Complete Health

Personal and family health insurance
designed for today's lifestyle



Policy Brochure
Effective from July 2023

Complete Health

Just health insurance
No distractions

What is health insurance

Health insurance, often called private medical insurance, is designed to cover some or all of the costs of private healthcare. This includes consultations with scans and tests, through to treatment either as an in-patient where you stay overnight in hospital, a day-patient or in an out-patient setting. Having a health insurance policy gives peace of mind that you or a family member will have quicker access to treatment at a time and place that is convenient to you.

Depending on the cover you choose, your premium will cover all or some of the cost of treatment for acute (curable) conditions that develop after your health insurance policy has begun.

In the UK, we benefit from the National Health Service (NHS). But sometimes you want to be more in control, like avoiding long waiting lists for surgery or getting access to cancer treatment. You want the freedom to choose what's best for you. 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.

Why choose WPA?

WPA is a specialist UK not-for-profit health insurer offering award-winning health insurance solutions to individuals, families and companies of all sizes.
With a heritage of over 120 years, we've been helping our members since 1901 and, because we're good at it, that's all we do.

Just health insurance. No distractions.



Our members are at the centre of all that we do

When you buy our health insurance, you buy our promise that we'll deliver.

With an average rating of 4.7 out of 5 we're currently the highest-rated UK health insurer on Trustpilot.

Trustpilot

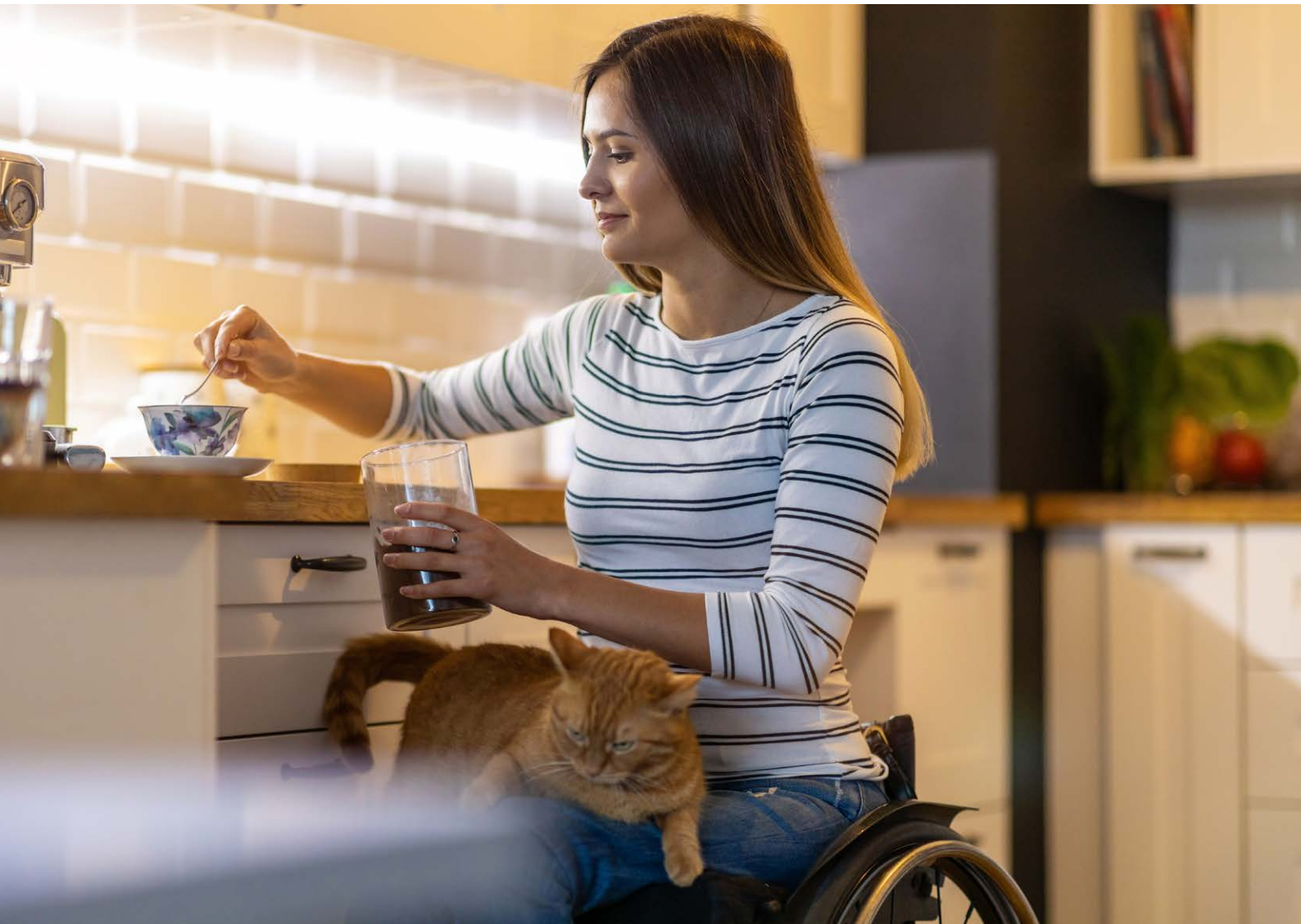
Rated 'Excellent' as at 31.05.23

Just knowing you are there, and actually talking through things gives you peace of mind

WPA have been very, very, very good to me, and I thank them so much, for their kindness, help & advice

You are all so lovely at WPA, I recommend you to everyone…

You're all so helpful



An award-winning UK health insurer

We are not hampered by the demands of shareholders motivated to make a profit, meaning we are free to act differently.

We focus on the service we provide to our members – we offer all of our members a personal commitment to customer service excellence.

- On average calls answered in less than three minutes*
- 97% of claims authorised*
- Only three complaints upheld by the Financial Ombudsman Service since 2017*

* WPA data: May 2023

WINNER FOUR TIMES Moneyfacts Consumer Awards 2020-2023 Health Insurance Provider of the Year

COVER HEALTHCARE INNOVATION AWARDS 2022 WINNER Outstanding Innovation of the Year - Health

THE UK HEALTH & PROTECTION AWARDS WINNER 2021 & 2022 Best Customer Service Delivery

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

WPA has achieved four highly regarded and internationally recognised standards across our company.

bsi. ISO 9001 Quality Management FS 28452

bsi. ISO 22301 Business Continuity Management BCMS 538164

bsi. ISO 14001 Environmental Management EMS 505226

bsi. ISO/IEC 27001 Information Security Management IS 553152

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

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We offer support in a variety of ways

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 home is invaluable.

That's why our Complete Health policy includes a range of health and wellbeing benefits – available at a time and a place of your choosing.

Remote GP Services

Access to a GP either by phone or by video. Simply book online at My WPA or via our WPA Health app 24/7 to set up a GP consultation including the issuing of digital prescriptions to your local pharmacy.

Health & Wellbeing Helpline – 24/7 support

Telephone emotional support covering a variety of different areas, many of which are provided by experts in their particular field. Includes healthy lifestyle, legal matters and financial wellbeing.

Mental Health Support

With one in four people affected by a mental health condition* it is important they feel supported. We can help with early intervention to treatment for complex conditions – see page 14 for more details.

*Mind: 2022

Health & Wellbeing Hub

Our Health & Wellbeing hub provides access to a variety of useful and valuable information.

Designed to offer support and guidance it's accessible via our WPA Health app or website. Here you will find a wide range of support.

Complete Health

A tailored and flexible product
for individuals and families

Six steps to setting up your cover

1

Understand the core benefits
included in your policy

2

Choose to enhance your cover
with Optional Extras

3

Select your pricing type
Pooled Risk Pricing or No Claims Discount

4

Tailor your premiums
with an optional Shared Responsibility or Excess level

5

Select your underwriting method
and apply to join

6

Managing your membership
with WPA Health and My WPA





What this policy covers

Core Benefits included in every policy

Access to hospital treatment supported by out-patient benefits which can be enhanced.

- **Out-patient Treatment**
  A range of out-patient treatment
- **Hospital Treatment**
  In-patient and day-patient treatment
- **Health and Wellbeing Benefits**
  A range of health and wellbeing benefits
- **NHS Hospital Cash Benefit**
  Cash benefit for NHS day-patient, in-patient and out-patient treatment

See page 10 for details of the core benefits

Optional Extras choose to enhance your cover

Optional Extras provide even more flexibility to tailor your health insurance policy benefits.

- [ ] **Cancer Care**
  See page 12
- [ ] **Extra Out-patient Consultations**
  See page 13
- [ ] **Out-patient Tests**
  See page 13
- [ ] **Therapy**
  See page 13
- [ ] **Mental Health Treatment**
  See page 14
- [ ] **Overseas Emergency Treatment**
  See page 15
- [ ] **Winter Sports – UK Treatment**
  See page 15
- [ ] **Cash Extras**
  See page 15
- [ ] **Dental Care (Dental Emergencies and Dental Injuries)**
  See page 15
- [ ] **Premium Hospitals**
  See page 15

Core Benefits included in every policy

Out-patient Treatment

Typically your treatment will start with a specialist consultation. Core cover contributes £250 per year towards these costs.

Complex scans such as MRI/CT/PET scans are included, plus procedures carried out by your specialist on an out-patient basis.

- **£250 Consultations**
- **Complex Scans**
- **Out-patient Procedures**
- **Pre-admission Tests**

You can increase your out-patient treatment benefit to include cover for out-patient tests such as blood tests, x-rays and ultrasound scans.

See page 13

Hospital Treatment

- **Hospital stays**

Cover should you need to stay in hospital as a day-patient or overnight as an in-patient.

Health and Wellbeing Benefits

- **Remote GP Services**
- **Health & Wellbeing Helpline**
- **Counselling**
  (for family members over the age of 16)

NHS Hospital Cash Benefit
Non-cancer

An overall combined maximum annual benefit limit of £4,500 applies to the following benefits:

- **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

If you would like to receive a cash benefit for NHS cancer treatment, you will need to add the **Cancer Care Optional Extra**.

Further Benefits

- **Nursing at Home** – up to four weeks
- **Private Ambulance Transport**
- **Parent and Child** – up to 10 nights
- **Out of Pocket Expenses** – £10 per day
- **Hospice Donation** – £70 per night, up to £700

Optional Extras

The Optional Extras have been designed to offer a highly flexible policy that can be built to suit each individual's personal needs and circumstances.

Each Optional Extra can be added separately, or you can choose to add them all if you wish.



Cancer Care



We recognise that cancer care is an important consideration when buying a private healthcare policy. If you get cancer, we will support you from diagnosis through to treatment.

[ ] Cancer Care

Our aim is to provide easy and prompt access to a diagnosis followed by full and comprehensive cover for medical treatment.

You and your family can have confidence that you are in excellent hands if you are diagnosed with cancer.

No financial caps

Benefit for all tests and treatments, from initial diagnosis through to palliative treatment.

Unlimited follow-up care

No time limit to our support for follow-up scans and consultations.

Personalised support

All cancer claims are overseen by our team of specially trained Case Managers and our Medical Advisors.

Out-patient enhanced options



If you have an appointment in a hospital or clinic, but do not need to stay overnight or occupy a bed, it means you're being treated as an out-patient. You may be having an appointment (a consultation or therapy session) and/or tests to reach a diagnosis.

[ ] Consultations

Increase the £250 core benefit to:
£500, £1,000 or **unlimited**.

[ ] Tests

Benefit for tests such as blood tests, x-rays and ultrasound scans. Choose from:
£500, £750, £1,000, £1,500 or **unlimited**.

[ ] Therapy

A range of therapy treatment including physiotherapy, chiropractic, homeopathy and acupuncture is available with a choice of benefit limits:
£500, £750, £1,000, £1,500 or **unlimited**.

Mental Health Care



Looking after your mind is an important part of your overall wellbeing. Mental health is about how you are feeling and how well you are coping.

Core Benefits

We recognise the importance of mental health. Your policy provides support in the following ways:

- Access to a 24/7 telephone helpline.
- A wealth of information in our Health & Wellbeing hub.
- Based on clinical assessment, a brief course of therapy counselling (up to six sessions).

[ ] Mental Health Treatment

[ ] Mental Health Hospital Treatment

Up to 28 days/nights.

If you add this benefit you must also choose a level of out-patient treatment and therapy below.

[ ] Out-patient Treatment and Therapy

Choose from:
£1,000 or **£2,500**.

[ ] Extended Therapy (Structured Counselling)

Allowing for the treatment of more complex health conditions (up to 20 sessions). Not available for family member(s) on cover, who are under 16.

Further Optional Extras

[ ] Overseas Emergency Treatment

Excludes the USA & its dependencies and winter sports resorts. Choose from:

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).

[ ] Winter Sports – UK Treatment

Should you have an injury whilst in a winter sports resort, this Optional Extra provides benefit, from your existing benefits, for treatment on your return.

Please note: you are not covered for treatment costs whilst abroad.

[ ] Cash Extras

Choose from two levels of cover:

	Level 1	Level 2
General Dental Treatment	£200	£400
Optical Treatment	£150	£250
Health Screening	£200	£400
Audiology	£100	£200

[ ] Dental Care

Dental Emergencies
£250 per course of treatment in the UK or abroad (up to four courses).

Dental Injuries
£20,000.

Dental injuries will be refunded up to the maximum amounts listed in our Dental Schedule, available online at: wpa.org.uk/dentalfees

[ ] Premium Hospitals

Extend your choice of over 1,000 hospitals, clinics and scanning centres across the UK.

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.

The following hospitals are not included unless you choose to extend your choice of hospitals by adding the Premium Hospitals Optional Extra.

If you are including the **Cancer Care Optional Extra** (see page 12) you may wish to include these Premium Hospitals as some are specialist cancer centres.

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

Complete Health

Important information to help you tailor your policy

Choices to make before you join

The following pages contain key information to help you tailor your policy.



Who can buy this policy

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 aged 66 and over?

When you join, you must take a minimum Shared Responsibility level of £1,000 or a minimum Excess of £500.

See pages 20-21

You will need to join on a Full Medical Underwriting (FMU) basis.

See page 22

If choosing the **Cancer Care Optional Extra**, targeted cancer therapy drugs will only be covered if they are not available on the NHS.

How your policy is priced

There are a number of factors that will affect the cost of your policy now and in the future such as your age, your method of underwriting, where you live and inflation.

Other factors will include:

Your choice of pricing option (Pooled Risk Pricing or No Claims Discount).

See pages 18-19

Your level of Shared Responsibility or Excess.

See pages 20-21

Your selection of benefit limits and Optional Extras.

Key note
Your chosen pricing method

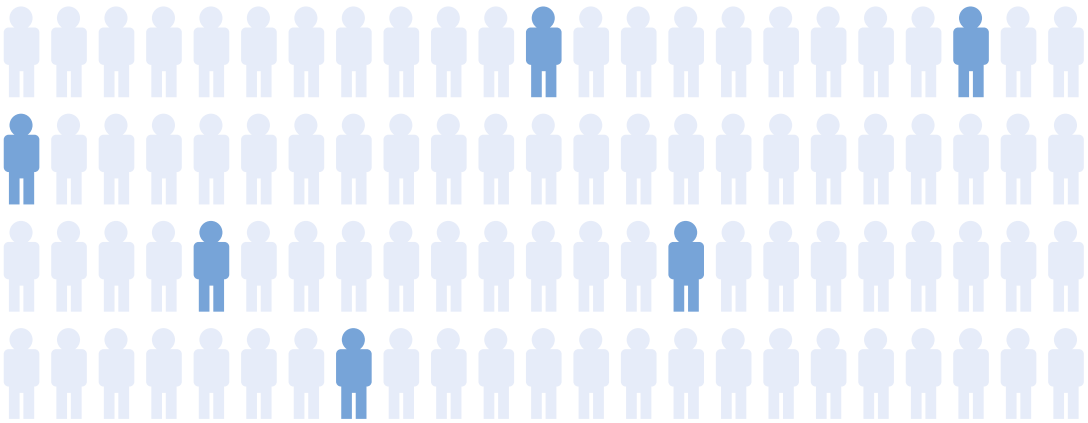
Once you have chosen your pricing method you will not be able to switch to the other.

Pooled Risk Pricing

Pooled Risk Pricing in simple terms is where the premiums collected from the many help pay the claims of the few. The premiums we set reflect the risk and expected cost of all those claiming across a wider 'pool' of customers.

When we calculate premiums, a number of factors are taken into consideration to set your pooled price. These include age, where you live, the level of cover chosen, your choice of underwriting, when you joined and medical inflation (this is not an exhaustive list). With advances in medical and surgical technology, medical inflation can often be greater than the general rate.





The claims that you make do not directly affect your individual premium. It is the claims of the pool that determine your premiums.

No Claims Discount

Each person has their own No Claims Discount level. The table opposite shows the discount that is applied.

A No Claims Discount, whether you claim or not, has a direct impact on your premiums.

Your quote and Certificate of Insurance will show the level of No Claims Discount that applies.

Level	Discount
14	70%
13	67%
12	64%
11	61%
10	58%
9	54%
8	50%
7	45%
6	40%
5	35%
4	28%
3	21%
2	15%
1	6%
0	0%

What won't affect your No Claims Discount

The following benefits are not included when calculating your No Claims Discount level. Therefore, you are able to claim for these benefits without it affecting your premiums.

- Health and Wellbeing benefits (excluding the Extended Therapy Structured Counselling benefit)
- NHS Hospital Cash Benefit
- Hospice Donation
- Dental Emergencies (part of the Dental Care Optional Extra)
- Cash Extras Optional Extra

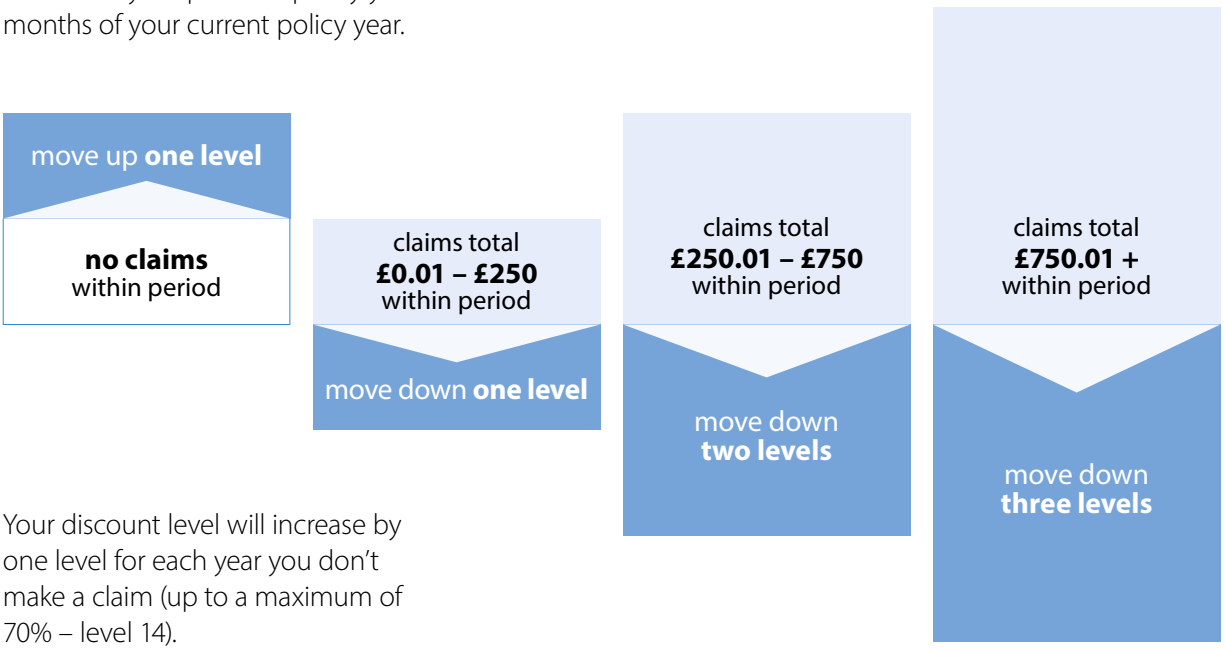
In addition, any Shared Responsibility contribution or Excess amount that you have paid will not affect your No Claims Discount.

How claiming affects your No Claims Discount

The chart below details how claims that are made affect your No Claims Discount level.

During your first year, claims made within the first nine months will affect your No Claims Discount. In future years, the period will typically run from the last three months of your previous policy year and the first nine months of your current policy year.

For our **videos** please visit: wpa.org.uk/completehealth



Your discount level will increase by one level for each year you don't make a claim (up to a maximum of 70% – level 14).

Shared Responsibility®

Shared Responsibility is a co-payment feature that allows you to take greater control of your premium.

Unlike a traditional Excess, 75% of treatment costs are paid, no matter how small. You share the cost of your treatment by contributing 25% . Your contribution is also capped at your chosen level for your policy year.

Key note

Shared Responsibility and Excess

Where a Shared Responsibility or an Excess has been chosen, you cannot mix them on the same policy. However, you may choose different levels of Shared Responsibility or Excess per family member.

How does Shared Responsibility work?

WPA will pay 75% directly to the treatment provider. We will then inform you of your share which you will need to pay yourself.

Your contribution is then taken from your chosen level of Shared Responsibility.

Once you reach your chosen level of Shared Responsibility WPA will pay 100% of any eligible claims subject to your benefit limits.

When your policy is renewed, your level of Shared Responsibility starts again with the new policy year, even if the course of treatment started beforehand.

Shared Responsibility is applied per person, per policy year and not per claim.

Examples

In both these examples the Shared Responsibility cap level is set at £1,000 per person per policy year.

£0 | £150 | £250 | £500 | **£1,000** | £3,000 | £5,000

Example A

Order of treatment	Claimed amount	You pay	WPA pay
Specialist consultation	£200	£50	£150
Scans (MRI, CT or PET)	£1,000	£250	£750
Hospital charges	£2,800	£700	£2,100
You have now reached your Shared Responsibility level			
Scans (MRI, CT or PET)	£1,000	£0	£1,000
Hospital charges	£8,500	£0	£8,500
Total	**£13,500**	**£1,000**	**£12,500**

Example B

Order of treatment	Claimed amount	You pay	WPA pay
Specialist consultation	£200	£50	£150
Physiotherapy	£100	£25	£75
Osteopathy	£50	£12.50	£37.50
You have NOT reached your Shared Responsibility level			
Total	**£350**	**£87.50**	**£262.50**

Please note that the examples are for indicative purposes only. They are based upon the assumption that the Optional Extras or level of cover chosen provides benefit for the types of treatment illustrated.

Excess

How does it work?

An Excess is the amount you have to pay towards the cost of your eligible treatment before we contribute to your treatment costs. Once your Excess has been paid, we will provide benefit for your eligible treatment costs for the remainder of that policy year within your benefit limits.

The Excess is applied per person, per policy year and not per claim.

Example

In this example the Excess level is set at £250, per person per policy year.

£0 | £100 | **£250** | £500

Order of treatment	Claimed amount	You pay	WPA pay
Specialist consultation	£200	£200	£0
Physiotherapy	£150	£50	£100
You have now reached your Excess level			
Osteopathy	£150	£0	£150
Total	**£500**	**£250**	**£250**

Please note that the example is for indicative purposes only. It is based upon the assumption that the Optional Extras or level of cover chosen provides benefit for the types of treatment illustrated.

Key note

What benefits don't apply to Shared Responsibility or Excess

Some benefits do not apply to Shared Responsibility or Excess. For example:

- Structured Counselling
- NHS Hospital Cash Benefit
- Cash Extras Optional Extra
- Dental Emergencies (part of the Dental Care Optional Extra)

For our **video** please visit: wpa.org.uk/sr-excess

Underwriting explained

Key note
Pre-existing conditions

Across the next two pages we talk about pre-existing conditions. To find out what this means see page 26.

Now you have selected your benefits you are ready to apply. The final decision is to choose your method of underwriting. Underwriting is the way health insurers use someone's personal and health information to decide what cover they can offer.

Are you currently insured? Yes

No

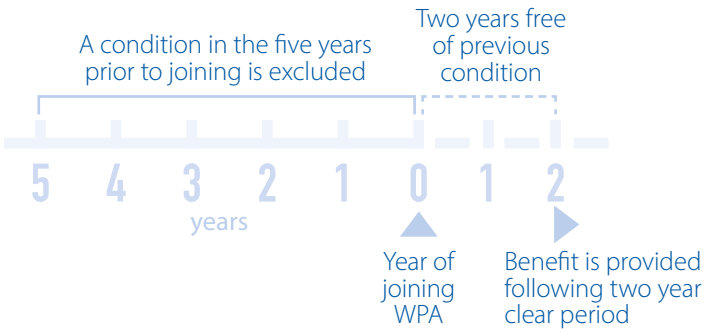
Moratorium Underwriting

I would prefer not to provide medical information and understand I will need to provide more detailed information when claiming

You do not have to provide medical history details on your application;. Although, we may request more detailed information from your GP (or the GP of any family member(s)) when making a claim.

Benefit will not be provided for at least two years, for any pre-existing condition(s) that occurred in the five years before your membership starts.

If after two continuous years you have not had any symptoms, treatment, medication or advice, benefit for pre-existing conditions may be covered.



Benefit is not provided for pre-existing long-term medical conditions (and related conditions), which are likely to need regular or periodic treatment, medication or advice. This is because the moratorium period starts each time you receive such treatment, so it's unlikely you'll ever have two consecutive years free of symptoms and/or treatment.

Examples include: Diabetes, Uncontrolled Hypertension, Fibromyalgia, Multiple Sclerosis.

Full Medical Underwriting (FMU)

I would prefer to have greater certainty and clarity of any conditions which may not be covered

You will be asked a number of questions to help us understand your medical and family history.

It is essential that you give us all the information we ask for, even if you have symptoms that have not been diagnosed. If you are unsure whether you should mention a condition or symptom (including those undiagnosed) please contact us.

Although FMU is more detailed, it means that you will have certainty and clarity of what condition(s) and symptom(s) will not be covered.

Our underwriters review the information you provide and, for example, determine whether you have a greater than average risk of requiring treatment for any condition. Such conditions have underwriting terms applied to them, which we refer to as personal exclusions. These personal exclusions are recorded on your Certificate of Insurance.

Key note

Your chosen underwriting option

The underwriting option that's best for you will depend on your circumstances and needs. There is a direct correlation between risk and underwriting option, meaning the underwriting you choose is likely to influence the future renewal premiums of your policy.

Each underwriting option is explained in more detail below.

Remember, you can apply to join with either FMU or Moratorium even if you are currently insured – these underwriting options will provide a lower entry premium level than switch underwriting.

Switch/Continued Moratorium

My current underwriting is Moratorium/Continued Moratorium

Switch/Continued Personal Medical Exclusions (CPME)

My current underwriting is FMU/CPME

These options are available if there has been continuous cover from your current insurer. We need your Certificate of Insurance (or equivalent) from your existing insurer detailing any personal exclusions/moratorium periods that have been applied, together with confirmation of your existing underwriting terms. You will also need to answer a few questions about your medical history on the application and, occasionally, it may be necessary to apply additional personal exclusions. We will let you know in advance if any new personal exclusions apply.

If you were previously underwritten on a moratorium basis you may join WPA on Continued Moratorium terms and keep the underwriting dates of your existing moratorium. This option is not available for existing insurance that is on a 'Fixed Moratorium'. Please contact us if you are unsure if you meet our criteria.

Your previous moratorium period will apply to your new membership with us. This means that you will not be able to claim for any conditions that existed before your initial moratorium underwriting date with your previous insurer. If you have met the 'symptom, treatment, medical and advice free' moratorium period as shown on your previous Certificate of Insurance (or equivalent) these conditions may be covered.

Benefit is not provided for pre-existing long-term medical conditions (and related conditions) which are likely to need regular or periodic treatment, medication or advice. This is because the moratorium period starts each time you receive such treatment, so it's unlikely you'll ever have two consecutive years free of symptoms and/or treatment.

If you have previously undergone Full Medical Underwriting you may join WPA on a CPME basis.

Your previous insurance doesn't need to be fully medically underwritten, provided there's been no break in cover from when you first underwent Full Medical Underwriting.

We will transfer any existing personal exclusions from your current insurer and, occasionally, it may be necessary to apply additional personal exclusions.

For our **videos** please visit:
wpa.org.uk/help/what-is-underwriting

Supporting our members

WPA Health and My WPA

Manage your membership on the go with the WPA Health app or through My WPA.

It's easy to manage your membership and any ongoing claims.

Features include

- Submit your claim and get an instant response
- Track your submitted claims and remaining benefit limits
- Send and receive secure messages
- View your WPA membership documents
- Book a remote GP appointment
- Explore our health and wellbeing resource library

The WPA Health app is available on:

Download on the App Store

GET IT ON Google Play

To view the app in action please visit: wpa.org.uk/help/wpa-health-app

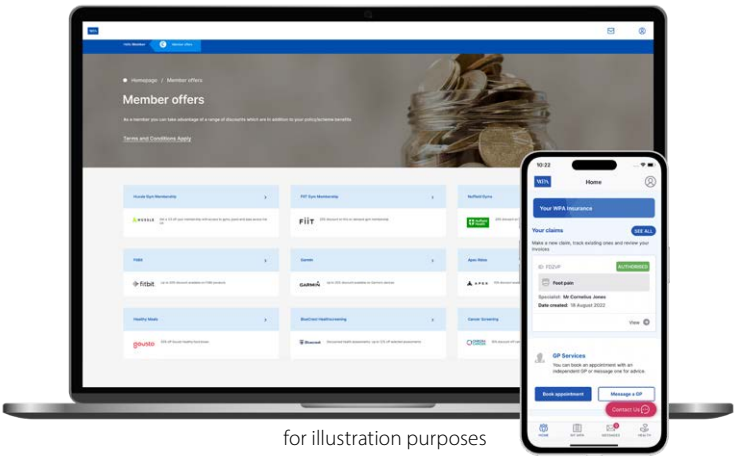
Making the most of your membership

We've teamed-up with a select range of organisations to provide you with enhanced health, wellbeing and lifestyle special offers which are in addition to your policy benefits.

Offers include

- Gym membership discounts
- Optical discounts
- Health screening and assessment discounts

You will be able to access all the offers within the WPA Health app or through My WPA once you have joined.



for illustration purposes



Terms & conditions

Joining terms

Where can I find the full terms & conditions?

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.

Full terms and conditions are contained in 'A Guide to Your Policy' which 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.

Can I claim straight away?

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 end of a deferment period, you are covered for the eligible treatment of any symptom or condition. Although, if the symptom or condition arose, whether diagnosed or not, within the deferment period these conditions will not be covered.

A 14 day deferment period applies to any symptom(s) or condition(s), whether diagnosed or not, which happen within the first 14 days of the policy commencing. We may accept these conditions if they are declared to us.

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.

What is a pre-existing condition?

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.

Upgrading your cover

You will need to complete an Application Form If you add a Mental Health Treatment Optional Extra, or the Cancer Care Optional Extra, at a future renewal date. We will ask you about your medical history for mental health and/or cancer conditions and personal exclusions/additional personal exclusions may be applied to your policy.

What's not covered

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

- ⊗ Any long-term monitoring, management or treatment of incurable, prolonged or lifelong condition(s) (chronic conditions).
- ⊗ Dental problems (except limited benefit if the Dental Care Optional Extra and/or Cash Extras Optional Extra has been included).
- ⊗ Pregnancy, fertility problems, assisted conception, contraception, sterilisation and childbirth.
- ⊗ 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:
  - 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.
  - When overseas on a winter sports holiday or whilst staying in a winter sports resort; or
  - When you return home having sustained an injury on a winter sports holiday/at a winter sports resort. Where the Winter Sports – UK Treatment Optional Extra is included, we will provide benefit on your return.

- ⊗ 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-authorised.
- ⊗ Any cash benefit claims submitted more than six months after treatment took place.
- ⊗ Treatment outside the UK except where the Overseas Emergency Treatment Optional Extra is added.

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 needed 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

How long does my policy last?

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.

Cancelling your policy

We are sure that you will be happy with the 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

Cancelling 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 the WPA policy, the benefits you have chosen, and that the WPA policy meets your needs.

Why WPA may cancel 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.

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.

Important Information

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 repayment levels are set by us at a level of customary and reasonable cost through a continued dialogue with the medical profession. For the vast majority of cases this results in your treatment provider's fees being repaid in full. Occasionally, a specialist may charge you more than we consider to be the customary and reasonable cost. If you decide to proceed with the treatment, then it is your responsibility to settle the difference. We refer to this as a shortfall.

How to make a complaint

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 detailing 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 the Financial Ombudsman Service (FOS).

FOS address
Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Website
www.financial-ombudsman.org.uk

Email
complaint.info@financial-ombudsman.org.uk

Consumer helpline
Open 8am-8pm Monday to Friday and 9am-1pm Saturday:

0800 023 4567 *(calls to this number are free on mobile phones and landlines)*
0300 123 9 12 *(calls to this number cost no more than calls to 01 or 02 numbers)*

Financial Services Compensation Scheme (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

How to make a claim

Once you have joined, all claims must be pre-authorised before commencing any treatment. For authorisation of claims please use the WPA Health app, visit My WPA or contact us on 01823 625230. Lines are open Monday to Friday 8am-7pm and Saturday 9am-12pm. National call rates apply.

We're here to help you choose

Talk to our experts and find out more

01823 625050

wpa.org.uk/completehealth

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

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Effective from July 2023

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