

Private Medical Insurance

Insurance Product Information Document

Product: Flexible Health Essentials

Effective from: 01/04/2020

Company: Western Provident Association Limited

Head Office & Registered Office: Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE.

Registered in England and Wales No. 475557. VAT No. 567 6817 88. WPA is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Registration No. 202608.

WPA

The Insurance Product Information Document only provides a summary of the main insurance cover and exclusions. It is not personalised to you.

To assist your choice full terms and conditions for the Flexible Health Essentials Policy can be found in 'A Guide to Your Policy' and Benefit Schedule. WPA's Policy documents explain your and our respective rights and obligations; the benefit options chosen and any applicable personal exclusions.

What is this type of insurance?

This is a surgery only private medical insurance Policy. It offers in-patient and day-patient benefits for non-emergency (elective) surgery for a diagnosed condition. It does not provide benefit for cancer surgery. A maximum annual benefit limit of £50,000 per person per Policy Year applies.



What is insured?

In-patient and Day-patient Treatment

- ✓ Hospital Treatment – Benefit for elective surgery only (not 'non-surgical' medical treatment)
- ✓ Critical Care Levels 2 and 3
- ✓ Drugs and dressings
- ✓ Specialists' Fees
- ✓ 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
- ✓ Pre-admission Tests

Therapy

- ✓ Therapy – £200 within 90 days of surgery only

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 or more nights) – £200 per night

Additional Benefits

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

Optional Extra (to enhance the Policy)

+ Advanced Cancer Drugs (not available over 65 years old)

- Targeted Cancer Therapies – £50,000 (lifetime benefit)
Advanced anti-cancer treatment (Targeted Cancer Therapies) will be funded when given with curative intent, where not available on the NHS



What is not insured?

- ✗ Cancer surgery, emergency treatment and non-surgical or diagnostic treatment (unless eligible under the General Dental Treatment or Optical Treatment benefits).
- ✗ 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.
- ✗ Any long-term monitoring, management or treatment of incurable, prolonged or lifelong condition(s) (chronic conditions).
- ✗ Dental problems (unless under the General Dental Treatment benefit, in which case we will only provide benefit for wisdom teeth if treatment is performed in general dental surgery and not in hospital).



What is not insured? continued

- ✗ Targeted Cancer Therapies if available on the NHS (where you have added Advanced Cancer Drugs).
- ✗ Targeted Therapies if readily available on the NHS
- ✗ 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-authorized.
- ✗ Treatment outside the UK.



Are there any restrictions on cover?

- ! WPA only reimburses medical treatment costs to a level it considers to be customary and reasonable.
- ! The value of claims we pay may be restricted or limited, including a maximum amount, per person per Policy Year.
- ! WPA may decline to insure anyone over 65.
- ! For at least six months you must have been a resident of the UK and registered with an NHS GP.
- ! WPA's individual health insurance Policies have deferment periods. A deferment period is 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.
A 14 day deferment period applies to any symptom(s) or condition(s), whether diagnosed or not, which arise in the first 14 days of your 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.



Where am I covered?

✓ United Kingdom.



What are my obligations?

- If you need to make a claim you must seek pre-authorization from WPA before incurring any costs.
- You must give honest, accurate and complete answers to any questions we ask.
- If anything changes between the time you apply to join and the start date you must inform us.
- You must tell us if any of your personal details change.
- You must ensure that your premium is paid to us when it is due.
- If you receive a discount because you are a member of a profession, self-employed or you are applying under a WPA Approved Membership Scheme, you must let us know immediately if there is a change in your employment or membership status.



When and how do I pay?

You may choose to pay your premium monthly or annually by direct debit, debit card or credit card.



When does the cover start and end?

The Policy is an annual contract and cover will start from when we accept you as a customer and will end on the anniversary date 12 months later. The Policy renews automatically and payment will be taken unless you contact us to cancel.



How do I cancel the contract?

At any time by telephone or e-mail direct to WPA or through your intermediary.

If you choose to cancel your Policy after 30 days (or alternatively if we decide to cancel your Policy) then you may be entitled to a refund.

Where the premium is paid in full in advance then you will be entitled to a pro-rata refund of the premium paid calculated from the date you or we cancelled the Policy to the end of the Policy Year. Where the premium is paid by monthly instalments you are not entitled to a refund.

No premium is refundable if you have made a claim.