

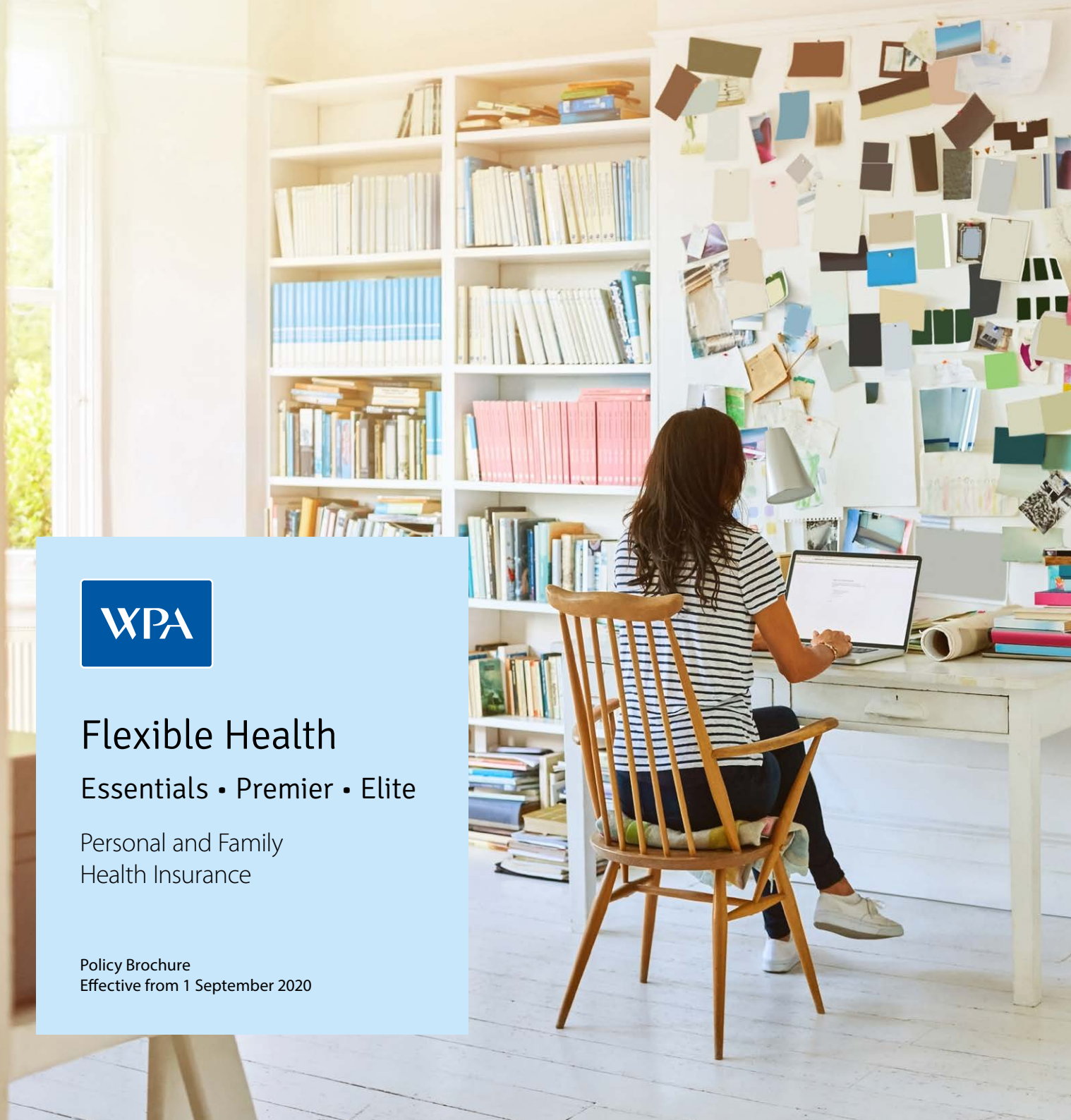


Flexible Health

Essentials • Premier • Elite

Personal and Family
Health Insurance

Policy Brochure
Effective from 1 September 2020



Just health insurance. No distractions.



Freedom to choose

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

Some health insurers limit where, when and who can treat you. We believe that's wrong. It's your health, so you should be in control.

Our members have access to over 600 hospitals throughout the UK.

Visit: wpa.org.uk/providersearch to search for a hospital or provider in your area.

We're serious about health insurance

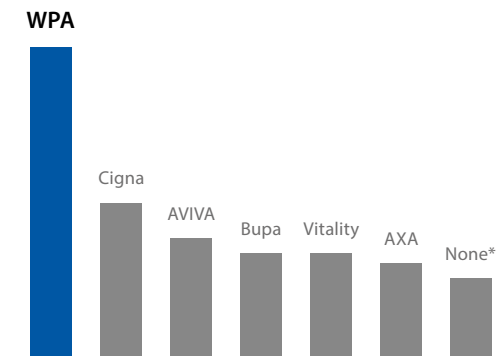
We provide access to the sort of healthcare that we want for ourselves and our families. With a heritage of over 115 years, we've been helping our members as a not-for-profit organisation since 1901. That's quite a while now and, because we're good at it, that's all we do. Just health insurance. No distractions.

When it comes to treatment we prioritise clinical best practice over commerciality. All of our members are free to choose when, where and who provides them with treatment.

Perhaps that is why **62% of consultants** surveyed by Populus in an independent survey would commend WPA – twice as many as our nearest competitor.

To find out more about the survey of consultants in private practice visit: wpa.org.uk/survey

Commended by consultants



*Data recorded 14.02.19 to 18.03.19 (299 consultants independently surveyed by Populus). *None/Don't know.*

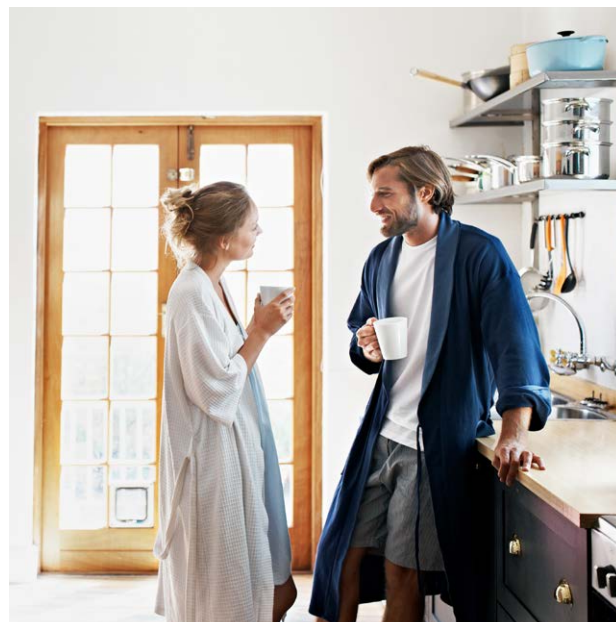
Putting our members at the centre of all that we do

Peace of mind for you and your loved ones

The modern world moves at a fast pace – but it's worth stopping for a moment to consider your healthcare options whilst you are fit and healthy. Having a tailored health insurance Policy in place, from a specialist health insurer, gives you peace of mind that you can access treatments/facilities that are potentially not available on the NHS.

In the unfortunate event that you or your family fall ill, you can be safe in the knowledge that you have prompt access to a diagnosis and, if necessary, the comfort, privacy and flexibility of private treatment.

We're not hampered by the demands of shareholders motivated to make a profit, meaning we're free to act differently from others. We aim to fulfil our purpose to provide our members with access to the best healthcare available in the UK.



Review our claim service

Everyone hopes they'll never need to use their health insurance. But should the worst happen, and you need to make a claim, you expect your insurance provider to be there for you. When you buy our health insurance, you buy our promise that we'll deliver.

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 4.7 out of 5.



Data recorded 01.01.19 to 31.12.19 (6,189 responses).

Why choose WPA?

- ✓ Freedom to choose when, where and who provides you with treatment.
- ✓ Download the WPA Health app (available on iOS and Android) where you can access your secure account, track your claims and view your Policy literature.
- ✓ Specialist in-house clinical teams who provide dedicated and personal claims management to support those members with complex clinical needs.
- ✓ A personal commitment to customer service excellence from staff who are trained first and foremost to listen – and most of all, to care.

Introducing Flexible Health

Award-winning health insurance

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

For added peace of mind, our Premier and Elite Policies have been awarded the **Moneyfacts Private Medical Insurance Five Star Rating for 2020**.



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.

Maximum annual benefit limit:
£50,000 per person.

Premier

A mid-range Policy offering enhanced cover as standard.

Over 62%* of members choose this Policy due to its range of Optional Extras.

Multiple Shared Responsibility® (co-payment) levels are available.

No maximum annual benefit limit.

** Based on the number of Policies sold across the Flexible Health product range between 01.04.19 and 31.03.20.*

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.

No maximum annual benefit limit.

⊕ Optional Extra

Advanced Cancer Drugs

⊕ Optional Extras

Extra Out-patient – two levels

Cancer Care

Overseas Emergency Treatment

Dental Care

Premium Hospitals

⊕ Optional Extra

Premium Hospitals

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. We strongly recommend you read this leaflet before applying.

If you choose Essentials, we don't require your medical history. This means you can only join on a Moratorium basis (see below). If you choose Premier or Elite, depending on your personal circumstances, you decide how you wish to join.

Moratorium Underwriting

You are required to satisfy joining criteria without the need to detail your medical history. More information may be required when you make a claim.

Full Medical Underwriting (FMU)

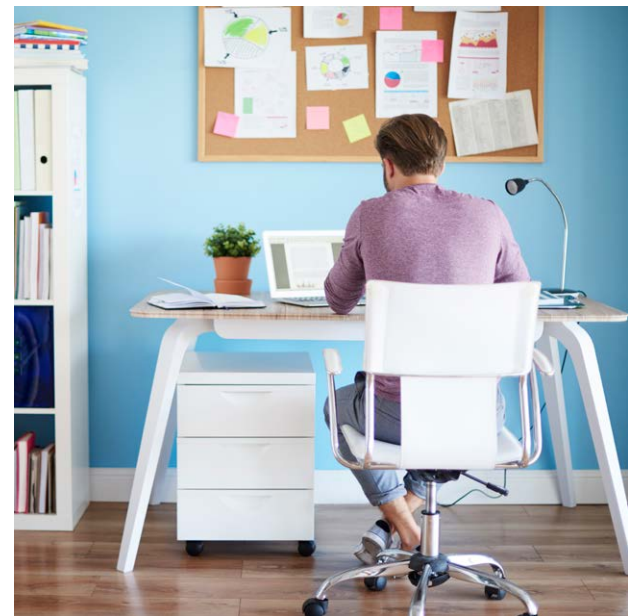
Details of your past medical history are required.

Switch Terms

For those transferring from another insurer. We'll need to know about your existing insurance cover and any exclusions. But don't worry, we're here to help.

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.



Are you self-employed or
a member of a profession?
Discounts are available if you are

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.

Policy benefits and information

Remote Benefits – available 24/7 for you and your family member(s)

There are times when we could all benefit from some extra help or advice, and the convenience of having access to remote benefits 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.



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

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

Remote Benefits are provided by third parties and are subject to each provider's terms and conditions which may be amended from time to time.

Important Policy information

The Flexible Health range of Policies cover the cost of eligible treatment for acute conditions that develop after the Policy has started. 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.

Essentials : benefits

Our entry level **surgery-only Policy** with a maximum annual benefit limit of £50,000

In-patient and Day-patient Treatment	
Hospital Treatment – Benefit for <u>elective</u> surgery 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	
Overall combined maximum annual benefit limit of £4,500	
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	✓
Remote Benefits (available 24/7)	
Remote GP Services Private GP Helpline • Video Consultations • Private Prescriptions • Specialist Referral	✓
Health and Wellbeing Helpline (not available to family member(s) under 16 years of age) Telephone Counselling • Online computerised Cognitive Behaviour Therapy (cCBT) Life Skills Course • Wellbeing and Health Information • Debt and Money Information and Support • Legal Information	✓
Further Benefits	
General Dental Treatment – 75% up to £100	✓
Optical Treatment – 75% up to £100	✓

⊕ Advanced Cancer Drugs Optional Extra

Targeted Cancer Therapies – £50,000 (lifetime benefit) towards advanced anti-cancer treatment (Targeted Cancer Therapies) when given with curative intent and where not available on the NHS ✓

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

Premier : benefits

Our mid-range Policy offering enhanced cover as standard

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	} A combined benefit limit of £350 <i>which will increase to £1,000 or £1,500 if the Extra Out-patient Optional Extra is chosen</i> ✓
Complex Diagnostic Scans	✓
GP Referred Complex Diagnostic Scans – One MRI or CT Scan	✓
Out-patient Procedures	✓
Pre-admission Tests	✓
Remote Benefits (available 24/7)	
Remote GP Services Private GP Helpline • Video Consultations • Private Prescriptions • Specialist Referral	✓
Health and Wellbeing Helpline (not available to family member(s) under 16 years of age) Telephone Counselling • Online computerised Cognitive Behaviour Therapy (cCBT) Life Skills Course • Wellbeing and Health Information • Debt and Money Information and Support • Legal Information	✓
NHS Hospital Cash Benefit – Non-cancer (overall combined maximum annual benefit limit of £4,500)	
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	✓

+ Extra Out-patient Optional Extra

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 <input type="checkbox"/> or £1,500 <input type="checkbox"/>	<input checked="" type="checkbox"/>
General Dental Treatment – £200		<input checked="" type="checkbox"/>
Optical – £200		<input checked="" type="checkbox"/>
Health Screening – £200		<input checked="" type="checkbox"/>

+ Cancer Care Optional Extra

Diagnosis – Consultations with a Specialist including second opinions, diagnostic tests, scans and biopsies	<input checked="" type="checkbox"/>
Surgery	<input checked="" type="checkbox"/>
Radiotherapy/Chemotherapy	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
NHS Hospital Cash Benefit – Cancer (overall combined maximum annual benefit limit of £6,000)	
NHS In-patient or NHS Day-patient – £200 per night/day	<input checked="" type="checkbox"/>
NHS Out-patient Complex Diagnostic Scans or NHS Out-patient Cancer Treatment or NHS Out-patient Procedures – £150 per day	<input checked="" type="checkbox"/>

+ Dental Care Optional Extra

General Dental Treatment – £250 (£450 if you add both the Extra Out-patient and the Dental Care Optional Extras)	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>
Dental Injuries – £20,000 (A 14 day qualifying period applies)	<input checked="" type="checkbox"/>
Restorative Treatment as a direct result of Oral Cancer – £10,000 (A 14 day deferment period applies)	<input checked="" type="checkbox"/>

+ Overseas Emergency Treatment Optional Extra

Overseas Emergency Treatment (not the USA and its dependencies) – 70 days per trip, maximum 180 days and £500,000	<input checked="" type="checkbox"/>
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+ Premium Hospitals Optional Extra – see page 12 for details

Extend your choice of over 600 hospitals by adding Premium Hospitals – primarily based in Central London	<input checked="" type="checkbox"/>
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Elite : benefits

Our most comprehensive Policy – when you want the highest level of cover we offer

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 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	✓
Remote Benefits (available 24/7)	
Remote GP Services	✓
Private GP Helpline • Video Consultations • Private Prescriptions • Specialist Referral	✓
Health and Wellbeing Helpline (not available to family member(s) under 16 years of age)	✓
Telephone Counselling • Online computerised Cognitive Behaviour Therapy (cCBT) Life Skills Course • Wellbeing and Health Information • Debt and Money Information and Support • Legal Information	✓
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 (overall combined maximum annual benefit limit of £4,500)	
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	✓
NHS Hospital Cash Benefit – Cancer (overall combined maximum annual benefit limit of £6,000)	
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 <i>(A 14 day qualifying period applies)</i>	✓
Dental Injuries – £20,000 <i>(A 14 day qualifying period applies)</i>	✓
Restorative Treatment as a direct result of Oral Cancer –£10,000 <i>(A 14 day deferment period applies)</i>	✓
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	✓
⊕ Premium Hospitals Optional Extra –see page 12 for details	<input type="checkbox"/>
Extend your choice of over 600 hospitals by adding Premium Hospitals – primarily based in Central London	✓

What helps to make Premier and Elite so attractive

⊕ Premium Hospitals Optional Extra

wpa.org.uk/premiumhospitals

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.

[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](#)

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.

Shared Responsibility® – helping to tailor your premium

Shared Responsibility is an innovative method of co-payment allowing you to take control of the cost of your premium. Unlike a traditional excess, 75% of each claim for eligible treatment is paid no matter how small. 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.

Premier:

£250	£500	£750	£1,000	£1,500	£3,000	£5,000
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Elite:

–	£500	£750	£1,000	£1,500	£3,000	£5,000
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Shared Responsibility is better than an excess as we always pay at least 75% of each and every claim for eligible treatment (within any applicable benefit limits) and, if you only need one consultation, you are not left paying a full excess to cover it. For more information visit:

wpa.org.uk/shared

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).

Important information : applicable to all

Pages 13-15 contain important information that you must ensure you read before applying 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.

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 disease, illness or injury for which:

- You have received medication, advice or treatment; or
- 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.

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.

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.
- ⊗ Mental health conditions.
- ⊗ HIV/AIDS.
- ⊗ Cosmetic/aesthetic treatment.
- ⊗ 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 birth or prior to joining the Policy.

- ⊗ Any claim that has not been pre-authorised.
- ⊗ 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, at least 21 days 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.

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 Registration (the notice period). We may charge you if we incur any costs in processing the cancellation. If you are entitled to a refund of the premium paid to us, we will charge an administration fee of £25.

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.

labelling 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.

Easy to Claim

Once you have joined Flexible Health, all claims must be pre-authorised before you commence any treatment. For authorisation of claims 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

Talk to our experts
and find out more

01823 625050

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

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.



Western Provident Association Limited

Rivergate House | Blackbrook Park | Taunton | Somerset | TA1 2PE
Registered in England and Wales No. 475557

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Effective from 1 September 2020

07/20624