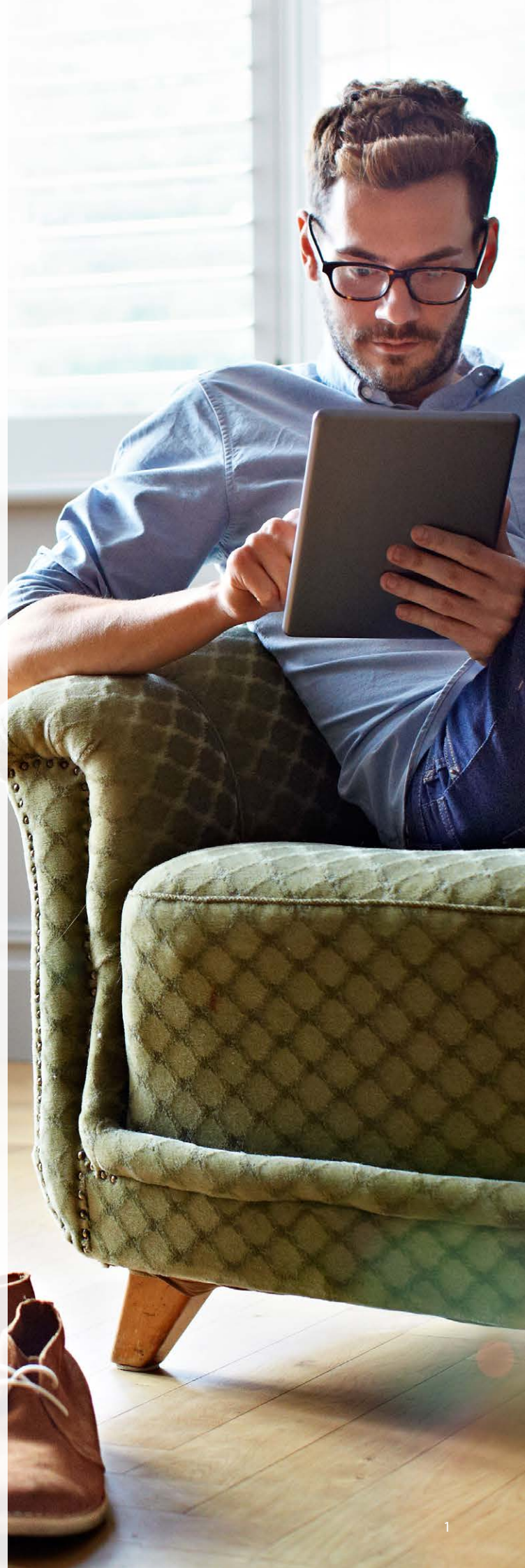
We take feedback seriously

Everybody likes to know when they've done something well – both individuals and companies. So it's especially great for us to see that our Trustpilot reviews remain healthy. We're currently the highest-rated UK health insurer on Trustpilot.

 Trustpilot



Rated 'Excellent' as at 25.07.22



A multi award-winning UK health insurer

Our standards are high

Service excellence with a heritage of over 120 years

We're not hampered by the demands of shareholders motivated to make a profit, meaning we're free to act differently from the rest. We focus on the service we provide to our members – we offer all of our members a personal commitment to customer service excellence from staff who are trained first and foremost to listen – and most of all, to care.

We take pride in the awards we've won – the recognition adds validity to everything we strive to achieve for our members. Here are some of our most recent awards. Whilst we continually strive to outshine the competition, our ultimate aim is to deliver products our members trust and be there for them when they need us the most.

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



Internationally recognised standards – independently audited and certified

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.

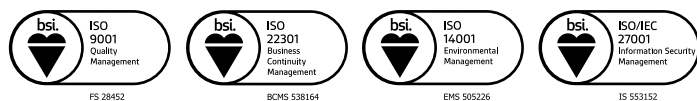
We are independently audited by BSI and have been certified to:

Quality Management : ISO 9001:2015

Business Continuity Management : ISO 22301:2012

Environmental Management : ISO 14001:2015

Information Security Management : ISO 27001:2013



Accessibility through technology

Manage your membership on the go

With WPA Health

Our WPA Health app is available on iOS and Android and has been designed for the convenience of our members. It's believed to be the first of its kind within the health insurance market, providing the ability to pre-authorise a new claim with an instant decision.

Features of the app include:

- ✓ Make a claim 24/7
- ✓ Track your claims and remaining benefit limits
- ✓ Claim money back within minutes for cash benefit claims (simply photograph and upload your receipts)
- ✓ Send and receive secure messages and upload attachments such as treatment invoices or medical reports
- ✓ View your membership literature
- ✓ Access the Remote GP Services benefit and more



With My WPA

My WPA is the area of WPA's website created especially for members. Login to My WPA at: my.wpa.org.uk where you will find live chat as well as all the features of the WPA Health app.

Live chat gives our members the opportunity to chat with one of our expert team in real time, at their convenience while not having to make time for a phone call or wait for an email. It's never been easier for members to manage their membership and any ongoing claims.

We are continually evolving and improving our member experience

We have plans in place to continually improve WPA Health and My WPA and so the above is really just a snapshot at a point in time. We welcome feedback from our members and actively encourage this.

Making the most of your membership – offers to enjoy as a WPA member

You don't have to be ill to benefit from your WPA membership. As part of the WPA community, you will also benefit from value added offers throughout the term of your membership. Offers are available for items such as gym memberships, optical discounts and food discounts.

The offers are all accessible through My WPA and the WPA Health app. Full details, together with any applicable terms and conditions, are provided upon joining.

Please note:

WPA reserve the right to withdraw or amend our list of membership discounts at any time.

Your health and wellbeing matters

We offer support in a variety of ways

A health and wellbeing hub

Our website has a health and wellbeing hub that provides access to a variety of useful and valuable information. Designed to offer support and guidance it's accessible to anybody who visits our site. There are many videos and a range of supporting documentation covering a wealth of different topics. We regularly run webinars hosted by experts in their particular field and the recordings are made available within the hub.

Health and wellbeing benefits

There are times when we could all benefit from some extra help or advice, and the convenience of having access to support from the comfort of our own homes is invaluable. That's why Flexible Health includes Remote GP Services and a Health and Wellbeing Helpline – both benefits that are available at a time and a place of your choosing. Just in case you need them. What's more, your family member(s) can also use these benefits.

Remote GP Services

Access to a private GP – either by phone or by video, depending on which you prefer and which is most appropriate. Simply call the advice line where you will speak to a specially trained operator who will take some information and arrange for a GP to call back at a convenient time for you.

Health and Wellbeing Helpline – 24/7 support

Telephone support covering a variety of different areas, many of which are provided by experts in their particular field.

Enhanced benefits – on Premier and Elite

Structured Counselling

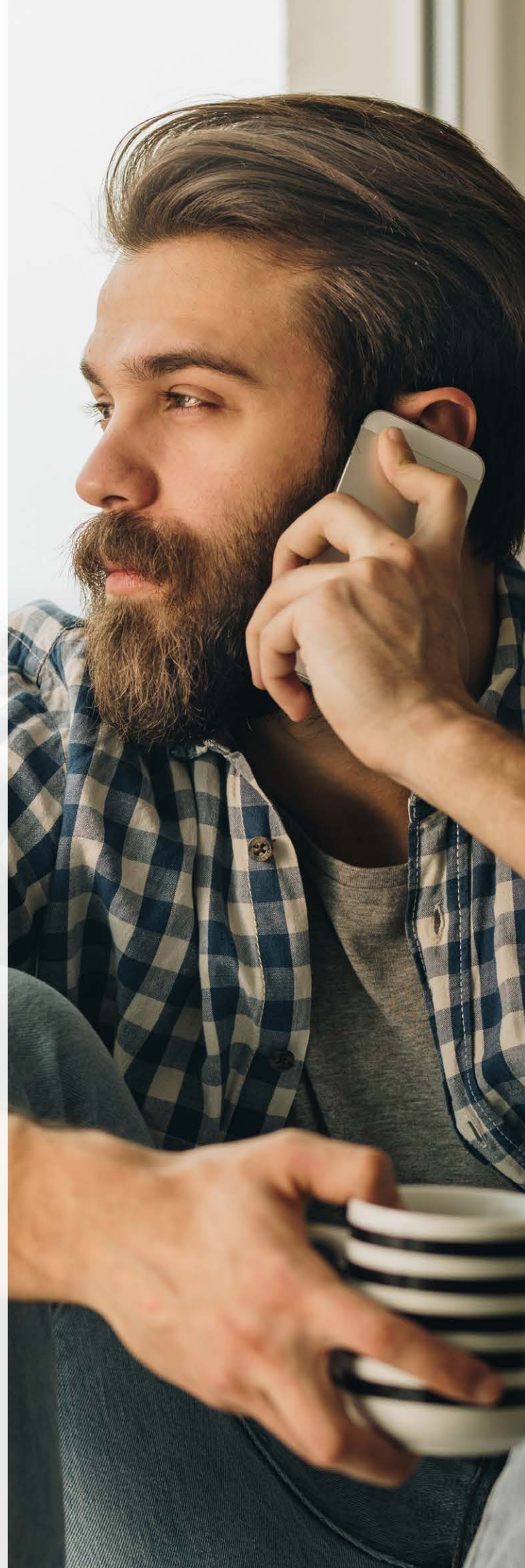
Short-term, solution-focused structured counselling within an allotted number of sessions. The Health and Wellbeing helpline will conduct an assessment to establish the most appropriate clinical pathway and agree the aim of the counselling. To use this benefit you must be referred by the Health and Wellbeing Helpline, if they consider it clinically appropriate to do so.

Structured Counselling – Extended Therapy

An Optional Extra that provides additional sessions, allowing the treatment of more complex health concerns, if required.

Please note:

Benefits are provided by third parties and are subject to each provider's terms and conditions which may be amended from time to time. For more information please see our separate Remote Benefits brochure.



Looking after you and your family

Flexible cover to suit your personal needs and budget

Choosing your Policy

Our Flexible Health range puts you in control so that you can create exactly the right cover for your own personal needs. With three Policies to choose from, and the additional Optional Extras available to enhance your chosen cover, you will enjoy certainty and peace of mind, whatever life has in store.

Essentials

A good value surgery-only Policy for fast-track private surgery, offering in-patient and day-patient benefits when you need non-emergency (elective) surgery for a diagnosed medical condition. Includes benefit towards dental care and optical treatment. No benefit is available for out-patient treatment/investigations or for cancer surgery. See page 7 for more information.

Overall maximum annual benefit limit: £50,000 per person.

Moneyfacts award-winning Policies – Premier and Elite

Premier

A mid-range Policy offering enhanced cover as standard. Over 61%* of members choose this Policy due to its range of Optional Extras. Multiple Shared Responsibility® (co-payment) levels are available. See pages 8-9 for more information.

No overall maximum annual benefit limit.

* Based on the number of Policies sold across the Flexible Health product range between 01.09.20 and 31.08.21.

Elite

Our most comprehensive Policy – when you want our highest level of cover. In addition to the in-patient, day-patient and out-patient benefits, Elite also offers valuable cash benefits, such as dental care and optical treatment. Multiple Shared Responsibility® (co-payment) levels are available. See pages 10-11 for more information.

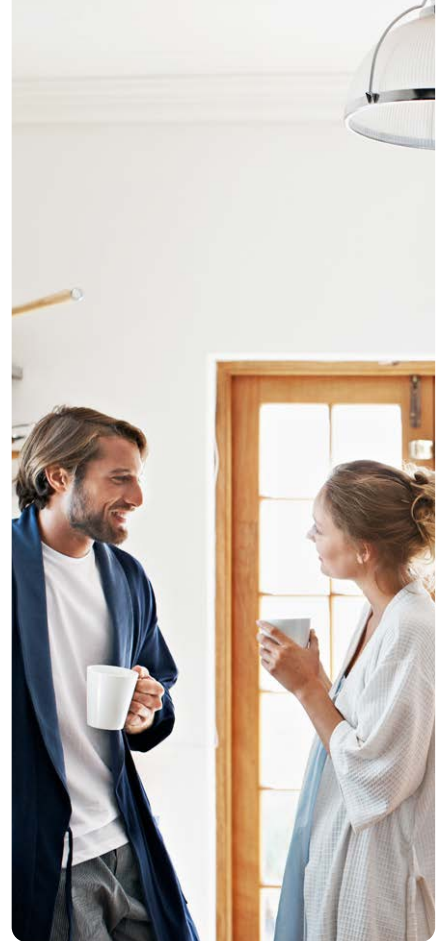
No overall maximum annual benefit limit.

Tailor your premium with Shared Responsibility (co-payment) – Premier and Elite

Shared Responsibility is an innovative method of co-payment allowing you to take control of the cost of your premium. It's better than a traditional excess as we always pay at least 75% of each and every claim for eligible treatment (within any applicable benefit limits) no matter how small the invoice. You share the cost of your treatment with us by contributing 25% towards every eligible claim. Your contribution is also 'capped' at an agreed level per Policy year. This means your contribution towards your medical treatment will not cost more than you can afford.

Please note:

Please refer to 'A Guide to Your Policy' for a list of benefits that Shared Responsibility does not apply to. At renewal you can increase the Shared Responsibility limit, however you can only reduce it by one level at a time (e.g. from £3,000 to £1,500). Visit: wpa.org.uk/shared



Moneyfacts®



**Private Medical Insurance
2022**

Choose your Policy

Add any Optional Extras

Shared Responsibility
(Not available on Essentials)

£250 (Premier only)

£500

£1,500

£750

£3,000

£1,000

£5,000

Benefit notes

Information relating to the Policy benefits

Important benefit information

The Flexible Health range of Policies cover the cost of eligible treatment for acute conditions. An acute condition is a symptom, disease, illness or injury that is likely to respond quickly to treatment which aims to return you to good health, or which leads to a full recovery. The Policy covers eligible treatment as it occurs and only whilst your Policy remains in force. It does not cover the long-term monitoring, management or treatment of incurable, prolonged or lifelong conditions.

Benefits

All benefits shown are per person per Policy year unless otherwise stated. Please note:

- ✔ Benefit is eligible subject to the terms and conditions of the Policy.
- ⊕ An Optional Extra available to enhance the Policy.
- ✘ Benefit is not eligible under the Policy.

Please refer to 'A Guide to Your Policy' and the relevant product Benefit Schedule for full details of each benefit and terms and conditions.

NHS Hospital Cash Benefit

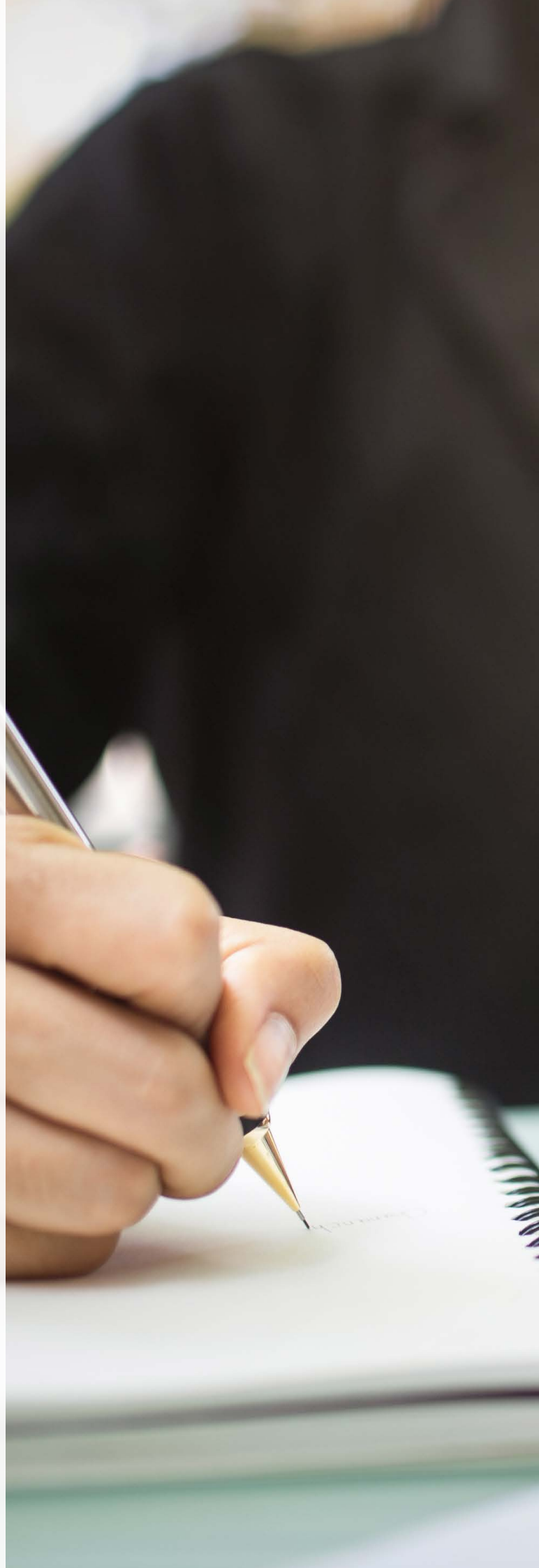
Where you choose to receive treatment as an NHS patient instead of as a private patient, you may claim a cash benefit. Where your NHS treatment takes place in one of the defined Central London NHS hospitals we will pay an uplift in addition to the amount stated on the Benefit Table. The benefit limits shown will increase by £100 per day/night, up to the same maximum annual limits shown. For a list of the defined Central London hospitals visit: wpa.org.uk/central

What is not Covered

As with all health insurance there are certain things that are not covered. Please see page 14 for a list of key exclusions.

Specialist knowledge and support

Our Chief Medical Officer heads up our Medical Advisory and Clinical Governance Committee, a group of independent practicing specialists across multiple disciplines. The Specialists advise us on the benefit of existing treatments and anticipated future developments in healthcare. Our clinical teams are highly trained, knowledgeable and passionate about helping our members when they need us.



Essentials

Our entry level,
surgery-only Policy

Overall maximum
annual benefit limit

£50,000

The benefits

In-patient and Day-patient Treatment

Hospital Treatment – Benefit for <u>elective surgery</u> only (not ‘non-surgical’ medical treatment)	✓
Critical Care Levels 2 and 3 – Up to 28 days for Intensive Care and High Dependency Units	✓
Drugs – Drugs and dressings	✓
Specialists’ Fees – To a level we consider to be a customary and reasonable cost	✓
In-patient and Day-patient Therapy	✓
Post-operative Consultation and Tests – One follow-up consultation and tests within 90 days of surgery	✓
Prostheses – Passive and Active	✓

Out-patient Treatment

Consultations with a Specialist and Diagnostic Tests £150 in the six weeks prior to surgery	✓
Specialist Referred Therapy – £200 within 90 days of surgery only	✓
Pre-admission Tests – Up to two weeks prior to surgery	✓

NHS Hospital Cash Benefit – Non-cancer

An overall combined maximum annual benefit limit of £4,500 applies

NHS In-patient (less than three nights) or NHS Day-patient – £150 per night/day	✓
NHS In-patient (three nights or more) – £200 per night	✓

Health and Wellbeing Benefits – available 24/7

Remote GP Services Private GP Helpline • Video Consultations • Issuing of Private Prescriptions • Specialist Referral	✓
Health and Wellbeing Helpline (not available for family member(s) under 16 years of age) 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 • Manager Support	✓

Further Benefits

General Dental Treatment – 75% up to £100	✓
Optical Treatment – 75% up to £100	✓

Optional Extra

Advanced Cancer Drugs



Targeted Cancer Therapies £50,000 (lifetime benefit) towards advanced anti-cancer treatment (Targeted Cancer Therapies) when given with curative intent and where <u>not available</u> on the NHS	✓
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Please note:

This Optional Extra has a 14 day deferment period and is only available up to the renewal following your 66th birthday.

Premier

Our mid-range Policy offering enhanced cover as standard

No overall maximum annual benefit limit

The benefits

In-patient and Day-patient Treatment

Hospital Treatment	✓
Critical Care Levels 2 and 3 – Up to 28 days for Intensive Care and High Dependency Units	✓
Drugs – Drugs and dressings	✓
Specialists' Fees – To a level we consider to be a customary and reasonable cost	✓
Diagnostic Tests	✓
Complex Diagnostic Scans – MRI, CT and PET Scans	✓
In-patient and Day-patient Therapy	✓
Post-operative Consultation and Tests – One follow-up consultation and tests within 90 days of surgery	✓
Prostheses – Passive and Active	✓

Out-patient Treatment

Consultations with a Specialist and Diagnostic Tests GP Referred Diagnostic Tests Specialist Referred Therapy GP Referred Therapy – Up to 10 sessions Self-referred Therapy – Up to four sessions of Chiropractic, Osteopathy and Physiotherapy	} Combined benefit limit of £350 which will increase to £1,000 or £1,500 if the Extra Out-patient Optional Extra is chosen	✓
Complex Diagnostic Scans		✓
GP Referred Complex Diagnostic Scans – One MRI or CT Scan		✓
Out-patient Procedures		
Pre-admission Tests		✓

Health and Wellbeing Benefits – available 24/7

Remote GP Services Private GP Helpline • Video Consultations • Issuing of Private Prescriptions • Specialist Referral	✓
Health and Wellbeing Helpline (not available for family member(s) under 16 years of age) 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 • Manager Support	✓
Structured Counselling (not available for family member(s) under 16 years of age) Where clinically appropriate, following referral from the Health and Wellbeing Helpline, up to six sessions of Structured Counselling	✓

NHS Hospital Cash Benefit – Non-cancer

An overall combined maximum annual benefit limit of £4,500 applies

NHS In-patient (less than three nights) or NHS Day-patient – £150 per night/day	✓
NHS In-patient (three nights or more) – £200 per night	✓
NHS Out-patient Complex Diagnostic Scans and NHS Out-patient Procedures (MRI, CT & PET Scans) – £150 per day	✓

Further Benefits

Nursing at Home – four weeks	✓
Private Ambulance Transport	✓
Parent and Child – Up to 10 nights for hospital accommodation charges	✓
Out of Pocket Expenses – £10 per day	✓
Hospice Donation – £70 per day/night up to £700	✓

Optional Extras

Extra Out-patient +

Out-patient Treatment:

Consultations with a Specialist and Diagnostic Tests GP Referred Diagnostic Tests Specialist Referred Therapy GP Referred Therapy – Up to 10 sessions Self-referred Therapy – Up to four sessions of Chiropractic, Osteopathy and Physiotherapy	}	£1,000 or £1,500	✓
General Dental Treatment – £200			✓
Optical – £200			✓
Health Screening – £200			✓

Cancer Care +

Diagnosis – Consultations with a Specialist including second opinions, diagnostic tests, scans and biopsies	✓
Surgery Radiotherapy/Chemotherapy	✓
Targeted Cancer Therapies – Advanced anti-cancer treatment (Targeted Cancer Therapies) will be funded when given with curative intent, where <u>not readily</u> available on the NHS	✓
NHS Hospital Cash Benefit – Cancer <i>An overall combined maximum annual benefit limit of £6,000 applies</i>	
NHS In-patient or NHS Day-patient – £200 per night/day	✓
NHS Out-patient Complex Diagnostic Scans NHS Out-patient Cancer Treatment NHS Out-patient Procedures – £150 per day	✓

Dental Care +

General Dental Treatment – £250 (£450 if you add both the Extra Out-patient and the Dental Care Optional Extras)	✓
Dental Emergencies – £250 per course of treatment in the UK or abroad, maximum four episodes and £1,000 per Policy year (a 14 day qualifying period applies)	✓
Dental Injuries – £20,000 (a 14 day deferment period applies) Please note that for dental injuries we will only reimburse to the maximum amounts listed in our Dental Schedule which can be found online at: wpa.org.uk/dentalfees	✓
Restorative Treatment as a direct result of Oral Cancer – Unlimited if the Cancer Care Optional Extra has been chosen • £10,000 if the Cancer Care Optional Extra has not been chosen (a 14 day deferment period applies)	✓

Overseas Emergency Treatment +

Overseas Emergency Treatment (not the USA and its dependencies) – 70 days per trip, maximum 180 days and £500,000	✓
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Mental Health Treatment +

In-patient and Day-patient Mental Health Treatment – 28 days/nights	✓
Out-patient Mental Health Treatment – £1,000	
– Consultations with a Psychiatrist/Psychotherapy/Psychology/Art Therapy	✓
– When recommended following an assessment: Eye Movement Desensitisation and Reprocessing (EMDR) and Cognitive Behavioural Therapy (CBT)	✓
Structured Counselling (Extended Therapy) (not available to family member(s) under 16 years of age) – Up to 20 sessions	✓

Structured Counselling (Extended Therapy) +

As above but available as a separate Optional Extra	✓
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Premium Hospitals – see page 12 for details +

Extend your choice of over 600 hospitals by adding Premium Hospitals – primarily based in Central London	✓
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Elite

Our most comprehensive Policy
with the highest level of cover

No overall maximum
annual benefit limit

The benefits

In-patient and Day-patient Treatment

Hospital Treatment	✓
Critical Care Levels 2 and 3 – Up to 28 days for Intensive Care and High Dependency Units	✓
Drugs – Drugs and dressings	✓
Specialists' Fees – To a level we consider to be a customary and reasonable cost	✓
Diagnostic Tests	✓
Complex Diagnostic Scans – MRI, CT and PET Scans	✓
In-patient and Day-patient Therapy	✓
Post-operative Consultation and Tests – One follow-up consultation and tests within 90 days of surgery	✓
Prostheses – Passive and Active	✓

Out-patient Treatment

Consultations with a Specialist and Diagnostic Tests	✓
GP Referred Diagnostic Tests – £1,000	✓
Specialist Referred Therapy	✓
GP Referred Therapy – Up to 10 sessions	✓
Self-referred Therapy – Up to four sessions of Chiropractic, Osteopathy and Physiotherapy	✓
Complex Diagnostic Scans	✓
GP Referred Complex Diagnostic Scans – One MRI or CT Scan	✓
Out-patient Procedures	✓
Pre-admission Tests	✓

Health and Wellbeing Benefits – available 24/7

Remote GP Services	✓
Private GP Helpline • Video Consultations • Issuing of Private Prescriptions • Specialist Referral	✓
Health and Wellbeing Helpline (not available for family member(s) under 16 years of age)	✓
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 • Manager Support	✓
Structured Counselling (not available for family member(s) under 16 years of age)	✓
Where clinically appropriate, following referral from the Health and Wellbeing Helpline, up to six sessions of Structured Counselling	✓

Cancer Care

Diagnosis – Consultations with a Specialist including second opinions, diagnostic tests, scans and biopsies	✓
Surgery	✓
Radiotherapy/Chemotherapy	✓
Targeted Cancer Therapies – Advanced anti-cancer treatment (Targeted Cancer Therapies) will be funded when given with curative intent, where <u>not readily</u> available on the NHS	✓

NHS Hospital Cash Benefit – Non-cancer

<i>An overall combined maximum annual benefit limit of £4,500 applies</i>	
NHS In-patient (less than three nights) or NHS Day-patient – £150 per night/day	✓
NHS In-patient (three nights or more) – £200 per night	✓
NHS Out-patient Complex Diagnostic Scans and NHS Out-patient Procedures (MRI, CT & PET Scans) – £150 per day	✓

Elite

The benefits continued

NHS Hospital Cash Benefit – Cancer

An overall combined maximum annual benefit limit of £6,000 applies

NHS In-patient or NHS Day-patient – £200 per night/day

NHS Out-patient Complex Diagnostic Scans or NHS Out-patient Cancer Treatment or NHS Out-patient Procedures – £150 per day

Dental Care

General Dental Treatment – £450

Dental Emergencies – £250 per course of treatment in the UK or abroad, maximum four episodes and £1,000 per Policy year
(a 14 day qualifying period applies)

Dental Injuries – £20,000 (a 14 day deferment period applies)

Please note that for dental injuries we will only reimburse to the maximum amounts listed in our Dental Schedule which can be found online at: wpa.org.uk/dentalfees

Restorative Treatment as a direct result of Oral Cancer (a 14 day deferment period applies)

Further Benefits

Nursing at Home – four weeks

Private Ambulance Transport

Parent and Child – Up to 10 nights for hospital accommodation charges

Out of Pocket Expenses – £10 per day

Hospice Donation – £70 per day/night up to £700

Health Screening – £200

Optical Treatment – £200

Overseas Emergency Treatment (not the USA and its dependencies) – 70 days per trip, maximum 180 days and £500,000

Optional Extras

Mental Health Treatment

In-patient and Day-patient Mental Health Treatment – 28 days/nights

Out-patient Mental Health Treatment – £1,000

- Consultations with a Psychiatrist/Psychotherapy/Psychology/Art Therapy
- When recommended following an assessment: Eye Movement Desensitisation and Reprocessing (EMDR) and Cognitive Behavioural Therapy (CBT)

Structured Counselling (Extended Therapy) (not available to family member(s) under 16 years of age) – Up to 20 sessions

Structured Counselling (Extended Therapy)

As above but available as a separate Optional Extra

Premium Hospitals – see page 12 for details

Extend your choice of over 600 hospitals by adding Premium Hospitals – primarily based in Central London

Premium Hospitals

Only available on Premier and Elite

⊕ Premium Hospitals Optional Extra

We provide an extensive choice of hospitals as standard, including all BMI, Nuffield Health, Spire, Ramsay, independent private hospitals and private wings of NHS hospitals. You can extend this choice by adding the Premium Hospitals Optional Extra. The Premium Hospitals are primarily based in Central London and are listed below. For more information and to check the most up-to-date list please visit: wpa.org.uk/premiumhospitals

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

Please note:

If you don't choose to add this Optional Extra when joining, it can only be added at a future renewal date and a 90 day qualifying period will then apply.



Joining Information

Choices to make before you apply to join

Your joining (underwriting) choices

When you apply 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 a Flexible Health Policy and these are listed below.

Each underwriting method has its own applicable terms and conditions which are detailed in our 'Underwriting Choices' leaflet which you can view online at wpa.org.uk/flexiblehealth or is available on request. We recommend you read this leaflet before applying. Alternatively, please refer to our videos regarding the different underwriting options by visiting: wpa.org.uk/help/what-is-underwriting

If you choose Essentials you can join on a Moratorium or Switch basis. If you choose Premier or Elite, depending on your personal circumstances, you may also join on a Full Medical Underwriting basis.

Moratorium Underwriting

We don't require your medical history. More information may be required when you make a claim.

Full Medical Underwriting (FMU)

Details of your past medical history are required.

Switch Terms

For those transferring from another insurer.

Joining criteria

The maximum age to join Flexible Health is 65 but you can renew the Policy each year thereafter. To join you must have lived in the UK and been registered with an NHS GP for at least six months. To remain on the Policy you must reside in the UK for at least six months of the year and remain registered with an NHS GP.

Future premiums

There are a number of factors that will affect the cost of your Policy and will impact the premium at future renewals. These include your age, base inflation (often higher than the consumer price index (CPI)) and where you live, which are fixed. Other factors may include level of cover, Shared Responsibility and Optional Extras which you can change to control the cost.



Are you self-employed or a member of a profession?

You may be able to benefit from a discount

You are an important and valuable asset for your business. We recognise this and offer a discount for the self-employed and members of certain professions. You must qualify in order to receive a discount – for qualifying criteria and our list of recognised professions visit: wpa.org.uk/qualify

If you qualify, a 20% discount is available up to the age of 55, which then diminishes by 2% every year until the age of 65. Your family member(s) on the Policy will also benefit from any discount that you receive.

Important Information

Key things to know before you apply to join



Joining Terms

As with all health insurance policies, there is some important information we need to draw to your attention so that you can make an informed decision that best matches your needs.

This document contains a summary of the Flexible Health range of benefits. Full terms and conditions are contained in each product's version of 'A Guide to Your Policy' which you can view online at wpa.org.uk/flexiblehealth or is available on request.

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

Qualifying Periods

A qualifying period is a period during which your Policy is in force but no benefit is payable. Following the expiry of a qualifying period you are covered for the eligible treatment but not if that treatment has taken place during the qualifying period.

Deferment Period

WPA's individual health insurance Policies have a deferment period. A deferment period is a period during which your Policy is in force but no benefit is payable. Following the expiry of a 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.

14 days

A 14 day deferment period applies to any symptom(s) or condition(s), whether diagnosed or not, which arise within the first 14 days of the Policy commencing, unless declared to and accepted in writing by WPA.

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

Upgrading your Cover

Further underwriting will be required and personal exclusions/additional personal exclusions may be applied to your Policy if you add the Mental Health or Cancer Care/Advanced Cancer Drugs Optional Extras at a future renewal date or if you upgrade your Policy from Essentials to Premier or Elite.

What is Not Covered

Pre-existing Conditions

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

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

Key Exclusions

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

- ⊗ **Essentials only:** cancer surgery, emergency treatment and non-surgical or diagnostic treatment (unless eligible under the General Dental Treatment or Optical Treatment benefits).
- ⊗ Any long-term monitoring, management or treatment of incurable, prolonged or lifelong condition(s) (chronic conditions).
- ⊗ Dental problems (unless dental benefit is included as part of the Policy or added as an Optional Extra, in which case we will only provide benefit for wisdom teeth if treatment is performed in general dental surgery and not in hospital).
- ⊗ Targeted Cancer Therapies:
 - if readily available on the NHS (where you have added Cancer Care to Premier or you have Elite).
 - if available on the NHS (where you have Essentials and have added Advanced Cancer Drugs).
- ⊗ Targeted Therapies if readily available on the NHS (where you have Premier or Elite).
- ⊗ Fertility problems, pregnancy and childbirth.
- ⊗ Neonatal treatment.
- ⊗ **Essentials only:** any mental illness or disorder (including stress) except single-session telephone counselling under the Health and Wellbeing Helpline and telephone consultations under the Remote GP Services benefit(s) where applicable. **Premier and Elite:** Include up to six sessions of structured counselling and the Mental Health Optional Extra can be added to further enhance this.
- ⊗ HIV/AIDS.
- ⊗ Cosmetic/aesthetic treatment unless needed as a direct result of an accident or injury when this forms part of an eligible claim that we have provided benefit for.
- ⊗ Allergic conditions.
- ⊗ Varicose veins for the first two years of joining (if joining on a Full Medical Underwriting or Moratorium Underwriting basis).

- ⊗ Any condition contracted, injury sustained, or treatment required:
 - 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.
 - ⊗ Treatment for unborn babies/foetuses/embryos. Any birth defect or congenital abnormality whether identified at/or within the first 90 days of birth or prior to joining the Policy.
 - ⊗ Any claim that has not been pre-authorized.
 - ⊗ Treatment outside the UK except where the Overseas Emergency Treatment benefit applies.
 - ⊗ Any claims submitted more than six months after treatment took place.
- Overseas Emergency Treatment excludes:**
- ⊗ Travel to the USA and its dependencies.
 - ⊗ Conditions (and any related conditions) that require current treatment in the UK or for which you have undergone treatment in the six months prior to travel.
 - ⊗ Any treatment 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.

Your Rights

Duration of the Policy

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

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

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

Applicable Law, Jurisdiction and Language

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

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

Cancellation Rights – if you change your mind

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

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

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

Cancel 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.

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.

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; 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.

Easy to Claim

Once you have joined Flexible Health, all claims must be pre-authorized before you commence any treatment. For authorisation of claims please use the WPA Health app or contact us on 0345 122 3100. Lines are open Monday to Friday 8am-7pm and Saturday 9am-12pm. National call rates apply.

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

Making Yourself Heard

If you are unhappy and want to make a complaint you should contact us on 01823 625230 or by emailing pcd@wpa.org.uk and 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.

If you are not totally satisfied, we encourage you to appeal to:

Financial Ombudsman Service (FOS)
Exchange Tower
London
E14 9SR

Website:

www.financial-ombudsman.org.uk

Email:

complaint.info@financial-ombudsman.org.uk

**FOS Consumer helpline open 8am to 8pm Monday to Friday,
9am to 1pm Saturday:**

0800 023 4567

(calls to this number are free on mobile phones and landlines)

0300 123 9 123

(calls to this number cost no more than calls to 01 or 02 numbers)

Financial Services Compensation Scheme (FSCS)

WPA is 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

We're here to help you choose

Talk to our experts and
find out more

01823 625050

[wpa.org.uk/
flexiblehealth](https://wpa.org.uk/flexiblehealth)

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



Western Provident Association Limited
Rivergate House | Blackbrook Park | Taunton | Somerset | TA1 2PE
Registered in England and Wales No. 00475557

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Effective from 1 July 2022

0722/210406