

Private Medical Insurance

Insurance Product Information Document

Product: The Multi-Family Healthcare Plan

Effective from: 01/01/2022

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 Multi-Family Healthcare Plan 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 private medical insurance Policy which provides cover for acute conditions that arise after you join the Policy, whilst your Policy remains in force and subject to available benefits and exclusions. When reading this IPID the following applies: S = Standard • E = Enhanced • C = Comprehensive.



What is insured?

In-patient and Day-patient Treatment

- ✓ Hospital Treatment
- ✓ Critical Care Levels 2 and 3
- ✓ Drugs and Dressings
- ✓ Specialists' Fees
- ✓ Diagnostic Tests
- ✓ Complex Diagnostic Scans
- ✓ Therapy
- ✓ Post-operative Consultation and Tests
- ✓ 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
- ✓ Complex Diagnostic Scans
- ✓ GP Referred Complex Diagnostic Scans
- ✓ Out-patient Procedures
- ✓ Pre-admission Tests

S E C

£350 £1,000 or £1,500 ✓

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 not readily 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 or more nights) – £200 per night
- ✓ NHS Out-patient Complex Diagnostic Scans and NHS Out-patient Procedures – £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

Further Benefits

- ✓ Nursing at Home – Up to four weeks
- ✓ Private Ambulance Transport



What is insured? continued

Further Benefits continued

- ✓ 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
- ✓ Dental Treatment

	S	E	C
✓ Dental Treatment	✗	£200	£450
✓ Health Screening	✗	£200	£200
✓ Optical Treatment	✗	£200	£200
✓ Overseas Emergency Treatment (not USA and its dependencies) – 70 days per trip, maximum 180 days and up to £500,000	+	+	✓
- ✓ Health Screening

	S	E	C
✓ Health Screening	✗	£200	£200
- ✓ Optical Treatment

	S	E	C
✓ Optical Treatment	✗	£200	£200
- ✓ Overseas Emergency Treatment (not USA and its dependencies) – 70 days per trip, maximum 180 days and up to £500,000

	S	E	C
✓ Overseas Emergency Treatment (not USA and its dependencies) – 70 days per trip, maximum 180 days and up to £500,000	+	+	✓

Remote Benefits

- ✓ Remote GP Services – 24/7
- ✓ Health and Wellbeing Helpline – 24/7
- ✓ Structured Counselling – Up to six sessions

Optional Extras (to enhance the Policy)

- + **Overseas Emergency Treatment (not USA and its dependencies)** (Automatically included on Comprehensive) – 70 days per trip, maximum 180 days and up to £500,000
- + **Mental Health**
 - ✓ In-patient and Day-patient Mental Health Treatment – 28 days/nights
 - ✓ Out-patient Mental Health Treatment (Consultations with a Psychiatrist/Psychotherapy/Psychology) – £1,000
 - ✓ Structured Counselling (Extended Therapy) – Up to 20 sessions
- + **Structured Counselling (Extended Therapy)** – As above but available as a separate Optional Extra
- + **Premium Hospitals** – Extend the choice of 600 hospitals by adding Premium Hospitals, primarily based in Central London



What is not insured?

- ✗ 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.
- ✗ Any long-term monitoring, management or treatment of incurable, prolonged or lifelong condition(s) (chronic conditions).
- ✗ Dental problems (E and C: unless under the 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).
- ✗ Targeted Cancer Therapies if readily available on the NHS.
- ✗ Targeted Therapies if readily available on the NHS.
- ✗ Fertility problems, pregnancy and childbirth.
- ✗ Neonatal treatment.



What is not insured? continued

- ✗ 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 but in no event do we insure: (1) treatment in the USA and its dependencies (2) 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 (3) 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.



Are there any restrictions on cover?

- ! In order to remain on the Policy there must continue to be at least two primary contacts covered at all times.
- ! 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.
- ! 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.
- ✓ Outside the UK for emergency treatment (excluding USA and its dependencies) when the Overseas Emergency Treatment benefit applies.



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.
- You must pay 25% of claims for eligible treatment up to your chosen level of Shared Responsibility (co-payment).



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.