

# Private Medical Insurance

WPA

## Insurance Product Information Document

### Product: Complete Health

#### Company: Western Provident Association Limited

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Registered in England and Wales No. 00475557. 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.

**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 Complete Health 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 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. All benefit limits are per person per Policy year unless stated otherwise.



#### What is insured?

##### In-patient and Day-patient Treatment

- ✓ Hospital and Consultant Fees
- ✓ Therapy
- ✓ Diagnostic Tests and Complex Scans

##### Out-patient Treatment

- ✓ Consultations with a Specialist – £250
- ✓ Complex Scans
- ✓ Out-patient Procedures
- ✓ Pre-admission Tests

##### NHS Hospital Cash Benefit – Non-cancer

Overall combined maximum annual benefit limit of £4,500

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

##### Further Benefits

- ✓ Nursing at Home – Up to 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 and Wellbeing Benefits

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

##### Optional Extras (to enhance the Policy)

###### + Cancer Care

- ✓ Tests and treatment from diagnosis to palliative care

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

###### + Extra Out-patient Consultations

Increase the £250 core cover to: £500, £1,000 or Unlimited

###### + Out-patient Tests

Choose: £500, £750, £1,000, £1,500 or Unlimited

###### + Therapy

Choose: £500, £750, £1,000, £1,500 or Unlimited

###### + Mental Health Treatment Optional Extra

- + In-patient and Day-patient Treatment – Up to 28 days/nights  
If you add this benefit you must also choose a level of Mental Health Out-patient Treatment and Therapy
- + Out-patient Treatment and Therapy – Choose: £1,000 or £2,500
- + Structured Counselling (Extended Therapy) – Up to 20 sessions



#### What is insured? continued

##### Optional Extras continued

###### + Overseas Emergency Treatment – Choose from two levels:

- Up to 35 days per trip (maximum of 180 days and £250,000)
- Up to 70 days per trip (maximum of 180 days and £500,000)

*Excludes the USA and its dependencies and winter sports resorts*

###### + Winter Sports – UK Treatment

Benefit is paid from your existing benefits for eligible treatment upon your return from a winter sports resort (note: you are not covered for treatment costs whilst abroad)

###### + Premium Hospitals

Extend the choice of 1,000 hospitals, clinics and scanning centres across the UK by adding Premium Hospitals, primarily based in Central London

###### + Cash Extras – Choose from two levels with varying upper limits

- ✓ General Dental Treatment
- ✓ Optical Treatment
- ✓ Health Screening
- ✓ Audiology

###### + Dental Care

- ✓ Dental Emergencies – £250 per course of treatment in the UK or abroad, up to a maximum of four courses
- ✓ Dental Injuries – £20,000



#### What is not insured?

*The following list is a summary of the exclusions – full details can be found in 'A Guide to Your Policy'.*

- ✗ Pre-existing conditions (subject to underwriting type).
- ✗ Long-term (chronic) conditions.
- ✗ Dental problems (except limited benefit if the Dental Care Optional Extra or Cash Extras Optional Extra has been included).
- ✗ Fertility problems, pregnancy and childbirth.
- ✗ 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).
- ✗ Treatment required as a result of participating in a winter sport or as a result of taking part or participating in a dangerous activity (except where the Winter Sports – UK Treatment is selected).
- ✗ 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.
- ✗ Treatment outside the UK except where the Overseas Emergency Treatment Optional Extra and/or Dental Care (Dental Emergencies) Optional Extra has been included.
- ✗ Cash benefit claims submitted more than six months after the treatment took place.



## 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 will not pay any claim that has not been pre-authorised.
- ! If joining aged 66 or over, you will be required to join on a Full Medical Underwriting Basis and a minimum Shared Responsibility of £1,000 or a minimum excess of £500 will apply. If adding the Cancer Care Optional Extra, Targeted Cancer Therapies will only be funded when given with curative intent, where not available on the NHS.
- ! 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. 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. If your current health insurance has an equivalent level of cover we may be able to waive the 14 day deferment period.



## Where am I covered?

- ✓ United Kingdom.
- ✓ Outside the UK for emergency treatment if the Overseas Emergency Treatment Optional Extra is added. Note: this excludes the USA and its dependencies and a winter sport resort. If you have added the Dental Care Optional Extra, you will only be covered for emergency treatment abroad under the Dental Emergencies benefit.



## What are my obligations?

- You must have been a resident of the UK and registered with an NHS GP for at least six months prior to joining.
- If you need to make a claim you must seek pre-authorisation 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.
- Where Shared Responsibility (co-payment) has been selected, you must pay 25% of claims for eligible treatment up to your chosen level of Shared Responsibility.
- Where an excess is chosen, you must pay your excess for eligible treatment up to your chosen level per Policy year before we provide benefit.



## 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 your chosen start date, once we accept you as a customer in writing. It 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 email 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.
- No premium is refundable if you have made a claim in the Policy year.
- 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 payment of premium has been made by monthly instalments you will not be entitled to a refund. Additionally, if you have made a claim, all remaining monthly premium instalments for the Policy Year become immediately due and payable at the point that your Policy is cancelled. WPA reserve the right to collect any unpaid premium.