



Employee Healthcare Scheme Guide

Effective from April 2021

Welcome

Welcome to the United Utilities (UU) Employee Healthcare Scheme. It's a Scheme that's been designed with you in mind; if you're a band five or six employee, an apprentice or a graduate, you can receive cash back on everyday medical expenses like dental and optical costs. You're also covered for any nasty surprises, with help at hand towards consultations, scans, surgery and therapy.

As well as these core benefits which are paid for by UU, you can also choose to pay for one or more top-ups. These will upgrade your own cover or extend it to family, giving you peace of mind for their future wellbeing.

This guide has been produced to help you understand and get the most from the Scheme. We've brought together the facts you need to know about what the Scheme is, what you can make a claim for and how to make that claim.

This document acts as the rules of the Scheme. It tells you what's covered by it and what's not. It sets out your rights and the obligations which affect your membership.

You should check your Scheme documents carefully when you receive them and make sure they're kept in a safe place.

Certain words in this guide have special meanings. We've provided a list of explanations of these words under the heading 'Definitions' starting on page 26.

Thank you,
WPA

Contact us

Simply visit wpa.org.uk/unitedutilities to access all of the claim forms and Scheme literature. Alternatively, to make a claim using our smartphone app please visit the App Store for iPhone or Google Play for Android and download our WPA Health app. Please note that the app cannot be used to make administrative changes. Claims can be made online for Optical and Dental treatment, Therapy, Consultations, New Baby claims, Out-patient appointments and A&E attendances.

Some benefits, for example Surgical Cash or Scans, always require pre-authorisation. In these instances please call the helpdesk on 0800 915 0809 or email the team at mcd@wpa.org.uk.

If there is anything you don't understand about the Scheme please feel free to contact the helpdesk who will be happy to help. Our offices are open from 08:00 – 19:00 Monday to Friday and 09:00 – 12:00 on Saturday.

Contents

Your core benefits (paid for by UU)	4
Your healthcare top-ups (paid for by you)	5
How to make a claim	6
Benefit rules	8
What is not eligible	16
Important information	20
Definitions	26



Important Information

Please read this Guide in conjunction with your Employee Healthcare Scheme Summary and your Certificate of Registration. You will receive these when you join the Scheme, or change your top-up selection, or they are available on the personal area of our website wpa.org.uk/unitedutilities

Western Provident Association (WPA) has taken every care in the preparation of the material contained in this booklet. However, if it does contain any errors, WPA expressly excludes to the fullest extent permitted by law all liability arising from any such inaccuracies or errors.

This table of benefits shows a summary of your core cover which is paid for by UU, for UU employee members. Any Family Members added to the Scheme will also benefit from this core cover. More detail on specific rules for each benefit can be found on pages 8 to 15.

4




Your healthcare top-ups (paid for by you)

If you'd like some extra cover, you can top-up your benefits by paying a monthly amount for Everyday+, Medical+ or both.

You can also add your partner and children, or just your partner or children. Please refer to the Employee Healthcare Scheme Summary for the costs of cover for your Family Members.



You can select your top-ups during the annual enrolment window. For MORE Choices please visit: www.unitedutilities.com/morechoices

You can also find out which top-ups you have selected on your Certificate of Registration, which you receive when you join the Scheme or change your top-up selection, or is available on the personal area of our website: wpa.org.uk/unitedutilities

Everyday+ (for an additional premium of £8.65 per month)		Annual Cover
	Optical Cash allowance in addition to the £100 core benefit.	+ £200
	Dental Cash allowance in addition to the £100 core benefit.	+ £200
	Dental Trauma Cash allowance in addition to the £200 core benefit.	+ £800

This table shows you the limits that apply to your Scheme membership if you've opted to top-up your and/or your dependants' cover to Everyday+ level.

The rules that are applied to these additional benefits, including the claims processes, are the same as those that apply to core optical, dental and dental trauma benefits (see table on page 4).

Medical+ (for an additional premium of £2.75 per month)		Annual Cover
	Consultation Cash allowance in addition to the £250 core benefit.	+ £250
	Therapy Cash allowance in addition to the £250 core benefit.	+ £250

This table shows you the limits that apply to your policy if you've opted to top-up your and/or your dependants' cover to Medical+ level.

The rules that are applied to these additional benefits, including the claims processes, are the same as those that apply to core consultation and therapy benefits (see table on page 4).

How to make a claim

The process of making a claim has been made easy for you. Because of the different types of benefits that are offered as part of the Scheme, there are a number of different claim processes. We've explained them under each individual benefit, so you know exactly what to do for that specific benefit. But there are some generic rules which apply to all claims:

- Where you are claiming for reimbursement we need the original invoice and proof of payment, such as a valid credit or debit card receipt
- You will need to obtain the registration number of the provider with their Professional Regulatory Body (e.g. HCPC, GMC, GDC). If these are not easily available from the provider you can search online with the provider name on the relevant website. Please refer to page 30 for details of the Professional Regulatory Body websites
- We will pay in line with the rules that were in place on the day of your treatment – not on the date your condition was first noticed or diagnosed

To claim your reimbursement, just follow these simple steps:

- 1) We will process your claim, and pay your cash payment directly into your bank account. Your claim will be processed within four working days of us receiving it. Funds are subject to your banks clearing times so may not be in your account on this day.
- 2) A claim declaration can be completed at wpa.org.uk/unitedutilities
- 3) We may on occasions require paperwork to be sent to us, so when requested please return with any original receipted invoices within six months of the treatment date. If no paperwork is requested, please keep your receipts for six months. For cash benefits please refer to the Guide for documentation that needs to be submitted with this claim form.

All invoices must:

- Be unaltered originals (not copies)
- Show the full name, address and qualifications of the treatment provider
- Show the patient's full name
- Show a description of the treatment given which includes dates and the amount paid. Please note that we do not accept treatment plans and that invoices and receipts will not be returned

! **Where the treatment taking place is paid by WPA directly to the provider please call the helpdesk on 0800 915 0809. Further details of how to claim in these instances can be found within the benefit rules section on pages 8 to 15.**

Your GP or Specialist must follow these steps:

- Your GP needs to refer you for consultations and diagnostic tests
- Your Specialist must refer you for scans and may also refer you for diagnostic tests
- Your GP or Specialist has to confirm that therapy is medically necessary if you have more than four sessions in the period 1 April to 31 March

You must send us your claim form, proof of payment and supporting documents (if required) within six months of your treatment.

We will only pay eligible claims into a valid UK bank account which is held in the Scheme Member's name at a bank regulated by the Prudential Regulation Authority (PRA).

We can only pay out your claim if:

- Your treatment is carried out by a practitioner we recognise (see Definitions)
- You send us a fully-completed claim declaration with attached original receipted invoices
- You continue to live in the UK for at least six months a year

- Your Scheme is in force and/or the premiums are paid up-to-date at the time of treatment
- Your treatment is not covered by another insurance plan with another insurer (Please refer to page 19 for further information)
- Your treatment does not take place outside the UK
- You submit your claim form, proof of payment and supporting documents (if required) within six months of the treatment date
- Your claim has been authorised as required
- The treatment occurred before you joined the Scheme

Please note that we are unable to pay out your claim if your treatment is carried out by a treatment provider who is related to you/the patient, or is recommended by a GP who is a member of your/the patient's family, or is carried out at a facility in which you have a financial interest.

If we make a claims payment in error, we will explain the situation to you. We reserve the right to offset the value of the incorrect payment against the amount payable for other claims on your Scheme. Hand-written receipts will not be accepted.

We will pay in line with the rules of your Scheme which are in force on the date of your treatment, not on the date that your condition was first noticed or diagnosed.

Benefit rules

What is covered & not covered

When reading the benefits available please refer to the benefit tables on page 4.

There are some general exclusions which apply to all benefits – these can be found between pages 16 and 19 of this Guide.

The term ‘Scheme Year’ covers the period from 1 April to 31 March.

We use the following symbols to illustrate what is and what is not covered:

- ✓ **This is covered by your Scheme**
- ✗ **This is not covered by your Scheme – please also refer to the exclusions section between pages 16 and 19 for any additional exclusions which may apply.**
- ! **Very important information**
- ! **Your Scheme provides cover and benefit as it occurs and only whilst your Scheme membership remains in force. Cash benefits are provided in accordance with your prevailing benefits and reimbursement amount at the time of your eligible treatment.**

Helping you every day

- ✓ **Optical Treatment**
We will pay up to the amount shown on your benefit table per Scheme Year towards the cost of:
 - Eye tests
 - Prescribed glasses
 - Prescribed sunglasses
 - Adding new prescribed lenses to existing frames
 - Contact lenses
 - Prescription safety spectacles
 - Refractive (laser) eye surgery
- ✗ **Please note you cannot claim for ophthalmic Specialist fees through the Optical benefit.**

How to claim:

- 1) We will only pay up to the receipted amount, even if your treatment does not use the maximum amount of the benefit available to you at that time.
 - 2) A claim declaration can be completed at wpa.org.uk/unitedutilities
 - 3) We may on occasions require paperwork to be sent to us, so when requested please return with any original receipted invoices within six months of the treatment date. If no paperwork is requested, please keep your receipts for six months. For cash benefits please refer to the Guide for documentation that needs to be submitted with this claim form. We will process your claim within four working days of us receiving it and pay your cash payment directly into your bank account. Payments are subject to your banks clearing timescales. For claims that are over £500 it will take more than five working days for payment to be credited to your account.
- ! **You can only re-claim fees from one insurance policy. If you are a member of another Scheme and re-claim from that, you cannot re-claim from this Scheme and vice versa.**

✓ Dental Treatment

We will pay up to the amount shown on your benefit table per Scheme Year towards preventative care or general dental treatment provided by a registered dentist or dental hygienist in general dental practice. This includes:

- Check-up fees
- Hygienist fees
- X-rays
- Fillings
- Crowns
- Bridges
- Dentures

How to claim:

- 1) We will only pay up to the receipted amount, even if your treatment does not use the maximum amount of the benefit available to you at that time.
- 2) A claim declaration can be completed at wpa.org.uk/unitedutilities
- 3) We may on occasions require paperwork to be sent to us, so when requested please return with any original receipted invoices within six months of the treatment date. If no paperwork is requested, please keep your receipts for six months. For cash benefits please refer to the Guide for documentation that needs to be submitted with this claim form. We will process your claim within four working days of us receiving it and pay your cash payment directly into your bank account. Payments are subject to your banks clearing timescales. For claims that are over £500, it will take more than five working days for payment to be credited to your account.

! **You can only re-claim fees from one insurance policy. If you are a member of another Scheme and re-claim from that, you cannot re-claim from this Scheme and vice versa.**

✓ **Dental Trauma** **Pre-authorisation is always required.**

We will pay up to the amount shown on your benefit table per Scheme Year for treatment required for dental injuries received as a result of an injury to the patient's teeth caused by an extra oral impact (an external blow to the face, teeth or jaws).

Benefit will not be available under the following circumstances:

- Treatment is given and you did not inform us, or have an emergency appointment, within 72 hours of the injury
- Treatment is given without our prior written approval
- Treatment is given more than 12 months after the date of the injury to which the treatment relates unless we have agreed in writing to cover it

- You undergo orthodontic treatment except the repair or replacement of orthodontic appliances as a result of a dental injury
- The injury was sustained while participating in any contact sport (e.g. American Football, Boxing, Hockey, Ice Hockey, Lacrosse, Martial Arts, Rugby) when the appropriate mouth protection was not worn at the time of injury
- The treatment was cosmetic/aesthetic (e.g. bleaching etc.) except when needed as a direct result of an accident or injury and as part of a Dental Trauma claim
- An original veneer is damaged as a result of a dental injury
- You have more than two implants per Scheme Year
- Specialists' fees when the patient receives treatment as an NHS patient in an NHS hospital;
- Charges made by the dentist/Specialist for completing the claim declaration
- Extractions of wisdom teeth, consumables, appliances (such as mouth guards)
- Fees which are recoverable from other indemnity Schemes

We reserve the right to ask for evidence of a mouth protector being worn at the time the injury was sustained

How to claim:

- 1) Please contact the helpdesk and tell them the details of the injury and the emergency appointment that has taken/is due to take place. **You must inform us and have the emergency appointment within 72 hours of the injury.**
- 2) The helpdesk will send you a claim form which will need to be completed by your dentist.

Your dentist must provide:

- The fully completed claim declaration which will have been sent to you when you contacted WPA
- A treatment plan for any treatment that cannot be undertaken at the emergency appointment and to tell us:
 - the type of treatment
 - the date the treatment will start and the date treatment will be completed

- the name of the recognised provider who will undertake the treatment
- detailed treatment costs
- A full report on the incident and all injuries sustained including:
 - photographic evidence of facial injury
 - evidence of x-rays to show the injuries sustained, including pre and post injury x-rays
 - evidence (dental records) that the injury is not related to chronic periodontal disease or material dental neglect
- Flu jabs given by a pharmacist
- Pre and post-operative tests
- Virtual and digital consultations when carried out by your Specialist

How to claim:

If you are claiming a reimbursement for treatment you have received and already paid the provider directly, or for GP charges then follow these steps:

- 1) Visit wpa.org.uk/unitedutilities and download and complete the claim declaration form.
- 2) Please send your completed form to WPA, Rivergate House, Blackbrook Park, Taunton, TA1 2PE, together with any original receipted invoices within six months of the treatment date.
- 3) We will process your claim, and pay your cash payment directly into your bank account. Payments are subject to your banks clearing timescales. For claims that are over £500 it will take more than five working days for payment to be credited to your account. We will only pay up to the receipted amount, even if your treatment does not utilise all of the benefit available to you at that time.

On the basis of this information, WPA will give prior written approval (pre-authorisation) of your treatment and associated costs. Cover will not commence until this pre-authorisation has been sought and given. The extent of cover will be limited to the treatment detailed on the plan provided by your dentist. Benefit will be paid in line with the WPA Dental Schedule for Customary and Reasonable costs as appropriate. If you would like a copy of this, please contact us.

You can only claim this benefit if you have had an emergency appointment first. WPA must pre-authorise any restorative treatment plan following a dental injury (this is for any treatment that cannot be undertaken at the emergency appointment).

A faster diagnosis and getting back on your feet

✓ Consultation

We will pay up to the amount shown on the benefit table per Scheme Year towards:

- The cost of private consultations with a Specialist following referral from your GP and x-rays and diagnostic tests carried out at your Specialist's request
- A private consultation with a second Specialist if you would like a second opinion
- The cost of treatment carried out by a GP, and charges made by your GP for consultations, inoculations, x-rays, signing claim declarations, other tests and medical reports
- NHS or private prescription charges
- NHS or private prescription prepayment certificates

For some consultations and tests we may be able to pay the provider directly on your behalf, in this instance please do the following:

- 1) Call the helpdesk prior to undergoing your treatment and tell them of the name of the Specialist you are going to see and/or the hospital where you are going for tests.
- 2) If the Specialist is registered with WPA then we will take the details and provide you with an authorisation code.
- 3) When you go for your appointment tell the Specialist your authorisation code and the limit that applies to your Scheme. They will then invoice WPA directly for the treatment you receive.

- 4) WPA will pay the invoices as they are received until you have reached your annual maximum benefit limit. If invoices received exceed this amount, you will receive a notification advising you of your liability and how to make your portion of the payment.

! If you think you are likely to exceed your consultation limit, please speak to your Specialist to see if further consultations/ tests can be arranged on the NHS. For example, if you have a procedure through the Scheme you may be able to arrange for your post-operative treatment to take place on the NHS without further charge.

✓ **Surgical Cash**
Pre-authorisation is always required.

Every surgical procedure is allocated an industry wide code (known as a CCSD code) which links to its complexity.

Surgical procedures must fall into one of the following complexity classifications; Minor, Intermediate, Major, Major+ or Complex.

The benefit provided by the Scheme is linked to these classifications and the amount of benefit payable varies. The table below shows the amounts payable under each classification.

Classification	Benefit available
Minor	Up to £1,500
Intermediate	Up to £2,500
Major	Up to £4,000
Major+	Up to £7,000
Complex	Up to £12,000

! Please contact the helpdesk as soon as you know that you need a surgical procedure so that they can discuss your options with you. It is important to give them as much notice as possible.

Where surgery is required, the Scheme provides two options;

✓ **NHS Surgical Treatment**

We will pay £200 cash benefit for each day-patient admission, when receiving surgical treatment. We will pay the same amount for each night spent as an NHS in-patient relating to a surgical procedure, in an NHS hospital, without charge, instead of being admitted to hospital as a private patient. The hospital or your Specialist will need to confirm the dates that you were in hospital.

The maximum amount we will pay depends upon the classification of the procedure taking place (please refer to above table).

! Please note: For some NHS procedures you may not be able to obtain a CCSD code. In these instances you will need the Specialist to provide a detailed description of the procedure and our Specialist Clinical Team will decide the CCSD code which is most appropriate.

For example, if you are having a 'minor' procedure, the Scheme will pay £200 for each day/night that you are in an NHS hospital for the surgical procedure, to a maximum of £1,500.

Benefit is available for a maximum of five procedures in any Scheme Year, whether on the NHS or privately. There is no benefit for subsequent hospital stays relating to complications with surgery, or for hospital stays where no procedure takes place.

Pre-existing conditions for Family Members are not eligible under the Surgical Cash Benefit.

All children share one pot of full benefit between them.

Surgical Cash excludes treatment for cancer.

! Please note there is no benefit for out-patient treatment which includes any pre and post-operative tests under the Surgical Cash Benefit (please refer to Consultation Benefit on page 10 for further information).

How to claim:

- 1) If you wish to know in advance how much you are likely to be able to claim, call the WPA helpdesk and provide them with the details of the procedure taking place. They will be able to advise you which complexity level the CCSD code is rated as and, the relevant maximum cash benefit limit that will apply. Where more than one CCSD code is being used, you will be eligible up to the maximum amount allowed for the code with the highest complexity.
- 2) Once your procedure has taken place, visit wpa.org.uk/unitedutilities and download and complete the claim declaration form.
- 3) Please send your completed form to us, at WPA, Rivergate House, Blackbrook Park, Taunton, TA1 2PE, together with the discharge summary for your stay within six months of the treatment date.
- 4) We will process your claim, and pay your cash payment directly into your bank account. Please remember that the NHS cash benefit payment will be payable for each day/night you are in hospital. You will not automatically be eligible for the total maximum cash benefit allowed.

⚠ **Please note that we will not pay for treatment as a private patient in an NHS hospital (even if your bed was not in a private ward).**

✓ **Private Surgical Treatment** Pre-authorisation is always required.

Should you choose to have the surgery privately we will pay towards the cost of this treatment up to the limits shown on the table above. Payment will be made directly to the provider(s) and will be used to pay towards:

- Hospital fees
- Specialist fees
- Anaesthetist fees
- Theatre fees
- Theatre consumables
- Prosthesis (where required)
- Any scans/tests that take place whilst you are in hospital (as an in-patient) on the day of your procedure or during your related stay.

We will pay each invoice as they are received until the maximum amount for that procedure classification has been paid. Any invoices which are received after this will be your liability with no exceptions.

⚠ **When you receive treatment, a contract exists between you and the provider be that a private hospital or a specialist.**

⚠ **It is very important that you contact the helpdesk prior to having a private procedure.**

Where private surgery is required the scheme provides two options:

Package Price

- You can negotiate a package price with the hospital, any bills from them will be included in this cost. We suggest you check exactly what is included within your package price e.g. cover for any complications that may arise and if this includes specialist and anaesthetist fees.

WPA Quotation

- WPA are happy to provide you with a quotation for how much we expect your procedure to cost. Unfortunately, due to the complex nature of surgical procedures, complications or further costs may arise and as these are unexpected they would not be included within the quote, therefore would be your liability to settle.

By undergoing your surgery privately you will be responsible for meeting any costs above this specified limit. Please take this into consideration when making your decision.

The Scheme is designed to meet the cost of private surgery in the majority of cases. There are some procedures which we know will not fall within the set limits (e.g. where a high cost prosthesis is required) which is why it is very important that you contact the helpdesk as soon as you know that surgery would be required.

⚠ **Please note that the Private Surgical Treatment allowance includes the cost of any prosthesis used as part of the surgery.**

It is also important to remember that any pre or post-operative tests or consultations come from your Consultation limit.

Benefit is available for a maximum of five procedures in any Scheme Year, whether on the NHS or privately. There is no benefit for subsequent hospital stays relating to complications with surgery.

Pre-existing conditions for Family Members are not eligible under the Surgical Cash Benefit.

All children share one pot of full benefit between them.

Surgical Cash excludes treatment for cancer.

❗ **Please note that some private hospitals will not perform surgical procedures on children.**

❗ **Please note that we will not provide benefit for treatment that you received in a hospital outside the UK.**

How to claim:

- 1) Call the WPA helpdesk and provide them the details of the procedure taking place. They will be able to advise you which complexity level the CCSD code is rated as and, the relevant maximum cash benefit limit that will apply. Where more than one CCSD code is being used, you will be eligible up to the maximum amount allowed for the code with the highest complexity.
- 2) Should you wish WPA to provide a quotation, WPA will endeavour to confirm the charges that will apply for your procedure and confirm to you whether costs will be likely to be met in full. This will be a best estimate and they will not be able to confirm 100% of the costs prior to the procedure taking place in light of the complex nature of surgical treatment. Should you wish to obtain a package price, you should do so at this stage.
- 3) Once your treatment has taken place, the hospital, Specialist and, where appropriate anaesthetist will invoice WPA directly. They will process invoices as they are received

and continue to pay until the maximum limit allowed has been reached. Should invoices received exceed this limit then you will be issued a notification detailing your liability and how to make your payment.



Scans

Pre-authorisation is always required.

We will pay for outpatient MRI, CT, Thallium, Perfusion or PET scans. Scans must be requested by your Specialist and not your GP.

How to claim:

- 1) When your Specialist has referred you for a scan please contact the helpdesk to advise them of the details of your claim and where your scan is due to take place. They will take the details and provide you with an authorisation code.
- 2) Take this code along with you to your scan appointment; your provider will then invoice WPA directly for the treatment.



Therapy

We will pay up to the amount shown on your benefit table per Scheme Year towards the cost of physiotherapy, chiropractic treatment, osteopathy, chiropody, podiatry, homeopathy, acupuncture and psychology/psychotherapy.

All treatment needs to be provided by a WPA recognised provider who must be qualified and registered with an approved professional organisation recognised by us in the appropriate field. (See Definitions).

To confirm whether your therapist is already registered with WPA please call the helpdesk or visit wpa.org.uk where you can search the directory of registered providers. If the provider appears on this list then it is highly likely that WPA will be able to pay them directly for your treatment. If they do not appear on this list, please check that they are registered as an approved professional with the relevant body (please refer to websites listed on page 26 which confirms where you can check this). So long as they appear on the authorised register you can go ahead with your therapy but you may be required to pay for your treatment and claim reimbursement from WPA.

If you have more than four sessions of therapy in a Scheme Year (running 1 April to 31 March), your GP/Specialist needs to confirm that your treatment is medically necessary.

How to claim:

If you are claiming a reimbursement for treatment you have received and already paid the provider directly, then follow these steps:

- 1) Visit wpa.org.uk/unitedutilities and download and complete the claim declaration form.
- 2) Please send your completed form to WPA, Rivergate House, Blackbrook Park, Taunton, TA1 2PE, together with any original receipted invoices within six months of the treatment date.
- 3) We will process your claim, and pay your cash payment directly into your bank account. Payments are subject to your banks clearing timescales. For claims that are over £500 it will take more than five working days for payment to be credited to your account. We will only pay up to the receipted amount, even if your treatment does not utilise all of the benefit available to you at that time.

For some therapies we may be able to pay the provider directly on your behalf, in this instance please do the following:

- 1) Call the helpdesk prior to undergoing your treatment and tell them of the name of the therapist you are going to see and/or the hospital where you are going for treatment.
- 2) If the therapist is registered with WPA then we will take the details and provide you with an authorisation code.
- 3) When you go for your appointment tell the therapist your authorisation code and the limit that applies to your Scheme. They will then invoice WPA directly for the treatment you receive.
- 4) WPA will pay the invoices as they are received until you have reached your annual maximum benefit limit. If invoices received

exceed this amount, you will receive a notification advising you of your liability and how to make your portion of the payment.

A little extra help

Baby

Following the birth (or adoption) of a new baby, we will make payment up to the amount shown on the benefit table. This applies to the birth (or adoption) of each child provided that the mother and/or father is covered by the Scheme at the time of the birth (or adoption). We will make one payment per parent per Scheme Member on the Scheme if you send us the relevant documentation.



Please note that this benefit is not available for foster children or adoption of a child related to you or your partner before adoption.

How to claim:

- 1) Visit wpa.org.uk/unitedutilities and download and complete the claim declaration form.
- 2) Please send this to us, at WPA, Rivergate House, Blackbrook Park, Taunton, TA1 2PE, together with a copy of your child's birth or adoption certificate within six months of the birth/adoption date.
- 3) We will process your claim within four working days of us receiving it and pay your cash payment directly into your bank account. Payments are subject to your banks clearing timescales. For claims that are over £500 it will take more than five working days for payment to be credited to your account.



Out-patient

We will pay the cash benefit shown on the benefit table per attendance to an NHS hospital as an NHS out-patient up to a maximum of 20 visits per Scheme Year (running from 1 April to 31 March). We will only pay for one visit per day even if there are multiple appointments.

⚠ **Please note this benefit is not available for attendance at NHS vaccination appointments, NHS therapy appointments, routine pregnancy related appointments (e.g. scans) or for private hospital treatment.**

How to claim:

- 1) A claim declaration can be completed at wpa.org.uk/unitedutilities
- 2) We may on occasions require paperwork to be sent to us, so when requested please return with any original receipted invoices within six months of the treatment date. If no paperwork is requested, please keep your receipts for six months. For cash benefits please refer to the Guide for documentation that needs to be submitted with this claim form.
- 3) We will process your claim within four working days of us receiving it, and pay your cash payment directly into your bank account. Payments are subject to your bank clearing timescales.

✓ **A&E**

We will pay the cash benefit shown on the benefit table when you attend an NHS Accident & Emergency (A&E) department, up to the maximum amount of £160 per Scheme Year (running 1 April to 31 March). This equates to four A&E visits.

⚠ **Please note this benefit is not available for private hospital treatment.**

How to claim:

- 1) A claim declaration can be completed at wpa.org.uk/unitedutilities
- 2) We may on occasions require paperwork to be sent to us, so when requested please return with any original receipted invoices within six months of the treatment date. If no paperwork is requested, please keep your receipts for six months. For cash benefits please refer to the Guide for documentation that needs to be submitted with this claim form.

3) We will process your claim within four working days of us receiving it, and pay your cash payment directly into your bank account. Payments are subject to your bank clearing timescales.

⚠ **Please note, if you do not have access to the internet and require a copy of the claim form for any of the benefits to be sent to you, please call the WPA helpdesk on 0800 915 0809 between 08:00 – 19:00 Monday to Friday and 09:00 – 12:00 on Saturday.**

What is not eligible

⊗ Alcohol/Drug/Substance Abuse/ Dependency

- Treatment required, directly or indirectly, as a result of:
 - Harmful use of alcohol; or
 - Any use of drugs or of other addictive substances, examples include (but are not limited to): “legal highs” (new psychoactive substances) anabolic steroids, performance enhancing drugs and Class A, B and C drugs.

⊗ Allergic conditions

- Care and/or treatment related to or arising from neutralising/desensitising these.

⊗ Breast surgery

- Care and/or treatment arising from or related to breast modification whether for medical or psychological reasons (for example gynaecomastia breast enlargement in men).

⊗ Cancer related conditions

- Care and/or treatment for cancer. Benefit is only available up to the point of diagnosis.

⊗ Charges for missed appointments or for completion of claim forms.

⊗ Cosmetic/aesthetic treatment

- Treatment intended to improve the patient’s appearance whether or not for psychological purposes;
- Breast reduction or enlargement;
- Treatment required directly or indirectly as a result of cosmetic treatment (examples include but are not limited to breast augmentation, liposuction, botox, dermal fillers) or for performance enhancing treatment (examples include but are not limited to anabolic steroids);
- Any form of cosmetic dentistry (e.g. bleaching, veneers or implants);
- However we will provide benefit for cosmetic/aesthetic treatment when needed as a direct result of an accident or injury.

⊗ Dangerous activities/circumstances

- Care and/or treatment arising from or related to you or any Family Members on your Scheme taking part in winter sports of any kind or any accident or injury that occurs whilst on a winter sports holiday and whilst staying in a winter sports resort.
- Scuba diving and motor sports of any kind;
- Medical conditions arising out of war, invasion, riot, revolution, act of terrorism, act of piracy, nuclear, biological or chemical contamination or any similar event;
- Care and/or treatment either overseas or on your return to the UK for a medical condition contracted or injury sustained while taking part in dangerous activities or whilst in a location to which you travelled (during the period of the advice) against advice issued by the Foreign and Commonwealth Office (FCO) either as all travel or all but essential travel.

⚠ If you are not sure whether an activity you plan to do falls within this rule you should check with us first.

We reserve the right to decline claims from Family Members where the claim results from what can reasonably be considered a dangerous/high risk occupation unless we were made aware of this when the Family Member joined and we agreed in writing to waive this clause.

⊗ Deliberately self-inflicted injuries or attempted suicide

- Care and/or treatment arising from or related to deliberately self inflicted injuries or attempted suicide.

⊗ Developmental (physical or psychological) behavioural or educational problems or speech problems arising from these

- Care and/or treatment arising from or related to these.

⊗ Dialysis

⊗ **Drooping Eyelids (ptosis)**

- We will only provide benefit for ptosis (drooping eyelids), if your optometrist identifies visual impairment and you are referred by your optometrist to a Specialist ophthalmologist.
- We will only fund surgery if your field defects, as identified by the optometrist, are at risk of threatening your ability to achieve the DVLA requirements for visual field testing for safe driving.

⊗ **Emergency treatment**

- Emergency treatment means unforeseen treatment that is due to a sudden acute illness or injury that, for medical reasons, cannot be delayed.

⊗ **Genetic tests**

- Unless used in the diagnosis of cancer.

⊗ **Health screening**

⊗ **HIV, AIDS**

- Care and/or treatment arising from or related to HIV, AIDS or similar infections or illnesses and injuries or medical conditions arising from these.

⊗ **Hospital treatment**

- Treatment taking place in a hospital that is not on our hospital list;
- Treatment in convalescent, nursing or residential homes, health-hydros, nature cure clinics or similar establishments;
- Private in-patient treatment following an accident and emergency admission;
- Private fees whilst being treated in hospital as an NHS patient;
- In a hospital overseas;
- That is excluded by these rules or any personal medical exclusions.

⚠ We reserve the right to withdraw or amend the list of recognised hospitals (without prior notice if necessary) in such a way as we feel is reasonable and commercially necessary.

⊗ **In-patient or day-patient stays in a private or NHS hospital where no surgical procedure takes place**

⊗ **Long term conditions**

- Your Scheme provides benefit for short term, not long term, treatment of acute medical conditions which start after you have taken out your Scheme membership.
- Your Scheme does not pay for treatment for conditions that keep on coming back or need long term monitoring and management. Some examples include: diabetes, glaucoma, Alzheimer's disease, macular degeneration, ulcerative colitis, rheumatoid or juvenile arthritis, Crohn's disease and recurrent urinary tract infections;
- In the unfortunate event that your treatment becomes recurrent, continuing or long-term, the costs of treatment for this long term condition – including monitoring, consultations and check-ups – and associated conditions will not be eligible for Benefit. We will write to let you know if this is the case;
- There are certain conditions that are likely to require on-going treatment such as Crohn's disease, multiple sclerosis and long term depressive illnesses – which require management of recurrent episodes where the condition's symptoms deteriorate. Because of the ongoing nature of these conditions we will write to you to tell you when benefit for that condition will stop;
- We may pay for initial investigations needed to diagnose a new long term condition and the initial short term treatment up to the point of stabilisation – a period not exceeding three months.
- This would not include investigations such as endoscopies that are primarily diagnostic or treatment for relief of symptoms relating to a long term illness e.g. pain relief injections.

You should contact us in these circumstances for pre-authorisation.

We have produced an advisory leaflet about Benefit for long term (chronic) conditions. If you would like a copy of this, please contact us.

⊗ **Menopausal conditions**

- Treatment arising from or related to the male or female menopause.

- ⊗ **Newborn/congenital disorders**
 - Treatment for unborn babies/foetuses/embryos;
 - Any birth defect or congenital abnormality whether identified at birth or later in life. This includes, but is not limited to, conditions such as Patent Foramen Ovale (PFO), Bicuspid Aortic Valve and genetic disorders and/or abnormalities causing a pathological condition or syndrome, including chromosomal abnormalities and gene point mutations.
 - ⊗ **Non-established Treatment**
 - Treatment that does not fulfil the following criteria:
 - Treatment that is considered to be acceptable recognised clinical practice by WPA's medical advisors:
 - It is approved by NICE for routine use in the NHS without restriction.
 - If it involves the use of drugs, they are licensed by EMA or any future equivalent for either single or stipulated combination use for the stage of the condition being treated.
 - It involves the use of drugs that are licensed by EMA (or any future equivalent) for safe use for the stage of the condition being treated.
 - ⊗ **Non prescription glasses or contact lenses**
 - ⊗ **Obesity**
 - Investigations and/or treatment either medical or surgical arising from or related to obesity and/or its treatment (for example bariatric surgery);
 - Care and/or treatment arising from or related to the removal of fat or surplus healthy tissue from any part of the body even if this is for medical or psychological reasons.
 - ⊗ **Optical or dental insurance plans/premiums**
 - This includes lenses supplied under an optical insurance plan.
 - ⊗ **Organ transplant**
 - A transplant is where a patient receives an organ or tissue from another person (surgically implanted or infused).
 - Operations including investigations done before the operation or treatment needed as a result of the operation;
 - Costs of a donor are not eligible.
 - ⊗ **Orthodontic treatment**
 - ⊗ **Out-patient drugs/dressings**
 - This includes drugs and dressings you are given to take home from hospital unless they are needed to complete a short course of treatment (e.g. antibiotics);
 - Examples include:
 - Optical consumables such as contact lens cases, spectacle cases and spectacle chains/cords or cleaning materials;
 - Dental prescription charges;
 - Dental consumables such as toothbrushes or appliances such as mouthguards;
 - Medical appliances such as lumbar roll, back support, TENS machines.
 - ⊗ **Overseas treatment**
 - Any treatment that has been received outside the UK.
 - ⊗ **Pre-existing conditions (for Family Members) under surgical cash benefit**
 - ⊗ **Preventative tests or operations**
 - Tests to rule out the existence of a condition for which you do not have any symptoms, even if you have a family history of that condition;
 - Removal of tissue for a condition for which you do not have any symptoms, even if you have a family history of that condition.
 - ⊗ **Professional sports**
 - Care and/or treatment arising from or related to engaging in professional sport that is a sport where any fee, donation or Benefit in kind is received either directly or indirectly for playing, training or coaching.
- If you are not sure whether an activity you plan to do falls within this rule you should check with us first.
- ⊗ **Psychiatric treatment**
 - With the exception of psychology/psychotherapy.

- ⊗ **Refractive eye surgery**
- For the correction of imperfect sight.

- ✓ We will pay towards the cost of this treatment under the Optical benefit, up to the limits shown on the benefit table.

- ⊗ **Rehabilitation**
- Treatment helping towards improving physical and/or mental capacities, following illness or injury.

- ! You may claim for Therapy within the normal limits.

- ⊗ **Removal of healthy tissue**
- From any part of the body for any indication (including medical or psychological) examples include (but are not limited to) surgery for Gynaecomastia, Labial Reduction, Circumcision and Prophylactic Mastectomy or Prophylactic Oophorectomy to prevent cancer.

- ⊗ **Reproductive system**
- You are not eligible for any investigations, care or treatment arising from or related to pregnancy, fertility problems, assisted conception, contraception, miscarriage, sterilisation and child birth. This includes out-patient cash benefit for routine pregnancy appointments.

No benefit is available for pregnancy termination.

- ⊗ **Road traffic collision/illegal activity**
- Treatment arising as a result of a road traffic incident/collision where you were not suitably restrained and/or wearing/using appropriate protection e.g. seat belt, helmet or suitable child restraint.

If your claim for treatment results from an accident or injury which is or may be subject to criminal proceedings against you or conviction, including road traffic offences, then you must provide all relevant details and we will suspend payment of your claim pending the outcome of proceedings.

If you are convicted then no Benefit will be paid.

- ⊗ **Routine medical examinations, health screening or medical appliances, such as:**
- Hearing aids;
- Wheelchairs;
- Crutches;
- Braces;
- Surgical orthoses.

- ⊗ **Sex change/gender reassignment**
- Care and/or treatment arising from or related to sex change/gender reassignment.

- ⊗ **Sexual problems**
- Care and/or treatment arising from or related to investigating and/or treating sexual dysfunction however caused;
- Care and/or treatment arising from or related to sexually transmitted diseases.

- ⊗ **Sleep disorders (including snoring)**
- Care and/or treatment arising from or related to sleep disorders, including sleep studies or corrective surgery. Examples include: sleep apnoea and snoring.

- ⊗ **Terminal care – (sometimes referred to as end of life care)**
- Treatment that concentrates on controlling pain and other symptoms when the patient is near or approaching the end of life and active treatment for the causative disease is no longer considered effective or appropriate.

- ⊗ **Tests/investigations**
- Tests or investigations arranged by your GP or therapist even if they are carried out and reported by a Specialist radiologist who is not the Specialist in overall charge of your treatment.

- ⊗ **Varicose veins**
- Micro-sclerotherapy for thread veins and other superficial veins;
- Treatment of recurrent varicose veins, which is regarded as a long term condition;

- ✓ We will pay for:
 - One admission per leg regardless of treatment type for the duration of your membership;
 - One visit only for simple injections of residual veins after treatment to the main veins, benefit is provided for up to six months after the main procedure.

Important information

Family Members

Your partner/spouse or any of your unmarried children who are under 18 when you join the Scheme or at any annual renewal date. We reserve the right to ask you for proof of your identity when you apply for Scheme membership and at any time thereafter when appropriate. Family member(s) must live at the Scheme Member's Address (unless in full-time education).

You can include a maximum of five children under the age of 18 on your Scheme membership. All child members will share one pot of benefit and must have the same top-ups as any adult dependant on your membership. Any hard copy correspondence relating to Family Members will be sent to the address of the Scheme Member.

Children under the age of 18 are not entitled to the new baby benefit. Whilst babies can be added to your Scheme (as long as there are already no more than five under 18 years old) no claims will be paid for treatment before their birth for unborn babies/foetuses/embryos; or any birth defect of congenital abnormality that is present at birth.

The Scheme Holder must approve all applications for Scheme membership.

Renewal

Only the Scheme Holder may renew the Scheme. After the renewal date of the Scheme, new terms and conditions will apply to your Scheme membership.

Your Medical Information

It is a term of your Scheme membership that we may access your medical record(s) and/or request a medical report from your treatment provider. Our entitlement to this information is governed by the Access to Medical Reports Act 1988 (AMRA).

If we require further information, we will seek your consent. You may choose whether or not you wish to give your consent. If you refuse to give consent then we will be unable to process any claim(s) you have made or may make and your Scheme membership may be terminated or rendered void.

Once you have provided your consent you have the option to view the information first. If you choose to view the information first, we will be unable to process claims you have made or may make until all the information is provided by you to us. If you do not provide all of the information requested to us, your Scheme membership may be terminated or rendered void.

If your Scheme membership is terminated or rendered void as a result of a failure by you to provide to us information we have requested we may recoup from you any amounts already paid in respect of conditions for which you have made a claim prior to the request for information. In these circumstances, we will also seek our costs of recoupment.

We may also require your treatment provider including Specialist or Therapist whose care you have been under, to supply us with any information we reasonably require in relation to your treatment details, costs, invoices submitted to us or in relation to the administration of your Scheme membership.

What you need to know about WPA

Who are we?

WPA is a company registered in England and Wales under company number: 475557. Our registered office is: Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE.

WPA is a company limited by guarantee with no shareholders.

Regulation

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. We are authorised to arrange and underwrite general insurance contracts.

Our Financial Conduct Authority registration number is: 202608. Our authorisation may be checked against the Financial Services Register at: www.fca.org.uk/register

Products Offered

We only offer our own medical insurance Schemes, dental insurance Schemes and cash plans.

What you should do if you are unhappy and want to complain

If you are unhappy and want to make a complaint you should contact us using any of the contact methods in this Guide 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.

Financial Ombudsman Service (FOS)

We are a member of FOS. FOS provide an independent and impartial method of resolving complaints. If, following complaining to us, you remain unhappy you may complain to FOS. They will need to know that you have given us the opportunity to put things right and they cannot investigate your complaint if you have not contacted us to try to let us resolve your complaint or if your complaint is already the subject of legal proceedings or arbitration.

You may contact FOS at:

- Financial Ombudsman Service, Exchange Tower, London, E14 9SR.
- 0800 0234 567 – calls to this number are free on mobiles and landlines.

- 0300 123 9123 – calls to this number cost no more than calls to 01 or 02 numbers.
- complaint.info@financial-ombudsman.org.uk

Applicable Law and Jurisdiction

Your Scheme is governed by the laws of England and Wales.

In the event of any dispute, the Scheme is the subject of the exclusive jurisdiction of the Courts of England and Wales.

Enforcing your Scheme membership

Who can Enforce your Scheme?

Third party rights are excluded and your Scheme can only be enforced by us and the Scheme Holder.

No third party or family member(s) may enforce any term of your Scheme and Scheme membership. The provisions of the Contracts (Rights of Third Parties) Act 1999 are expressly excluded from your Scheme and any document issued under this Scheme.

Neither this Scheme nor any document issued under or as a result of your Scheme are intended to confer any rights on any family member(s) or third parties.

Terms and Conditions

If for any reason, any terms and conditions or provisions within this Guide are deemed unenforceable, invalid or illegal, in any respect under law or regulation, the validity, legality and enforceability of the remaining terms and conditions or provisions in this Guide will not, as a result, be in any way affected or impaired.

Any failure to exercise, or delay in exercising, any terms and conditions or provisions within this Guide by us, will not operate as any waiver by us.

If we pay any benefit outside the terms and conditions of your Scheme, it does not mean that we are liable to continue to make payment in the future.

What to do if you have insurance with another provider

It is a condition of this Scheme that if, at the time of making any claim (or at the time of any eligible treatment for which a claim has been made) there is any other scheme or insurance and/or cash benefit plan covering all or part of the costs which are the subject of the claim, our liability under this Scheme shall be limited to a rateable proportion of any such claim.

For the avoidance of doubt, this includes any benefit provided by your credit card provider or similar.

If you have the benefit of membership of a scheme or insurance and/or cash benefit plan with another insurer you must tell us and agree to us contacting them. This is a condition of your Scheme because neither we nor the other scheme or insurer is liable to pay more than a rateable proportion of any claim for eligible treatment.

If you fail to provide us with details of any other scheme or insurance from which you are eligible to claim benefit then we reserve the right to recover the rateable proportion from you.

The amount of any claim that you make must not exceed the cost actually incurred by you for the eligible treatment you have received.

It is a general legal principle that you are not permitted to make a profit from an insurance claim.

You may not be paid more than once in respect of the same expense.

What to do if you have a Personal Injury or Clinical Negligence Claim

It is a condition of your Scheme that if you have a personal injury or clinical negligence claim you agree to comply with our: "Claims Cooperation Procedure" which can be viewed on our website at: wpa.org.uk/injury

It is important that you understand the legal implications of the Claims Cooperation Procedure. If you are in any doubt as to the meaning, you must contact us or take independent legal advice as soon as possible.

If we fund any eligible treatment costs which were attributable to the fault or negligence of a third party and you make a claim, you must include the eligible treatment costs within your legal action.

We have a subrogated right in law to take legal action on your behalf (and in your and/or where applicable your family member(s) name(s)) and you must cooperate with us in the exercise of that right.

Financial Services Compensation Scheme (FSCS)

We are 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

Personal Information, Financial Crime and Fraud

How we use information about you

We will hold and process personal data in accordance with the Data Protection Act, the General Data Protection Regulation (Regulation (EU) 2016/679) and any other applicable laws and regulations relating to the processing of personal data and privacy, including any applicable guidance and codes of practice issued by the Information Commissioner's Office or any other relevant supervisory authority.

We undertake checks for the purposes of preventing financial crime, fraud, money laundering and to verify your identity. These checks require us to process the personal data you have provided or that we have received from third parties and may include but is not limited to your:

name, address and address history, date of birth, contact details, financial information, employment details, medical and lifestyle information and device identifiers including IP addresses. Further, we use your personal data to administer your Scheme including underwriting, claims processing, assessment and statistical analysis and to improve our products and services. We take great care in the safe custody and use of personal data. We are one of the few insurance companies to hold the ISO 27001 Standard – the International and British Standard for Information Security.

We do not share information about you with third parties other than to a limited number of essential people necessary to perform our obligations to you, including:

- Your treatment providers;
- Our trusted third party service providers;
- Other companies within the WPA Group including: WPA Protocol Plc; WPA Healthcare Practice Plc; WPA Insurance Services Limited; WPA World Class Services (India) Private Limited and any others as notified from time to time.

In certain circumstances, when we are legally obliged to, it may be necessary for us to share information with HMRC and/or our Regulators.

We may also share medical information with someone acting on behalf of you, if incapacitated.

We never share information with third parties for marketing purposes.

For further details, including an up to date list of our Service Providers, please visit our website at: wpa.org.uk/privacy

You can also view the United Utilities employee processing notice on the United Utilities intranet site.

Alternatively, please contact the Data Protection Officer for the WPA Group in writing or email: dataprotection@wpa.org.uk

Financial Crime and Fraud

To detect and prevent fraud, financial crime or improper claims we check details with fraud prevention agencies. Additionally, we work with other organisations including other insurers to pool information about applications or claims. When we and fraud prevention agencies process your personal data, we do so on the basis that we have a legitimate interest in preventing financial crime, fraud, money laundering and to verify identity, in order to protect our business and to comply with laws that apply to us. Such processing is a contractual requirement of the services you have requested.

We, and fraud prevention agencies, may also enable law enforcement agencies to access and use your personal data to detect, investigate and prevent crime.

Fraud prevention agencies can hold your personal data for different periods of time, and if you are considered to pose a financial crime, fraud or money laundering risk, your data can be held for up to six years.

Where any potential financial crime, fraud or improper claim is suspected by us, notified to us, or identified by us, we will investigate. If we, or a fraud prevention agency, determine that you pose a financial crime, fraud or money laundering risk, we may refuse to provide the services you have requested or we may stop providing existing services to you.

A record of any financial crime, fraud or money laundering risk will be retained by the fraud prevention agencies and may result in others refusing to provide services, financing or employment to you.

If we conclude you have or any family member has committed fraud, financial crime or submitted an improper claim (or attempted to do so) then we reserve the right to notify the person who pays the premium which may include an employer or family member.

If we obtain evidence of fraud, financial crime or reckless or deliberate misrepresentation in relation to your Scheme membership we will avoid the contract and refuse all claims and will not refund any premiums paid. Further, we will take legal action to recover all losses to us including any claims we have paid, the interest on these sums and all associated costs.

Whenever fraud prevention agencies transfer your personal data outside of the European Economic Area, they impose contractual obligations on the recipients of that data to protect your personal data to the standard required in the European Economic Area. They may also require the recipient to subscribe to 'international frameworks' intended to enable secure data sharing.

Your Data Protection Rights

Your personal data is protected by legal rights, which may include your right to:

- object to our processing of your personal data;
- request that your personal data is erased or corrected;
- request access to your personal data.

For more information or to exercise your data protection rights please contact us in writing or email: dataprotection@wpa.org.uk

You also have a right to complain to the Information Commissioner's Office which regulates the processing of personal data. For more information please visit: www.ico.org.uk

Please note that our processing of your personal data is an essential requirement in order for us to provide services to you under the terms and conditions of your Scheme.

Giving you information

We may advise you by letter, telephone, electronic mail or otherwise of our services or products which we believe you may be interested in. If you do not wish to receive such information please tell us at any time.

You have a right to know what information we hold about you. We may request an administration fee for supplying a copy of any personal information.

You must notify us of any changes to your personal information such as a change to your name, address or email to ensure your personal information is correct and up to date.

We use email as our primary method of communication when we need to communicate with you on claims, medical or administrative matters.

Email is a useful way for you to contact us and for us to communicate with you – but please remember that the email address you give us must be secure and not accessible by anyone else.

By providing your email address you are consenting to its use for services which may include the provision and/or receipt of claim and medical information as well as the administration of your Scheme.

Our Personal Data Retention Policy

We will hold and process your personal data whilst you are insured under the Scheme so that we may administer your Scheme. Following termination of your Scheme membership we will be entitled to continue to hold and process your personal data for legal, regulatory and statutory reporting purposes such as:

- fraud detection and prevention;
- as required by our Regulators;
- monitoring and improving our services;
- data analytics, market trends and benchmarking;
- calculating premiums; and
- such other purposes as may be agreed between us.

How long we will retain and process your personal data depends upon the reason for processing. Where we carry out processing following termination we will use reasonable endeavours to ensure the anonymisation or pseudonymisation of personal data in so far as such processing can be carried out in that form.

Terminating or Cancelling your Scheme membership

We reserve the right to terminate all or part of your Scheme membership, or to void the Scheme, and may not pay claims you have made.

Terminating or Voiding your Scheme membership

We may at any time terminate (and/or void) or change the terms and conditions of your Scheme membership or stop providing benefits under your Scheme membership if at any time you:

- Act dishonestly or fraudulently in relation to your Scheme membership 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 Scheme membership; or
- You are abusive or threatening towards our staff.

In any of these circumstances you must return any benefit we have paid and we will not refund any part of the premium.

Your Scheme membership will automatically become void and no claims will be paid if:

- You leave the Scheme or the Scheme Holder fails to pay any part of the premium when due; or
- You leave the UK to live elsewhere for over six months.

Cancelling your Scheme Membership

The cancellation rights in relation to the Scheme are detailed between us and the Scheme Holder.

If you wish to cancel your Scheme membership you must contact the Scheme Holder.

Employer Providing Treatment

If you are working at a treatment provider/practice you will not be covered for treatment provided by any of your co-workers.

We will however consider cover for therapy on the referral of your GP.

Treating Customers Fairly

We will endeavour to:

- Make sure you receive all the documents you need;
- Make sure all the information we give you is clear, fair and not misleading;
- Protect any personal information or money we hold for you;
- Handle claims fairly and promptly;
- Act fairly and reasonably when we deal with you.

Definitions

Some words and phrases used in WPA policies have a particular meaning and this is explained below. These definitions may not all apply to your particular Scheme, depending on the cover it offers.

Active treatment

Treatment that is of curative intent or to relieve acute symptoms, arrest disease progression or remove/destroy cancer cells.

Acupuncturist

An acupuncturist who is a member of the British Medical Acupuncture Society.

Acute condition

A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Cancer

A malignant process of tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Certificate of Registration

The Certificate giving details of the Scheme Member, registered Family Members and any personal exclusions that apply.

CCSD Schedule

Operations/procedures carried out by your Specialist are classified using the industry standard CCSD (Clinical Coding and Schedule Development) codes. For information visit www.ccsd.org.uk

Chiropodist/Podiatrist

A chiropodist/podiatrist who is on the Register of Chiropodists/Podiatrists of the Health & Care Professions Council.

Chiropractor

A chiropractor who is on the Register of the General Chiropractic Council.

Claim

A request for payment of a benefit for which qualifying expenses have been incurred under the terms of the Scheme and in line with its rules.

Cosmetic

Treatment intended to improve the patient's appearance.

Curative intent

Curative intent applies when treatment that is administered with a reasonable expectation that it will restore the patient close to the state of health enjoyed prior to the disease being diagnosed, and the patient will be alive and disease free five years after commencement of the treatment.

Customary and Reasonable costs

The level of fees that we deem to be Customary and Reasonable are set to reflect the complexity of a procedure, the time and skill involved in its performance and that which is Customary and Reasonable and a fair return for services rendered.

The benefit levels for each procedure are regularly reviewed by WPA's Medical Advisory and Clinical Governance Committee, whose medical members have both private and NHS Specialist experience.

We take professional advice from our Specialist advisors and through continuing dialogue with both the medical profession and professional Specialist bodies.

Dangerous activities/circumstances

Winter sports of any kind, scuba diving, motor sports of any kind.

Day-patient

A patient who is admitted to a hospital or day-patient unit because they need a period of medically supervised recovery, but does not occupy a bed overnight.

Dental treatment

Treatment of a condition which involves teeth, their roots and surrounding tissue attachments where this forms part of the dental procedure.

Dentist

A dentist who is registered with the General Dental Council.

Diagnostic tests

Investigations, such as x-rays or blood tests, to find or to help to find the cause of your symptoms. For the purpose of this Scheme, diagnostic tests also include ultrasound scans.

Eligible treatment

Treatment for which your Scheme provides a benefit, given by a provider of treatment we recognise for a condition which is not excluded by the rules of your Scheme or by any personal medical exclusion.

Employee

Director, partner, proprietor or employed member of staff.

Established treatment

Treatment that is considered to be acceptable recognised clinical practice by our medical advisers and:

- It is approved by NICE for routine use in the NHS without restriction; and
- If it involves the use of drugs, they are used within their licensed indication for use in the UK (e.g. EMA).

Family Members

Your partner/spouse or any of your unmarried children who are under eighteen (18) when you join the Scheme or at any annual renewal date. We reserve the right to ask you for proof of your identity when you apply for Scheme membership and at any time thereafter when appropriate.

You can include a maximum of five children under the age of 18 on your Scheme membership. All child members will share one pot of benefit and must have the same top-ups as any adult dependant on your membership. Any hard copy correspondence

relating to Family Members will be sent to the address of the Scheme Member.

Children under the age of 18 are not entitled to the new baby benefit. Whilst babies can be added to your Scheme (as long as there are already no more than five under 18 years old) no claims will be paid for treatment before their birth for unborn babies/foetuses/embryos; or any birth defect of congenital abnormality that is present at birth.

GP

A General Practitioner i.e. a physician registered with the General Medical Council, who works in general practice. The GP must not be you, your partner or a member of your family.

Homeopath

A homeopath who is a Fellow of the Faculty of Homeopathy (FFHom), or is an accredited Member of the Faculty of Homeopathy (MFHom).

Hospital

A hospital included in our list of recognised hospitals that is:

- a private hospital which charges fees for its services with facilities for providing private medical and surgical treatment
- an NHS hospital in the UK which is registered in accordance with UK legislation which is not a nursing home which provides convalescence or geriatric care.

In-patient

A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

Insurance Premium Tax (IPT)

This is a tax levied by the government on the value of insurance premiums.

Long term conditions

A disease, illness or injury which has at least one of the following characteristics:

- It needs ongoing or long term monitoring through consultations, examinations, check-ups and/or tests
- It needs ongoing or long term control or relief of symptoms

- It requires your rehabilitation or for you to be specially trained to cope with it
- It continues indefinitely
- It has no known cure
- It comes back or is likely to come back

Newborn/congenital disorders

Unborn babies/foetuses/embryos; any birth defect of congenital abnormality that is present at birth.

NHS Specialist Podiatric Surgeon

A Fellow of the Surgical Faculty of the College of Podiatrists whose qualification is registered under the HCPC and who is employed as a Specialist by the NHS.

NICE

National Institute for Health & Care Excellence.

Osteopath

An osteopath who is on the Register of the General Osteopathic Council.

Out-patient

A patient who attends a hospital, consulting room or out-patient clinic and is not admitted as a day-patient or an in-patient.

Partner

The person you are married to or who you live with as if you were married.

Physiotherapist

A physiotherapist who is on the Register of Physiotherapists of the Health & Care Professions Council.

Pre-existing condition

Any disease, illness or injury for which:

- You have received medication, advice or treatment
- You have experienced symptoms, whether the condition has been diagnosed or not before the start of your cover.

Prostheses

Prostheses are permanent replacements for body parts. They may be passive or active and must be medically necessary as an integral part of your procedure and constitute eligible treatment.

Psychologist/Psychotherapist

A psychologist who is on the Register of Psychologists of the HCPC or who is a chartered member of the British Psychological Society (BPS). A psychotherapist who is an accredited member of the British Association of Behavioural and Cognitive Psychotherapists (BABCP) or a full member of the Association of Child Psychotherapists (ACP).

Rehabilitation

Rehabilitation is treatment helping towards improving physical and/or mental capacities, following illness or injury. This treatment is often given at a special centre or unit, by Specialists or other health professionals (such as physiotherapists, speech therapists or occupational therapists).

Related or associated conditions

Any symptom, disease, illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury.

Road traffic collision/illegal activity

Treatment arising as a result of road traffic incident where you were not wearing a seat belt or suitable child restraint.

Session

A maximum of one per day in a series of short daily treatments (for example physiotherapy, osteopathy & podiatry)

Sexual problems

Treating sexual dysfunction however caused, treatment for sexually transmitted diseases and treatment arising from or related to sex change/gender reassignment.

Scheme

The United Utilities Employee Healthcare Scheme.

Scheme Holder

The business/company who enters into the contract of insurance with WPA.

Scheme Members

The UU employee, who is the principal member of the Scheme. The Scheme Member may sometimes be referred to as you/your. With the consent of your employer, Family Members may be included in your Scheme membership. We reserve the right to ask you for proof of your identity when you apply for Scheme membership and at any time thereafter when appropriate.

Scheme Year

The Scheme lasts for 12 months commencing on the start date set out on your Certificate of Registration.

Snoring or sleep disorders

Sleep apnoea including sleep studies or corrective surgery.

Specialist

Only treatment provided by a medical practitioner holding a licence to practise whose name appears on the current GMC Specialist Register and is certified as a Specialist by the appropriate college or specialty body providing a regulatory function will be covered.

Transfer

When a Scheme Member or Family Member(s) moves from one Scheme or level of cover to another.

Treatment

Surgical or medical services (including diagnostic tests) that are needed to investigate, relieve and/or cure a symptom, disease, illness or injury. This includes any form of medical care.

UK

England, Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man.

Us, we, our

Western Provident Association (WPA) Limited, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE.

You/your/yourself

The person named on the Certificate of Registration and any registered Family Members.

Useful contact numbers	
0800 915 0809	Customer Service Team
E-mail addresses	
mcd@wpa.org.uk	Customer Service Team E-mail Address
financialcrime@wpa.org.uk	Email for details of our fraud prevention policy
dataprotection@wpa.org.uk	Email for details of our data protection policy
WPA weblinks	
wpa.org.uk/unitedutilities	WPA's website
United Utilities weblinks	
AskHR	For further information on the Scheme, including frequently asked questions
unitedutilities.com/ morechoices	To opt in and out of the Scheme, select your top ups and add Family Members during the annual sign-up window
Other useful websites	
medical-acupuncture.co.uk	British Medical Acupuncture Society
osteopathy.org.uk	General Osteopathic Council
gcc-uk.org	General Chiropractic Council
cop.org.uk	Society of Chiropractors and Podiatrists
britishhomeopathic.org	British Homeopathic Association
bacp.co.uk	British Association for Counselling and Psychotherapy
bps.org.uk	British Psychological Society
psychotherapy.org.uk	UK Council for Psychotherapy
hcpc-uk.org	Health and Care Professions Council
nice.org.uk	National Institute for Health and Care Excellence
gdc-uk.org	General Dental Council
gmc-uk.org	General Medical Council
optical.org	General Optical Council



Western Provident Association Limited

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

WPA is a registered trade mark of Western Provident Association Limited. WPA is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Registration number 202608).

© Western Provident Association Limited 2021. All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of Western Provident Association Limited. 11/21241