





Precision Corporate Healthcare

A Guide to Your Group Scheme

Effective from 1 April 2021

Cancellation Rights – If you change your mind

We are sure that you will be happy with your Group Scheme membership and the benefits that it provides. However, if you change your mind and wish to cancel your Group Scheme membership you must contact the Group Scheme Holder.

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 what the *Group Scheme* provides for, that it has the *benefits you* require and that the WPA *Group Scheme* meets *your* needs.

Information Provided

You have been accepted to join WPA based on the information provided; if **your** circumstances have changed it is important that **you** contact **us** to let **us** know. **We** reserve the right to end and/or amend **your Group Scheme** membership at any time should it transpire that **you** have not disclosed to **us** information and/or informed **us** of a change of circumstance that **you** ought to have done.

(Very Important Information

As with all types of insurance there are exclusions which are applicable generally and apply to every *benefit* within this *Guide*. *Our* general exclusions can be found in Section 6 (What is Not Covered).

When using this *Guide* there are a number of things to remember:

- You must refer to your Benefit Schedule and Certificate of Registration for your level of benefit and your Options. This Guide contains the details of benefits which may not be included under your Group Scheme.
- When we refer to "pay for" or "provide benefit" this is always to a level we consider to be a customary and reasonable cost.
- When we refer to Specialist or Therapist we mean a Specialist or Therapist we recognise.
- When we refer to hospital we mean a hospital on our list of recognised hospitals and in accordance with your chosen hospital Option.
- Your proposed treatment must be in accordance with what we recognise as current medical practice and we call this established treatment.
- Any direct or indirect reference to a European body or provision may be superseded by a relevant *UK* body or provision.

Your Guide to your Group Scheme

Thank you for choosing Precision Corporate Healthcare

References in this *Guide* to "you" or "your" are references to both you as the *Group Scheme Member* and any *Family Member(s)* insured under your *Group Scheme* membership, and included on your *Certificate of Registration*. References to "us", "we" or "our" are to WPA. All words and phrases with a defined meaning are shown in bold and italics, we suggest that you take a moment to review Section 8 (Definitions) of this *Guide*.

This *Guide* is important. It should be read in conjunction with *your Benefit Schedule* and *your Certificate of Registration* which, along with this *Guide*, explains *your* and *our* respective rights and obligations and sets out the terms and conditions of *your Group Scheme*. *Your Certificate of Registration* is personal to *you* and details the *benefits* chosen and any *personal exclusions* applicable. If *your Certificate of Registration* contains anything unusual or unexpected please contact *us* as soon as possible.

Please keep this *Guide*, *your Benefit Schedule* and *your Certificate of Registration* safe, *you* may need to refer to them should *you* need to make a *claim*. If *you* need a replacement document or have any other questions at all about *your Group Scheme* please do not hesitate to contact *us*.

Contacting Us

Email:

pch@wpa.org.uk

Website and Live Chat:

<u>wpa.org.uk/secure</u> where *you* may register to view the details of *your Group Scheme* and *claims*. Live chat functionality is also available within this area.

WPA Health app:

To make a cash *benefit claim* online using *our* smartphone app please visit the App Store for iPhone or Google Play for Android and download *our* WPA Health app.

Telephone:

01823 625267 where *our* staff will be happy to assist (*you* can check *our* real time call waiting at wpa.org.uk/contact). This is the number *you* need to call to make a *claim*.

Our calls are recorded for training and monitoring purposes and to ensure an accurate record of discussions.

Post:

Precision Corporate Healthcare, WPA, Rivergate House, Blackbrook Park, Taunton, TA1 2PE.

If you would like this Guide, your Benefit Schedule, your Certificate of Registration or any other document issued by WPA in an alternative format, please contact us and we will be happy to assist.

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1. Your Group Scheme

The insured event is your eligible treatment, not your condition.

1.1 Purpose of your Group Scheme

1.1.1 Private Treatment Benefits

The purpose of the Private Treatment Benefits available under your Group Scheme are to indemnify you for the customary and reasonable cost of elective, short-term, eligible treatment for acute conditions. Your eligible treatment must be established treatment and provided with curative intent.

Your Group Scheme only covers treatment in the UK except where the Overseas Emergency Treatment Benefit applies – see Section 4.7 (Overseas Emergency Treatment).

Your Group Scheme does not cover the longterm monitoring, management or treatment of incurable, prolonged or lifelong conditions (except for limited benefit where the Longterm (Chronic) Conditions Option has been included).

Your Group Scheme covers eligible treatment as it occurs and only whilst your Group Scheme membership remains in force.

It is important to understand that health insurance is not designed to be a replacement for the *NHS*, but rather to complement it.

1.1.2 Cash Benefits

The purpose of the cash *benefits* available under *your Group Scheme* are to supplement the valuable services provided by the *NHS* which, although generally free at the point of care, can involve an element of self-funding.

The cash benefits provide reimbursement towards everyday healthcare costs including time spent in an NHS hospital. The cash benefits cover eligible treatment as it occurs and only whilst your Group 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.

1.2 How your Group Scheme Works

Your Group Scheme is an annual contract of insurance. When you receive private medical treatment, a contract is formed between you as the patient and your treatment provider, be that the Specialist, Therapist or hospital.

A contract does not exist between *us* and *your treatment* provider. If payment is made directly to *your treatment* provider, it is made on *your* behalf.

1.3 How to use this Guide

This *Guide* details what is and is not covered by *your Group Scheme*. The *benefits* are illustrated as follows:

- This *benefit* is eligible subject to the terms and conditions of *your Group Scheme* and if the *Option* is included under *your Group Scheme* membership.
- This **benefit** is not eligible under **your Group Scheme**.
- This benefit is an Option which may be included under your Group Scheme membership.
 Please check your Benefit Schedule to see if an Option is included.
- (Very important information.

Benefits should not be read in isolation and are subject to the terms and conditions contained in this Guide, your Certificate of Registration and your Benefit Schedule.

1.4 Level of **Benefit**

Your level of benefit and options are detailed on your Benefit Schedule and your Certificate of Registration along with any applicable personal exclusions.

Only the *Group Scheme Holder* at renewal may add or remove *benefits* to tailor *your Group Scheme* membership. The *Group Scheme Holder* may choose different *benefit Options* for each insured *family member*.

1

If the Mental Health or *Cancer* Care *Option(s)* are added at renewal, a 14 day *deferment period* will apply before *you* are eligible to *claim benefit*.

1.5 Shared Responsibility® (co-payment) and Excess

Your Group Scheme membership may have Shared Responsibility or an Excess applicable, please check **your Certificate of Registration**.

Shared Responsibility is a method of co-payment or deductible. All eligible *claims* are paid subject to *your* Shared Responsibility level.

An excess is the amount **you** have to pay towards the cost of **your eligible treatment** before **we** provide any **benefit**.

Only the *Group Scheme Holder*, at the annual renewal of the *Group Scheme*, can amend the level of Shared Responsibility or excess.

You are not permitted to insure your Shared Responsibility or excess amount with another insurer.

For further details please see Section 3.5 (Shared Responsibility® (co-payment) and Excess).

1.6 Employment

We reserve the right to request satisfactory evidence of **your** employment status. **You** must notify **us** immediately if there is a change in **your** employment status as failure to do so will render **your Group Scheme** membership void.

2. Types of Care and Treatment

1 Your Group Scheme only provides benefit for what we consider to be established treatment.

2.1 NHS and Private Treatment

Your Group Scheme works alongside available NHS treatment and does not replace it. In an emergency, the NHS is best equipped to provide treatment. Membership of your Group Scheme enables you to obtain either valuable cash benefits or private eligible treatment where you have these benefits.

If you opt to have NHS treatment where no charge is made, you may be eligible to claim a cash benefit.

All providers of private healthcare in the United Kingdom are required by law to submit data to the Private Healthcare Information Network (PHIN) as do some *NHS hospitals*. To assist *you* to make informed decisions about *treatment we* encourage *you* to visit the PHIN website www.phin.org.uk

2.2 **NICE**

The National Institute for Health & Care Excellence (*NICE*) is a national advisory body established by the Health and Social Care Act 2012.

Its purpose is to publish guidelines for the use of health technologies such as new and existing medicines, *treatments*, *procedures* and the *treatment* and care of specific conditions.

It does so on the basis of robust evidence taken from the spectrum of health and social care to help ensure that medical technologies which are adopted are effective.

In common with the *NHS* and other health insurers WPA relies upon *NICE* as the definitive objective guide to patient efficacy and safety.

2.3 Primary Care

Primary care includes any tests or investigations that *your GP* needs to arrange in order to treat any condition or refer *you* to an appropriate *Specialist* or *Therapist* for secondary care.

2.4 Secondary and Hospital Care

2.4.1 Hospital Access

You have access to an extensive choice of hospitals throughout the UK.

There are some Premium *Hospitals* where *treatment* is excluded unless *you* have the Premium *Hospitals Option* included under *your Group Scheme* membership.

To search for a *hospital* in *your* area please visit <u>wpa.org.uk/hospital</u>

2.4.2 Specialist Treatment

Treatment given by a **Specialist**. This includes tests and investigations **your Specialist** needs to arrange to be able to make a diagnosis or determine **your treatment** plan.

2.4.3 Therapist Treatment

Treatment given by a **Therapist**. If **you** exceed the maximum number of self-referred **sessions**, **Specialist** or **GP** referral will be required.

2.5 Critical Care

2.5.1 Level 2 – High Dependency *Treatment*

Patients requiring more detailed observation (than in an ordinary *hospital* bed) or intervention including support for a single failing organ system or post-operative care, and those stepping down from higher levels of care.

2.5.2 Level 3 - Intensive Care Treatment

Patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multi-organ failure.

2.6 Emergency Treatment

Unforeseen and unplanned *treatment* that is due to a sudden *acute condition* that for medical reasons cannot be delayed. In an emergency the *NHS* is best equipped to provide this *treatment*.

- Once the *acute condition* is stabilised, typically after 24 hours, *you* may wish to transfer (to a private *hospital* or private unit of an *NHS hospital*) to receive private *eligible treatment* which must be arranged by a *Specialist* and be at *your* own request. *We* must authorise the transfer in advance otherwise no *benefit* will be available. *You* will only be eligible to receive private *treatment* with effect from the date *you* sign the private *hospital's* authorisation form or undertaking to pay form.
- We will not pay for:
- An emergency or unplanned admission into a private hospital.

3. Claims

3.1 How to make a *Claim* for Private *Treatment*

This is how to make a *claim* for private *in-patient*, *day-patient* and *out-patient treatment*. *Your Group Scheme* indemnifies *you* for the *customary and reasonable cost* of *eligible treatment*. *Your Group Scheme* only covers *treatment* in the *UK* except where the Overseas Emergency *Treatment Benefit* applies – see Section 4.7 (Overseas Emergency *Treatment*).

All claims must be pre-authorised – access the *WPA* Health app or login to *your* secure area at <u>wpa.org. uk/secure</u> and follow the prompts under 'Make a *claim*'. Alternatively, please call *us.* If *your claim* has not been authorised by *us* in advance *we* will not pay it. Please see Sections 3.3-3.6 for further information which applies.

Step 1

Please call WPA on 01823 625267 with the name and address of the *Specialist* or *Therapist* that *you* need to see.

Claims for mental health treatment or therapy sessions which exceed the self-referred therapy benefit will require GP referral.

Step 2

We will let **you** know of the **benefits** available and send **you** documentation to be completed and returned to **us**. Based on this, **we** will let **you** know what is covered and authorised.

Step 3

You must continue to keep us updated and obtain pre-authorisation at each stage of your treatment.

3.2 How to make a Claim for a Cash Benefit

This is how to make a *claim* for *NHS Hospital* Cash *Benefit* and any other cash *benefit* included under *your Group Scheme*.

All *claims* must be submitted within six months of the *eligible treatment* date. Please see Section 3.6 (*Claims* Administration and Reimbursement) for further information which applies.

Step 1

To make a cash *benefit claim*, access the *WPA* Health app or login to *your* secure area at <u>wpa.org.</u> <u>uk/secure</u> and follow the prompts under 'Make a *claim*'. Alternatively, please call *us*. For some cash *benefit claims you* may not need to provide any additional information. *We* will let *you* know if *you* need to provide to *us* the information in Step 2.

Step 2

In some cases *you* may be prompted to complete and return a personalised *Claim Form* to *us* with the original invoices and proof of payment.

- To claim NHS Hospital Cash Benefit for in-patient and/or day-patient treatment we will require a
 copy of your discharge summary.
- To claim NHS Hospital Cash Benefit for Complex Diagnostic Scans and/or Out-patient Procedures
 we need a copy of your appointment letter.
- For all other cash benefit claims you must include original invoices or proof of payment where applicable.

The information in Sections 3.3-3.4 relates to claims for private treatment.

3.3 Additional *Claims* Information

At each stage you seek pre-authorisation we will check:

- That your Specialist or Therapist is recognised by us and that the hospital is on our list of recognised hospitals;
- Whether your proposed treatment is eligible under your Group Scheme and advise you of the benefits available.

You must:

Provide any information we require of you.

If your Specialist recommends treatment or referral to a Therapist ask for the associated CCSD Code for the procedure and the likely charge – see Section 3.4 (Your Treatment Provider's Fees).

We reserve the right at any time in our sole discretion to withdraw or amend our list of recognised treatment providers (this includes hospitals, Specialists and Therapists) and what we recognise as established treatment.

3.4 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. A contract does not exist between us and your treatment provider.

Most procedures are classified using CCSD Codes. We list all CCSD Codes in a schedule which details the maximum amount we will pay towards the fee your Specialist and Anaesthetist will charge for the procedure. If your Specialist tells you that you need a procedure ask them to let you know which code they will use and what their fee will be. You must contact us in advance to let us know the CCSD Code and the amount your Specialist intends to charge.

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 <u>wpa.org.uk/guideline</u>

Fee reimbursement levels are set by *us* at a level of *customary and reasonable cost* by means of *our* continuing dialogue with the medical profession. For the vast majority of cases this results in *your treatment* provider's fees being reimbursed in full.

Very occasionally a **Specialist** may charge **you** more than **we** consider to be the **customary and reasonable cost** and if **you** decide to proceed then it is **your** responsibility to settle the difference. **We** refer to this as a shortfall.

If you are admitted to hospital please ask to see the hospital invoice when you leave. Whilst you may not understand every detail, some information is easily checked.

3.5 Shared Responsibility® (co-payment) and Excess

Shared Responsibility and excess do not apply to cash *benefits*. *We* will pay 100% of these *claims* within the applicable *benefit* limits

If chosen, Shared Responsibility or excess applies per person per *Group Scheme Year*.

3.5.1 Shared Responsibility

- If you have private treatment benefits and a Shared Responsibility level, it applies to all claims except:
- NHS Hospital Cash Benefit.

You will pay 25% of claims for eligible treatment up to your applicable level of Shared Responsibility. We will pay the other 75% of claims for eligible treatment.

Once you have paid your applicable Shared Responsibility level we will pay 100% thereafter of all claims for eligible treatment within your benefit limits for the remainder of the Group Scheme Year.

Payment of all *eligible treatment* costs within *your* Shared Responsibility level must be sent directly to *your treatment* provider.

It is a term of *your Group Scheme* that Shared Responsibility is paid by you to *your treatment* provider(s).

3.5.2 Excess

- If you have private treatment benefits and an excess, it applies to all claims except:
- NHS Hospital Cash Benefit.

You are responsible for your treatment costs up to your excess amount during each Group Scheme Year. You must still contact us to set up your claim in the usual way, but it is your responsibility to make payment directly to your treatment provider(s); we will advise you who you need to make payment to when you set up your claim.

Once your excess has been paid, we will provide benefit for your eligible treatment costs for the remainder of that Group Scheme Year within your benefit limits. All treatment costs paid by us are subject to the terms and conditions applicable to your Group Scheme.

- You must still submit invoices to us once you have paid your treatment provider so that we know when your excess limit has been reached.
- The information in Section 3.6 relates to all claims for private treatment and cash benefits.

3.6 *Claims* Administration and Reimbursement

For cash *benefit claims*, or if *you* have received and paid for any part of *your* private *eligible treatment* and wish *us* to repay *you*, then *you* must send *us* the original invoice and proof of payment such as a valid, original credit card receipt (these will not be returned to *you*).

Handwritten receipts will not be accepted.

Please ensure all original invoices are sent to us no more than six months from the date of the eligible treatment, unless they have already been sent to us directly by your treatment provider within the same maximum time period.

For cash *benefit claims* submitted online *you* must keep the associated invoice for at least six months, as *you* may be called upon to provide the invoice to *us*.

The fact that **we** have paid for a particular **treatment** in the past does not mean that **we** will continue to pay for it in the future.

We pay invoices in line with the terms and conditions of **your Group Scheme** which are in force on the date of **your treatment**, not on the date that **your** condition was first noticed or diagnosed.

If your treatment takes place after your Group Scheme membership ceases, no benefit will be available even if the condition for which you are receiving treatment arose whilst you were a Group Scheme Member.

Any *claim* for a cash *benefit* by a *family member* may only be submitted with the *Group Scheme Member's* consent.

Where we reimburse via direct credit we will only pay in to a valid UK bank account held in the Group Scheme Member's name. Reimbursement for any family member(s) will be paid direct to the Group Scheme Member.

- Your Group Scheme will not pay for any treatment:
- Given by a treatment provider who is related to you or recommended by a GP who is a member of your family;
- Carried out by a co-worker or that takes place at a facility in which you have a financial interest.
- Carried out solely at your request and/or as a result of any inducement, financial or otherwise:
- Received outside of the UK (unless the Overseas Emergency Treatment Benefit applies to your Group Scheme);
- Paid in part or in full using vouchers or reward points.

If we pay a claim in error, we will explain this to you and we reserve the right to recover all or part of the amount of the payment from you. This may include offsetting the amount of the payment made in error against any amount payable for future claims.

4. Benefits

Private **Treatment Benefits**

- To claim any of these benefits please see Section 3.1 (How to make a Claim for Private Treatment).
- 4.1 In-patient and Day-patient Treatment
- The benefits within Section 4.1 form one Option. Please check your Benefit Schedule for details of the benefit limits and your Certificate of Registration to confirm which benefit Options you have.

In-patient – A patient who is admitted to a *hospital* and who occupies a bed overnight or longer for medical reasons.

Day-patient – A patient who is admitted to a **hospital** or **day-patient** unit for medical reasons and because they need a period of medically supervised recovery but do not occupy a bed overnight.

These benefits are available for eligible treatment when you see a Specialist we recognise. If you receive any of these benefits on the NHS please see NHS Hospital Cash Benefit in this Section. For cancer please see Section 4.5 (Cancer Care).

In-patient and Day-patient Treatment Benefit

Hospital Treatment

Accommodation charges and operating theatre fees. *You* may choose from over 600 *hospitals* nationwide.

⟨ ✓) Critical Care Levels 2 and 3

Treatment received in a dedicated private **Critical Care** Unit following a planned admission as a private patient to a private **hospital** or the private unit of an **NHS hospital** for **eligible treatment** that requires anticipated pre-planned **critical care**. See Section 2.5 (**Critical Care**).

- We will not pay for:
 - Treatment in a unit or facility which is not a dedicated private Critical Care Unit or any Critical Care
 Unit of an NHS hospital following transfer from a private hospital;
 - Admission as a private patient to an NHS Critical Care Unit or into a private hospital Critical Care Unit
 following an emergency or unplanned admission.
- ✓ Drugs
- Drugs and dressings.

 Specialists' Fees
- Such as surgeons', physicians' and anaesthetists' fees provided we recognise the Specialist and the charges are a customary and reasonable cost.
- Diagnostic Tests
 Requested by your Specialist, such as blood tests, ultrasounds and x-rays to help find the cause of your symptoms.
- Complex Diagnostic Scans
 We will provide benefit for MRI, CT and PET scans when referred by your Specialist.
- In-patient and Day-patient Therapy
 - Requested by *your Specialist* and relating to *your* authorised *claim* for *eligible treatment*: Dietary Services when treated by a dietitian on the Register of Dieticians of the *HCPC*;
 - Occupational Therapy when treated by a *Therapist* on the Register of Occupational Therapists of the *HCPC*:
 - Physiotherapy when treated by a *Therapist* on the Register of Physiotherapists of the *HCPC*; and
- Speech and Language Therapy when treated by a *Therapist* on the Register of Speech and Language Therapists of the *HCPC*.

In-patient and *Day-patient Treatment Benefit* continued

Post-operative Consultation and Tests

One follow-up consultation with *your Specialist* and associated tests carried out on the day of that consultation, including drugs and dressings. The consultation must take place within 90 days following a *procedure* which *you* had as an *in-patient* or *day-patient* and which constituted *eligible treatment*.

Pre-admission Tests

Tests carried out in *hospital* to check *your* fitness for *your* admission to *hospital* up to two weeks before *your* admission (such as blood tests, ECGs and chest x-rays).

Prostheses

Prostheses may be passive or active and must be medically necessary as an integral part of *your procedure* and constitute *eligible treatment*.

(1) Your Specialist must provide full details of your proposed treatment to our medical advisers for their authorisation in advance. Your proposed treatment must be established treatment.

Passive Prostheses

These are inert replacements of joints, blood vessels or other organs, e.g. hip or knee replacements or an aortic graft.

We will pay for:

The customary and reasonable cost of the passive prosthesis.

For lens replacements:

- To consider cataract surgery for those age 65 or less, we will require retro-illuminate photographs from your Specialist for our medical advisers to review;
- **We** will pay for the cost of monofocal lenses only, but will allow **you** to pay the difference where toric or multifocal lenses are considered clinically appropriate.

For hip or knee replacements:

After a hip or knee joint replacement operation, benefit will be available for routine follow-up
and problems relating directly to the operation itself for a period of two years from the conclusion of the initial surgery provided that your Group Scheme membership remains in force.

We will not pay for:

- Artificial limbs:
- Prostheses that are experimental or not, in the sole opinion of our medical advisers, in established use in the UK;
- Complications which arise specifically from the insertion of a toric or multifocal lens.

In-patient and Day-patient Treatment Benefit continued

Active Prostheses

These are electronic implantable medical devices which are usually implanted permanently within the body to correct or modify an abnormal bodily function caused by an *acute condition*, e.g. pacemakers or defibrillators.

We will pay for:

- The customary and reasonable cost of the initial supply and fitting of such a device only to
 prevent the risk of potentially fatal organ failure, e.g. cardiac pacemakers or defibrillators.
- We will only provide benefit for one electronic implantable medical device in the lifetime of each person to treat any condition/pathology of any kind in any single organ system, e.g. one device only for any condition of the heart.

We will not pay for:

- Any complication, regardless of the cause, including:
 - Any subsequent maintenance of the device;
 - Battery replacement or replacement because of ageing or technological advance;
 - Any failure in the device due to manufacturing, broken, malfunctioning, misplaced and/or displaced leads becoming evident more than 30 days after placement;
- Internal or external muscle or nerve stimulators, cochlear implants or intracranial/cranial devices for neurological conditions such as epilepsy.

Nursing at Home

Nursing at Home is available under your Group Scheme provided that:

- It is recommended by your Specialist for a medical reason to permit you to leave hospital early, following an admission that we have authorised;
- The nursing care is arranged by your Specialist who remains in charge of your treatment and it
 must be provided by a qualified Nurse; and
- The nursing care is provided in *your* home.

We will not pay for:

• Assistance simply for help with mobility or personal care.

✓ Private Ambulance Transport

There must be a medical reason for **you** to be medically supervised during the journey, for transport to, from or between **hospital(s)** for **treatment** which is **eligible treatment** under **your Group Scheme**.

(Parent and Child

Benefit for accommodation charges made by the **hospital** for one parent to accompany a child patient (who is also a member of the **Group Scheme**) when undergoing **eligible treatment** under the **Group Scheme** and recommended by the **Specialist**.

NHS Hospital Cash Benefit

NHS Hospital Cash Benefit is automatically included under your Group Scheme membership if you have the In-patient and Day-patient Treatment benefits (Section 4.1).

If you choose to receive: in-patient treatment; day-patient treatment; out-patient complex diagnostic scans; or out-patient procedures as an NHS patient instead of as a private patient, you may claim a cash benefit. Treatment must be eligible treatment under the terms and conditions of your Group Scheme and cover for this benefit is subject to the limits set out in your Benefit Schedule.

- If your NHS in-patient stay is preceded by an A&E admission, we will count the first night in A&E towards your NHS Hospital Cash Benefit as the first night as an NHS patient.
- We will not pay for:
- The following *out-patient treatment*:
 - Consultations with a **Specialist** and **diagnostic tests**;
 - GP referred diagnostic tests;
 - GP referred complex diagnostic scans;
 - Pre-admission tests:
 - Therapy; and
 - GP referred therapy.
- Treatment solely received in an A&E department.

NHS Hospital Cash Benefit

✓ NHS Hospital Cash Benefit (non-cancer)

We calculate payment as follows:

- Per night for each night spent as an NHS in-patient;
- Per day for each NHS day-patient admission;
- Per day for one or more NHS out-patient complex diagnostic scans (MRI, CT or PET) or NHS out-patient procedure.

To *claim* under this *benefit* please refer to Section 3.2 (How to make a *Claim* for a Cash *Benefit*).

✓ NHS Hospital Cash Benefit (cancer)

We calculate payment as follows:

- Per night for each night spent as an **NHS in-patient**;
- Per day for each NHS day-patient admission;
- Per day for one or more NHS out-patient complex diagnostic scans (MRI, CT or PET) or NHS out-patient cancer treatment: radiotherapy/chemotherapy Targeted Cancer Therapies or NHS out-patient procedures.

To *claim* under this *benefit* please refer to Section 3.2 (How to make a *Claim* for a Cash *Benefit*).

- + 4.2 Out-patient Treatment
- The *benefits* listed within Section 4.2 are separate *Options*. Please check *your Benefit Schedule* to see which of the following (if any) are included under *your Group Scheme* membership.

Out-patient – A patient who attends a **hospital**, consulting room, or **out-patient** clinic for medical reasons and is not admitted as an **in-patient** or **day-patient**.

- If you receive treatment as an NHS patient you may claim NHS Hospital Cash Benefit. Please see Section 4.1 (NHS Hospital Cash Benefit).
- We will not pay for:
- Any out-patient drugs and dressings;
- Any fees charged for cancelled or missed appointments;
- Counselling sessions, however we do provide a Remote GP Services benefit. A 24 hour counselling helpline service is also an Option, together with a Structured Counselling Option please see Section 4.7 (Employee Assistance Programme), Section 5.2 (Structured Counselling) and Section 5.3 (Remote GP Services).
- For *cancer*, please see Section 4.5 (*Cancer* Care).

Out-patient Treatment Benefit

- (+) Consultations with a Specialist and Diagnostic Tests
 - Consultations with a Specialist and Diagnostic Tests
 We will provide benefit for consultations with a Specialist and tests such as x-rays, blood tests and ultrasound when referred by your Specialist.
 - GP Referred Diagnostic Tests
 We will provide benefit for diagnostic tests such as x-rays, blood tests and ultrasound when referred by your GP.
- (+) Complex Scans and Procedures
 - Complex Diagnostic Scans

We will provide benefit for MRI, CT and PET scans when referred by your Specialist.

- GP Referred Complex Diagnostic Scans
 We will provide benefit for an MRI or CT scan when referred by your GP.
- Out-patient Procedures
 These are procedures which involve making an incision or using an instrument e.g. an endoscope to gain access to the inside of a patient's body; using an electromagnetic energy to treat a condition e.g. lithotripsy to treat kidney stones. We will provide benefit when carried

out by a recognised Specialist, and in line with customary and reasonable costs.

- 4.3 Mental Health Treatment
- The **benefits** listed within Section 4.3 form one **Option**. Please check **your Benefit Schedule** to see if this **Option** is included under **your Group Scheme** membership.
- We will not pay for:
 - Group therapy;
- Counselling sessions, however we do provide a Remote GP Services benefit. A 24 hour counselling helpline service is also an Option, together with a Structured Counselling Option please see Section 4.7 (Employee Assistance Programme), Section 5.2 (Structured Counselling) and Section 5.3 (Remote GP Services).

Mental Health Treatment Benefit

- In-patient and Day-patient Mental Health Treatment
 Benefit for in-patient and day-patient treatment.
- **Out-patient** Mental Health Consultations and Therapy
 - Out-patient Consultations
 We will provide benefit for out-patient consultations with a mental health Specialist.
 - Psychotherapy/Psychology
 We will provide benefit for out-patient consultations with a mental health Specialist.
 - When treated by a psychologist on the Register of Psychologists of the HCPC and who is a chartered member of the British Psychological Society (BPS).
 - When treated by 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).

- + 4.4 Therapy
- The *benefits* listed within Section 4.4 form one *Option*. Please check *your Benefit Schedule* to see if this *Option* is included under *your Group Scheme* membership.
- 1 You can only claim for the cost of eligible treatment by a Therapist. If you exceed the self-referred therapy sessions limit, you must be referred to a Therapist by your Specialist or GP. For cancer, please see Section 4.5 (Cancer Care).
- We will not pay for:
 - Any fees charged for cancelled or missed appointments;
 - Any diagnostic tests and scans undertaken when referred by your Therapist;
 - Any drugs or remedies prescribed by your Therapist (e.g. medicines, lotions, supplements and herbs);
- Medical appliances such as insoles or orthoses;
- Group therapy sessions;
- Counselling sessions, however we do provide a Remote GP Services benefit. A 24 hour counselling helpline service is also an Option, together with a Structured Counselling Option please see Section 4.7 (Employee Assistance Programme), Section 5.2 (Structured Counselling) and Section 5.3 (Remote GP Services).

Therapy **Benefit**

Acupuncture

When treated by an acupuncturist who is registered with the *GMC* and holds a current licence to practise and is an accredited member of the British Medical Acupuncture Society (BMAS).

⊘ Chiropody/Podiatry

When treated by a *Therapist* on the Register of Chiropodists/Podiatrists of the *HCPC*.

With our written pre-authorisation we will pay for:

- Surgery to the forefoot by a Consultant Podiatric Surgeon who is a Fellow of the Surgical Faculty of
 the College of Podiatrists whose qualification is registered under the HCPC and who is employed
 as a consultant by the NHS;
- Removal of ingrowing toenails (total or partial nail avulsion) by a Chiropodist/Podiatrist.
- Chiropractic

When treated by a *Therapist* on the Register of the General Chiropractic Council (GCC).

Dietary Services

When treated by a dietician on the Register of Dieticians of the HCPC.

✓ Homeopathy

Consultations with a homeopath who is an accredited member of the Faculty of Homeopathy (MF-Hom) or a Fellow of the Faculty of Homeopathy (FFHom).

⊘ Occupational Therapy

When treated by a *Therapist* on the Register of Occupational Therapists of the *HCPC*.

Osteopathy

When treated by a *Therapist* on the Register of the General Osteopathic Council (GOC).

Physiotherapy

When treated by a *Therapist* on the Register of Physiotherapists of the *HCPC*.

Speech and Language Therapy

When treated by a *Therapist* on the Register of Speech and Language Therapists of the *HCPC*.

- (+) 4.5 Cancer Care
- The **benefits** listed within Section 4.5 form one **Option** which is available on a comprehensive basis or with a £50,000 cap per **Group Scheme Year**. Please check **your Benefit Schedule** to see if (and how) this **Option** is included under **your Group Scheme** membership.
- () We recommend that you take the time to read this Cancer Care Section carefully. If you require any further information please contact us on 01823 625260 or email: clinicalteam@wpa.org.uk

All *claims* for private *treatment* must be authorised by *us* in advance. *We* will work with *your Specialist* to request a *treatment* plan but *we* will only pay for *established treatment* within *customary and reasonable cost* levels.

Your Cancer Care

This *Cancer* Care Section sets out what *you* need to do in the unfortunate event that *cancer* is diagnosed and details what *benefits* are available. *Our* Oncology Team within *our* Centre for Clinical Excellence are there to support *you* and will work with *your Specialist* to assist with the *claims* process.

- Subject to the rules of this *Cancer* Care Section *we* will pay for surgery, radiotherapy, chemotherapy and *Targeted Cancer Therapies* which are intended to remove or kill *cancerous* cells, for primary and secondary *cancers*, whether a new *cancer* or a recurrence.
- Any *cancer treatment* must be endorsed by *your Specialist's* Multi-Disciplinary Team in accordance with *best practice guidelines* from *NHS* England or equivalent in the devolved nations.
- Please read all of this Section to see how **we** cover **cancer treatment**. Additionally, case studies which demonstrate how this **Cancer** Care **benefit** works in practice are available at: wpa.org.uk/cancercare

NHS Treatment - Cancer Cash Benefit

- This is available if you have this Cancer Care benefit included on your Group Scheme membership and you receive NHS treatment for cancer which would be eligible treatment under the terms and conditions of your Group Scheme. This benefit is also available if you receive the following as an NHS patient:
- Bone marrow/stem cell transplant (one complete procedure per person per lifetime).
- Please read the rest of this *Cancer* Care Section and see Section 4.1 (*NHS Hospital* Cash *Benefit*) for further information.

Cancer Rules – Terminology

When **we** refer to **cancer**, **we** use distinct terminology. **We** suggest that **you** take a moment to review Section 8 (Definitions) of this **Guide**.

In this Section when we refer to Specialist, where appropriate, this also includes Oncologist.

Restorative *Treatment* as a direct result of *Oral Cancer*

- This is available if you have this Cancer Care benefit included on your Group Scheme membership and you receive restorative dental treatment required as a direct result of Oral Cancer. Benefit includes a maximum of two dental implants per Group Scheme Year.
- To confirm the diagnosis of *cancer we* will require a letter from *your Specialist* along with a histology (microscopic study) report.
- (!) Treatment must only be performed by a Specialist we recognise in hospital. No benefit is available for treatment carried out by a Dentist unless this is part of the follow-up and this has been agreed in advance by us in writing.
- Please see Section 4.11 (Dental Care *Option*) for details of the applicable terms and conditions.

Cancer Care Benefit

Diagnosis

Consultations with your Specialist including second opinions, diagnostic tests, scans and biopsies.

- We will not pay for any tests, treatment or screening to determine your risk of developing cancer in the future.
- ✓ Genetic Tests

Used to identify the most appropriate *cancer treatment* including *Targeted Cancer Therapies* to be used within a *licensed indication* for *your* particular *cancer*.

- We will not pay for referral to a Genetic Counsellor or Genetic Counselling.
- Radiotherapy Sessions

That is **established treatment** used within a **licensed indication** for **your** particular type of **cancer** including radiotherapy for pain relief.

- Proton Beam Therapy is only available from a provider we recognise for indications limited to certain paediatric cancers and some ocular, skull and spinal tumours in adults. A fully detailed treatment plan and pre-authorisation request from your Specialist endorsed by your Specialist's Multi-Disciplinary Team will be required in order to consider funding.
- Reconstructive Surgery

Reconstructive surgery is provided as a benefit and:

- Must take place within five years of *your* primary surgery provided that *your Group Scheme* membership remains in force. In addition, *we* will cover any complications of the pre-authorised surgical *procedure* within six months of the *procedure* date.
- Following breast *cancer*, one form of breast reconstruction after a complete or partial removal of one or both breast(s) as part of the *treatment* for breast *cancer*. This may be carried out in up to five *procedures* including one surgical *procedure* to restore symmetry in the other breast if required.
- Non-surgical Implants

As an alternative to reconstructive surgery, following the complete or partial removal of one or both breast(s) *we* will cover one (or two if both breasts have been removed) prosthetic breast implant(s) once per person per lifetime.

Some Marrow/Stem Cell Transplants

One complete *procedure* per person per lifetime if the bone marrow or stem cell transplant is not readily available to *you* on the *NHS*.

- We will not pay for:
- Costs relating to the donor, e.g. harvesting of bone marrow/stem cells.
- Orugs
- Please see the 'Cancer *Care Benefit* Drugs' for details of those drugs that are covered.
- (X) We will not pay for drugs that can be prescribed by your GP.
- ✓ Wigs

Up to £500 per person per lifetime towards the cost of a wig when hair loss has occurred due to *treatment* for *cancer. You* will need to provide a receipted invoice and proof of payment.

Maintenance and Palliative Treatment

For active treatment of cancer.

- We will not pay for the maintenance of remission of cancer.
- **✓** Follow-up after *Active Treatment*

Consultations, blood tests and scans to check that *your cancer* has not returned.

(X) End of Life Care

We will not pay for treatment or care for cancer which is described by your Specialist as end of life care, whether carried out in a hospital, at home or in a hospice.

End of Life Hospice Donation – If you are admitted to a hospice or if you choose to have end of life care at home provided by a registered charity, we will consider a contribution to the hospice or the charity if you ask us to do so.

Cancer Care **Benefit** – Drugs

- All drug *treatment* must be *active treatment* designed to remove or destroy *cancer* cells.
- We consider those drugs on the NHS Cancer Drugs Fund to be readily available on the NHS.
- We will not pay for drugs that can be prescribed by your GP.
- Chemotherapy Drugs
 Established types of standard chemotherapy prescribed by your Specialist for your particular type of cancer.
- Bone Strengthening Drugs
 Treatment with these drugs if your Specialist confirms you have bone metastases, or in the early stages of breast cancer for post-menopausal women.
- Targeted Cancer Therapies (TCTs)
 Targeted Cancer Therapies that are not readily available to you on the NHS. Their use must be within their licensed indication for the stage of the condition being treated. This may be either single or stipulated combination(s). In addition:
- For haematological (blood borne) cancers it can be difficult to find objective evidence of active cancer. We will therefore provide benefit for up to 12 consecutive months of treatment with Targeted Cancer Therapies and this treatment may be extended if your Oncologist confirms that there is continuing objective evidence of disease;
- Adjuvant Therapy is sometimes given in order to clear any cancer cells not removed by the initial
 surgery or radiotherapy. We will pay for treatment for Targeted Cancer Therapies when given as
 Adjuvant Therapy in line with current guidelines for a period up to 12 months.
- We will not pay for Targeted Cancer Therapies:
- To maintain remission of cancer;
- If readily available to you on the NHS;
- For use outside of their *licensed indication* for the stage of the condition being treated; or
- For non-established treatment or experimental treatment.

4.6 Additional Private *Treatment benefits*

The *benefits* listed within Section 4.6 are separate *Options*. Please check *your Benefit Schedule* to see which of the following (if any) are included under *your Group Scheme* membership. To *claim* under any of these *benefits* please refer to Section 3.1 (How to make a *Claim* for Private *Treatment*).

Additional Private Treatment Benefits

(+) Long-term (Chronic) Conditions

Limited benefit for long-term (chronic) conditions in relation to a claim we authorised but subsequently are ceasing cover in line with the limitations on the treatment of long-term (chronic) conditions.

+ Supplementary Benefit

Limited cash *benefit* for use towards excluded conditions e.g. *pre-existing conditions*, pregnancy, allergies or *long-term conditions*. *We* will pay for consultations and tests, scans and therapies under this *benefit*.

+ Oral Surgery

Benefit includes:

- The removal of impacted or unerupted teeth for medical reasons;
- The reasonable cost to put a natural tooth back into a jaw bone after it has been knocked out or dislodged in an accidental injury;
- The reasonable cost to treat a jaw bone cyst but not if it is related to a cyst or abscess on the tooth or gum disease or damage.
- (!) To *claim* under this *benefit you* must be referred to a *Dentist* or *Specialist we* recognise.

 **Benefit will be paid from *your* existing *in-patient* and *day-patient benefits*. There is an additional benefit towards *treatment* carried out in a *Dentist's* chair.

(+) Specialist Fees in Full

Benefit for any resultant shortfall which may arise as a result of our reimbursing your established treatment to a level we consider to be a customary and reasonable cost.

(+) Winter Sports – UK Treatment

Benefit for established treatment upon your return to the UK required as a result of an accident or injury in a winter sports resort or taking part in winter sports of any kind.

Benefit will be paid from your existing benefit limits.

Treatment in Premium Hospitals

The Premium Hospitals benefit enhances your extensive choice of hospitals throughout the UK. You are only covered for treatment in the Premium Hospitals listed below if you have this Option included under your Group Scheme membership.

BUPA Cromwell Hospital; London Bridge Hospital at Guy's and St. Thomas';

30 Devonshire Street;
Harley Street at Queen's (Romford, Essex);
Harley Street at UCH;
London Clinic;
Portland Hospital;
Princess Grace Hospital;

Harley Street Clinic; Royal Marsden Hospital (London and Surrey); Kingston Hospital (Surrey); The National Hospital for Neurology and Neuro-

Lister Hospital; surgery;

LOC at Chelsea (Sydney Street); University College London; LOC – Leaders in Oncology Care; Wellington Hospital.

For the most up-to-date list please visit wpa.org.uk/premiumhospitals

If the Premium Hospitals benefit is not included under your Group Scheme membership:

- You will not be covered for any treatment in these hospitals;
- You will still have a wide choice of over 600 hospitals nationwide, including BMI, Spire, Nuffield Health, Ramsay, other independent private hospitals and the private wings of NHS hospitals;
- The Premium Hospitals Option may only be included at a future renewal.

- 4.7 Overseas Emergency *Treatment*
- The **benefits** listed within Section 4.7 form one **Option**. Please check **your Benefit Schedule** to see if this **Option** is included and the level of **benefit** applicable under **your Group Scheme** membership. Available reimbursement amounts are detailed on the **Benefit Schedule**.
- 1 Your Group Scheme only covers treatment in the UK except where this Overseas Emergency Treatment benefit applies.
- This is not full travel insurance but an additional *benefit* offering restricted cover for Overseas Emergency *Treatment*.
- Group Scheme membership will automatically cease if you leave the UK for more than six months of the year. Therefore, any trips you make outside of the UK must not exceed 180 days per Group Scheme Year, each trip must be no longer than 70 days (35 days for the USA). Trips outside of the EEA must be for business purposes.

We define Overseas Emergency **Treatment** as: unforeseen **treatment** that is due to a sudden, **acute condition** that, for medical reasons, cannot be delayed until **your** return to the **UK**.

The Overseas Emergency *Treatment benefit* is in addition to *your UK* cover and costs will be paid in line with *your UK benefit* limits and *Options* and is subject to any Shared Responsibility or excess limit applicable to *your Group Scheme* membership. In addition to *your UK* cover, this *benefit* also includes: primary care *treatment* given by a *GP* or local equivalent and a *benefit* for evacuation or repatriation.

We will not pay for:

- Any conditions for which, in the six months prior to travel (starting on the date of your outward journey) you have undergone treatment, or that have required you to visit any treatment provider including treatment for a condition that is terminal before you travel abroad;
- Any treatment required, whilst overseas, for or related to an infectious disease, condition or virus which has been deemed an epidemic or pandemic by the World Health Organisation e.g. COVID-19; SARS or Zika virus;
- Anything not covered by the terms and conditions of your Group Scheme as eligible treatment or treatment that is outside of the benefit limits under your Group Scheme;
- Any treatment whilst overseas or on your return to the UK for any condition contracted or injury
 sustained whilst in a location to which you travelled contrary to advice issued by the Foreign and
 Commonwealth Office either as 'against all travel' or 'against all but essential travel';
- Any treatment needed because you did not take the necessary precautions e.g. vaccinations as advised on the NHS website: www.fitfortravel.nhs.uk;
- An accompanying adult or medical escort, once the person receiving the Overseas Emergency
 Treatment has been discharged from medical care, even if recommended;
- · Out-patient drugs and dressings;
- Any treatment in the USA if the trip exceeds 35 days;
- Any treatment arising as a result of participating in dangerous activities/circumstances such as taking part in winter sports of any kind or an accident or injury that occurs whilst on a winter sports holiday, or whilst staying in a winter sports resort, as outlined in Section 6 (What is Not Covered).

Overseas Emergency Treatment Benefit

Overseas Emergency Treatment

This **benefit** provides for eligible Overseas Emergency **Treatment** whilst **you** are on a trip outside of the **UK**.

To be eligible, each trip must be no longer than 70 days starting on the date of your outward journey. Any trip to the USA must be no longer than 35 days.

Overseas Emergency *Treatment* will continue until such time as medical advice indicates *you* are well enough to travel back to the *UK*, but no longer.

Treatment must be given by a locally recognised provider or in a locally recognised *hospital*. Locally recognised means recognised by the appropriate authority of the country outside the *UK* in which the *hospital* is situated or the *Specialist* or *Therapist* practices.

Before you travel:

- Contact the Department of Health or visit their website at www.doh.gov.uk to understand the reciprocal health agreements in place between the UK and other countries;
- We strongly recommend you have separate travel insurance for overseas travel.

If you are travelling in the EEA (and Switzerland):

- If you are entitled to a European Health Insurance Card (EHIC) or UK Global Health Insurance Card (GHIC) you must have one before you travel and use it where it is accepted;
- Where you receive Overseas Emergency Treatment in a European state funded facility we will only
 pay for eligible treatment costs that are over and above those included within the EHIC/GHIC or
 reciprocal health agreements that may apply at that time in the country where treatment occurs.

If you are travelling outside the EEA:

- If you undergo private Overseas Emergency Treatment where the EHIC/GHIC is not valid or a reciprocal health agreement is not in place, we will pay the claim within the terms and conditions of your Group Scheme, subject to any other insurance you may have. Please refer to Section 7.9 (What to do if you have insurance with another provider);
- Benefit is only available on a business trip. We will require confirmation from the Group Scheme Holder of the purpose of the business trip together with a copy of your business visa.

✓ Medical Evacuation/Repatriation

If you are outside the *UK* and need eligible Overseas Emergency *Treatment* that in *our* opinion is not available in the country you are in, we will, through the *WPA Worldwide Coordination Centre*, evacuate you to the nearest suitable medical facility where the *treatment* you need is available.

- We may, in extreme circumstances, repatriate you to the UK for treatment where this is medically
 necessary and the Overseas Emergency Treatment cannot be obtained locally;
- You must accept our decision concerning the most suitable, practicable and reasonable medical
 facility as we will not agree a transfer on your personal preference;
- In the event of the death of someone covered by the Group Scheme the WPA Worldwide
 Coordination Centre will make arrangements (including the completion of any documentation)
 and pay for the return of the deceased to the UK.
- No *benefit* is available for funeral expenses.

Family Assistance

In the event of medical evacuation or repatriation *we* will pay for the cost of immediate *family member(s)* who are overseas with the patient at the time of the illness or injury, and who are also insured under *your Group Scheme* membership to travel with the patient or return to the *UK* by the most appropriate means and by economy class.

How to Make a Claim

Your treatment must be pre-authorised by the WPA Worldwide Coordination Centre. The WPA Worldwide Coordination Centre is a 24 hour service offering all major languages and they will be able to give you valuable help and advice. You must always contact the WPA Worldwide Coordination Centre straight away or as soon as you are able to do so. Call the WPA Worldwide Coordination Centre on (+44) 20 8680 3800.

Payment for your treatment:

- Payment will be coordinated by us or the WPA Worldwide Coordination Centre;
- Invoices totalling over £300 will only be paid to the treatment provider not to you or to any representative on your behalf.
- Do not make payment for *your treatment* if the total payment is over £300 because *we* will not be able to refund *you*. If the payment is under £300, please send to *us* the original invoice and a receipt demonstrating proof of payment.
- In the event of a *claim we* will need details of any other insurance policy providing any *benefit* for Overseas Emergency *Treatment* that *you* may have. *You* must agree to *our* contacting any other insurer to ensure that *we* and they only pay a rateable proportion of the *claim*. Please refer to Section 7.9 (What to do if *you* have insurance with another provider).

Cash **Benefits**

- (1) To claim any of these benefits please see Section 3.2 (How to make a Claim for a Cash Benefit).
- 4.8 Cash Reimbursement Benefits
- The **benefits** listed within Section 4.8 are separate **Options**. Please check **your Benefit Schedule** to see which of the following (if any) are included under **your Group Scheme** membership.

Cash Reimbursement Benefits

- (+) Allergy Testing
- Benefit for tests for allergic reactions or food intolerances when performed by an Allergist who holds appropriate medical qualifications.
- We will not pay for:
- Home kits for food intolerance or nutrition testing.
- You must be referred to an Allergist by your GP or Specialist.
- (+) General Dental Treatment
- Benefit towards the cost of general dental treatment performed by a Dentist or Dental Hygienist in general dental practice.

For the applicable terms and conditions and to *claim* under this *benefit* please refer to Section 4.11 (Dental Care).

- → GP Charges
- Benefit towards the cost of treatment by your GP and charges made by your GP for consultations, inoculations, x-rays, signing claim forms, other tests, medical reports and NHS or private prescription charges.
- (+) Health Screening
- Benefit for health screens which are carried out by a medically qualified practitioner we approve in a hospital or clinic.

We cover full body health screens, well man, well woman, bone density screening, breast screening and heart disease screening.

- We will not pay for:
 - Health screens needed for legal, pension, insurance, emigration or employment reasons.
- (+) Optical Treatment
- Benefit for sight tests, prescribed glasses, adding new prescribed lenses to existing frames, contact lenses and prescription safety spectacles.
- All frames, lenses and contact lenses must be purchased in the UK.
- We will not pay for:
- · Any charges for missed appointments;
- Optical consumables i.e. spectacle or contact lens cases or cleaning materials:
- Non-prescription glasses;
- Specialist or ophthalmologist consultation charges;
- Refractive eye surgery including any complications arising from refractive eye surgery;
- Postage costs associated with mail order glasses;
- Optical insurance premiums/lenses supplied under an optical insurance plan.

Cash Reimbursement **Benefits** continued

- (+) Complex Scans
- Benefit for MRI, CT and PET scans.
- (+) Specialist Consultations including Diagnostic Tests
- Benefit towards the cost of an out-patient private consultation(s) with a Specialist and x-rays, blood tests and ultrasound carried out at your Specialist's request.
- (+) Therapy
- Please see the comprehensive Therapy *Benefit* Table (Section 4.4).
- Remember *you* can self-refer for a limited number of *sessions* of therapy on a cash *benefit* basis without a *GP* or *Specialist* referral.

(+) 4.9 Additional Cash Benefits

The **benefits** listed within Section 4.9 are separate **Options**. Please check **your Benefit Schedule** to see which of the following (if any) are included under **your Group Scheme** membership.

Additional Cash Benefits

- (+) Hospital Stay
- Benefit if you are admitted to an NHS Hospital as an NHS in-patient or day-patient.
- We will not pay for:
- Private hospital treatment:
- · Out-patient treatment.
- New Baby
- Benefit upon the birth or adoption of a baby.

To *claim* under this *benefit you* must send *us* a copy of *your* baby's birth or adoption certificate.

- (!) You must claim within six months. We will make one payment per baby.
- + NHS Car Parking
- *Benefit* towards *NHS* car parking charges incurred as follows:
 - Non-cancer

By you or a relative visiting you whilst you are receiving eligible NHS in-patient, day-patient or out-patient treatment.

Cancer

Whilst you are receiving cancer treatment as an NHS in-patient, day-patient or out-patient.

To *claim* under this *benefit* please submit *your NHS* car parking receipts.

- 4.10 Personal Accident
- Please check your Benefit Schedule to see if this Option is included under your Group Scheme membership.
- This is not indemnity insurance but a cash *benefit* in the event of a personal accident resulting in a physical bodily injury.
- We reserve the right to reduce payment in the event of any contributory negligence.
- We will not pay for any personal injury:
 - As a result of an accident which occurred prior to joining the *Group Scheme*;
 - As a result of any illegal activity including trespass;
- Arising from any illness or injury sustained whilst engaging or taking part in naval, military or air force operations;
- Arising from any illness or injury sustained whilst engaging or taking part in martial arts, equestrian
 sports, diving, boxing, wrestling, mountaineering or rock climbing (necessitating the use of ropes
 or guides) parachuting, potholing, professional sports of any form or racing other than on foot;
- Sustained whilst travelling by air except as a fare paying passenger in a licensed passenger carrying aircraft.

Personal Accident Benefit

Personal Accident

We define a personal accident as: an identifiable physical bodily injury which you sustained while your Group Scheme membership is in force. The personal accident (bodily injury) must solely and independently of any other cause be the result of an accident or sickness resulting in treatment of any injury caused by such an accident.

We will pay a cash sum to you in the following circumstances:

- Permanent total disablement:
- Total and irrecoverable loss of sight of both eyes;
- Total and irrecoverable loss of sight in one eye;
- Total and irrecoverable loss of the use of two limbs;
- Total and irrecoverable loss of the use of one limb;
- Total and irrecoverable loss of sight of one eye and loss of one limb.
- We reserve the right to insist that you, at your own expense, place yourself under the care of a registered medical practitioner, follow any medical advice which is given and supply any certificate or medical report which we request.
- Please note that **we** will make one cash sum per person per accident.

To claim under this benefit please refer to Section 3.2 (How to make a Claim for a Cash Benefit).

Dental Care

(+) 4.11 Dental Care

The **benefits** listed within Section 4.11 are separate **Options**. Please check **your Benefit Schedule** to see which of the following (if any) are included under **your Group Scheme** membership. If **you** have Standalone Dental, all four **benefits** will be included.

We define a Dentist as: A Dentist who is registered to practice with the General Dental Council.

Dental Care is available in four different and distinct categories:

- General Dental Treatment:
- Dental Emergencies;
- Dental Injuries;
- Restorative Treatment as a direct result of Oral Cancer.
- The following exclusions apply to each of the four different categories of Dental Care.
- We will not pay for:
- Removal of wisdom teeth unless carried out in a general dental practice;
- Dental consumables i.e. toothpaste, toothbrushes, dental floss, interdental brushes or mouthwash and/or orthodontic treatment and appliances such as mouthguards;
- Treatment relating to periodontal disease;
- Any charges for completing the *Claim Form*;
- Cosmetic or aesthetic treatment i.e. veneers/bleaching unless needed as part of a treatment plan that we have pre-authorised;
- Treatment for dental injuries sustained whilst participating in any contact sport (e.g. American Football, Boxing, Hockey, Ice Hockey, Lacrosse, Martial Arts, Rugby) unless the appropriate mouth protection was worn at the time of injury;
 - We reserve the right to ask for evidence of a mouth protector being worn at the time the injury was sustained.
- Dental practice plan premiums and dental insurance;
- Dental prescription charges.
- Please note that **we** will only reimburse to the maximum amounts listed in **our** Dental Schedule which can be found on the **Claim Form we** will send to **you** or online at: <u>wpa.org.uk/dentalfees</u>

Dental Care **Benefit**

- (+) General Dental Treatment
- We define General Dental *Treatment* as: *treatment* of a condition which involves teeth, their roots and surrounding tissue attachments where this forms part of the dental *procedure*.
- Treatment must only be performed by a Dentist or Dental Hygienist in general dental practice.
 To claim under this benefit please refer to Section 3.2 (How to make a Claim for a Cash Benefit).
- (+) Dental Emergencies
- We define a Dental Emergency as: An incident of acute pain, swelling, or dental haemorrhage requiring an emergency dental appointment.
- Treatment must only be performed by a Dentist or Specialist in a general dental practice or A&E department; an episode or course of treatment starts from the date of the initial emergency appointment and continues up to the completion of treatment which must take place within 90 days.
- This **benefit** is available for **treatment** carried out in the **UK** and abroad and covers **treatment** not classed as a dental injury or **oral cancer**.
 - To *claim* under this *benefit* please refer to Section 3.2 (How to make a *Claim* for a Cash *Benefit*).

Dental Care Benefit continued

- 1 The following requirements apply to *claims* for Dental Injuries and Restorative *Treatment* as a direct result of *Oral Cancer*.
 - Specific information, along with your proposed treatment plan, is required from:
- Your Dentist or recognised Specialist in respect of claims for Dental Injuries (for restorative Treatment that cannot be undertaken at the initial emergency appointment); or
- Your Specialist in respect of Restorative Treatment as a direct result of Oral Cancer claims.
- 1 You must seek pre-authorisation of your treatment plan, which must include:
- The type of *treatment* proposed;
- The date the *treatment* will start and the date the *treatment* will be completed;
- Your treatment provider's name and address;
- The costs involved;
- X-rays; and
- Photographic evidence of facial trauma associated with the Dental Injury for claims for Dental Injuries.
- Claims for Dental Injuries and Restorative Treatment as a direct result of Oral Cancer are subject to any Shared Responsibility or excess limit applicable to your Group Scheme membership.
- Dental Injuries
- We define a Dental Injury as: An injury to the patient's teeth caused by an extra oral impact (an external blow to the teeth, face or jaws).
- Treatment must only be performed by a Dentist or Specialist in a general dental practice or A&E department. This benefit is available for treatment carried out in the UK and also includes a maximum of two dental implants per Group Scheme Year.
- You must inform us and you must have an emergency appointment within 72 hours of the injury.

 We must authorise any restorative treatment plan following a dental injury.
 - To *claim* under this *benefit* please refer to Section 3.1 (How to make a *Claim* for Private *Treatment*).
- Restorative *Treatment* as a direct result of *Oral Cancer* Included under the *Cancer* Care *Option*
- We define Restorative Treatment as a direct result of Oral Cancer as: Dental treatment to restore the teeth, their roots and surrounding tissue including a maximum of two dental implants per Group Scheme Year.
- To confirm the diagnosis of *cancer we* will require a letter from *your Specialist* along with a histology (microscopic study) report.
- Treatment must only be performed by a Specialist we recognise in hospital. No benefit is available for treatment carried out by a Dentist unless this is part of the follow-up and this has been agreed in advance by us in writing.

To *claim* under this *benefit* please refer to Section 3.1 (How to make a *Claim* for Private *Treatment*).

5. Additional Benefits

- 5.1 Employee Assistance Programme (EAP)
- Please check your Benefit Schedule to see if this Option is included under your Group Scheme membership. If chosen, this Option will apply to all Group Scheme Members on the Group Scheme.
- The EAP **benefit** is provided by the **WPA EAP Provider** and is subject to their terms and conditions.

Employee Assistance Programme (EAP) Benefit

Employee Assistance Programme

Specialist 24/7 telephone support for Group Scheme Members and their family member(s).

- Wellbeing and health information;
- Telephone counselling;
- Online computerised Cognitive Behaviour Therapy (cCBT) Life Skills Course;
- Debt and money information and support;
- Legal information; and
- Manager support.

To use this *benefit* call the helpline on: 0333 014 4419.

- Certain helpline services are not available to *Group Scheme Members* under 16 years of age.
- 5.2 Structured Counselling
- Please check your Benefit Schedule to see if this Option is included under your Group Scheme membership. It may only be included if the EAP Option has been included, and it will apply to all Group Scheme Members on the Group Scheme.
- Ounselling will only be available if the *WPA EAP Provider*, in their sole discretion, consider it clinically appropriate and is not available to anyone under 16 years of age.

Structured Counselling Benefit

Structured Counselling

Where clinically appropriate, the *WPA EAP Provider* will arrange onward referral to a structured counselling service. The counselling that is available through the *WPA EAP Provider* is short-term, solution-focused counselling which is a brief therapy model and within the confines of an allotted number of *sessions*.

To use this *benefit you* must seek pre-authorisation from the *WPA EAP Provider* helpline on 0333 014 4419.

- 5.3 Remote *GP* Services
- 1 This benefit is automatically included under your Group Scheme.
- (!) The Remote *GP* Services *benefit* is provided by the *WPA GP Service Provider* and is subject to their terms and conditions.

Remote GP Services

Remote *GP* Services

Benefit for consultations provided via the telephone or digital media only when provided by the WPA GP Service Provider.

- We will not pay for:
- Prescription charges unless the GP Charges Cash Benefit Option has been included.

To *claim* under this *benefit* please call: 0333 014 4421.

6. What Is Not Covered

- There is no benefit available to you or any family member(s) under your Group Scheme for treatment arising from or related to the exclusions in this Section. These exclusions apply to all the benefits in this Guide and on your Benefit Schedule in addition to any personal exclusions.
- Your Group Scheme does not cover:

6.1 Any treatment which is not established treatment. In addition, this includes:

- Treatment that is not approved by NICE for routine use in the NHS without restriction or is not routinely used in the NHS for this condition without restriction; and
- Treatment that involves the use of drugs outside of their licensed indication for the stage of the condition being treated. This may be either single or stipulated combination(s).

6.2 Any preventative *procedure* or *treatment*. This includes:

- Tests to determine if you have the existence of a condition including presence of a gene for which you do not have symptoms even if you have a family history of that condition;
- Removal of tissue for a condition for which you do not have symptoms even if you have a family history of that condition.

6.3 Any emergency *treatment*. This includes:

- Unforeseen and unplanned treatment that is due to a sudden, acute condition that for medical reasons cannot be delayed;
- Emergency treatment or emergency admissions into a private hospital including a private Accident & Emergency department:
 - We will not pay for emergency admissions into a private hospital unless pre-authorised and you have first had a consultation with a Specialist who has decided to admit you.
- Please see Section 2.6 (Emergency *Treatment*).

6.4 Allergic conditions

- Neutralising/desensitising diagnosed allergic and/or intolerance conditions;
- However we will cover the investigations to establish that an allergy and/or intolerance is the underlying cause of your symptoms.

6.5 Breast surgery

 Breast modification, including augmentation or reduction, whether for medical or psychological reasons in men or women, except following cancer surgery under the Cancer Care benefit.

6.6 Certain hospital treatment

- Treatment taking place in a Premium Hospital unless this benefit has been included as an Option under your Group Scheme membership;
- Private in-patient treatment following an A&E admission to a hospital unless the transfer to receive private treatment is arranged by the Specialist at the patient's own request.
 - We must authorise the transfer in advance otherwise no benefit will be available. Private treatment will only be eligible with effect from the date the patient signs the hospital's authorisation form;
- Private fees whilst being treated in hospital as an NHS patient;
- In a hospital overseas unless the Overseas Emergency Treatment Option has been included.

6.7 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 surgery when needed as a direct result of an accident or injury.

6.8 Dangerous activities

Any condition contracted, injury sustained, or *treatment* required:

- Either overseas or on **your** return to the **UK**:
 - Whilst on a winter sports holiday or whilst staying in a winter sports resort.

- As a direct or indirect result of taking part or participating in a dangerous activity which includes:
 - Winter sports of any kind; or
 - Scuba diving; or
 - Motor sports.
- We will only provide benefit for established treatment on your return to the UK if you have the Winter Sports – UK Treatment Option included under your Group Scheme membership.
- If you are unsure if an activity falls within this exclusion you should check with us beforehand.

6.9 Dangerous circumstances

Any condition contracted, injury sustained, or *treatment* required:

- Either overseas or on your return to the UK:
 - Whilst in a location to which you travelled against advice issued by the Foreign and Commonwealth Office (FCO) either as against all travel or against all but essential travel; or
 - War, invasion, riot, revolution, act of terrorism, act of piracy, nuclear, biological or chemical contamination or any similar event.

6.10 Deliberately self-inflicted injuries or attempted suicide

6.11 Dental treatment

- However we will pay for restorative dental treatment as a direct result of oral cancer if you have the Cancer Care or Dental Care Option(s) included:
- Benefit for other dental treatment is only available if you have the Dental Care or Oral Surgery Option(s) included.

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

 However we will pay for an initial consultation with a Specialist to diagnose the cause of the symptoms. Full psychological or educational assessments are not covered, even when carried out on the day of the initial consultation.

6.13 Dialysis

• We will however provide benefit for a maximum of 28 days haemofiltration within the benefits for Critical Care: Level 3, or 28 days for haemodialysis, because of sudden kidney injury (failure) due to an eligible acute condition.

6.14 Drooping eyelids (ptosis)

We will only pay for ptosis (drooping eyelids) if your optometrist identifies visual impairment and you are referred by your optometrist to a consultant ophthalmologist. We will only pay for surgery if your field defects, as identified by the optometrist, breach the DVLA requirements for visual field testing for safe driving.

6.15 End of life care

Please see Section 8 (Definitions – *end of life care*).

6.16 Excluded conditions

- Anything excluded by the terms and conditions of your Group Scheme;
- Any personal exclusion applied to your Group Scheme membership by us when it was underwritten. Please refer to your Certificate of Registration and Section 7.4 (Underwriting Terms);
- Any related condition(s).
 - A related condition is where a current *UK* body of reasonable medical opinion considers another symptom, disease, illness or injury to be related to or associated with an excluded condition.

6.17 Fees that are over and above those of customary and reasonable cost levels

6.18 Gender reassignment

6.19 Genetic tests

Unless you have benefit for cancer included under your Group Scheme membership.
 Please see Section 4.5 (Cancer Care).

6.20 HIV, AIDS

Or similar or consequential infections, injuries or illnesses.

6.21 Long-term conditions (also referred to as long-term (chronic))

- 1 You may have limited benefit if you have the Long-term (Chronic) Conditions Option included under your Group Scheme membership.
 - Your Group Scheme covers the short-term treatment of acute conditions which start after you have taken out the Group Scheme;
- Your Group Scheme does not cover treatment for conditions that keep on coming back or need long-term monitoring or management. Including but not limited to Alzheimer's Disease, Charcot Marie Tooth Disease, Crohn's Disease, Diabetes, Fibromyalgia, Glaucoma, Haemophilia, Juvenile Arthritis, Macular Degeneration, Recurrent back and joint problems, Recurrent Urinary Tract Infections, Rheumatoid Arthritis, Ulcerative Colitis;
- If your treatment becomes recurrent, continuing or long-term, the costs of treatment for this long-term condition including monitoring, management, consultations and checkups and associated conditions will not be covered. We will write to let you know if this is the case;
- We will, for a period not exceeding three months, pay for initial investigations needed to diagnose a new long-term condition and the initial short-term treatment up to the point of stabilisation. You must always contact us for pre-authorisation;
 - Following the three month period, we will not pay for further investigations such as endoscopies that are primarily diagnostic or treatment for relief of symptoms relating to a long-term condition e.g. pain relief injections.

Targeted Therapies for long-term conditions

- Targeted Therapies are now being used for some long-term conditions. If your Specialist considers that you may respond to a shortterm course of Targeted Therapies you must always contact us for pre-authorisation. In addition, your Specialist must confirm:
 - That the *treatment* is not readily available to *you* as an *NHS* patient; and
 - That the Targeted Therapy will be used within its licensed indication for the stage of the particular clinical condition.
- We will then, for a period not exceeding three months, pay for eligible treatment. We have produced an advisory leaflet about cover for long-term conditions. If you would like a copy of this, please contact us.

6.22 Menopausal/Pubertal conditions

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

6.23 Mental health conditions

 Treatment for any mental illness or disorder (including stress) unless you have the Mental Health Treatment Option included under your Group Scheme membership.

6.24 Newborn/congenital disorders

- Treatment for unborn babies/foetuses/ embryos;
- Any birth defect or congenital abnormality whether identified at birth or prior to joining the *Group Scheme*. 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.

6.25 Non-disclosed conditions/symptoms

 Conditions and symptoms which you have not told us about when asked to do so when applying for cover or pre-authorising a claim.
 Please see Section 7.13 (Terminating or Cancelling your Group Scheme).

6.26 Non-established treatment and experimental treatment

 Please see Section 8 (Definitions – non-established treatment and experimental treatment).

6.27 Non-hospital establishments

- Treatment taking place in a hospital that is not on our hospital list. Please see Section 2.4.1 (Hospital Access);
- Treatment in convalescent, nursing or residential homes, health-hydros, nature cure clinics or similar establishments.

6.28 Obesity

- Treatment arising from or related to obesity and/or treatment for obesity, e.g. bariatric surgery;
 - 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.

6.29 Organ transplant(s)

A transplant is where a patient receives an organ or tissue from another person (surgically implanted or infused).

Organ transplant operations, including investigations done before the operation or treatment needed as a result of the operation.

However, we will pay for:

- Cornea transplants, skin grafts and blood transfusions;
- Bone marrow or stem cell transplants;
 - Where this forms part of treatment for cancer we can only consider if you have the Cancer Care benefit included under your Group Scheme. Please see Section 4.5 (Cancer Care).

6.30 Out-patient drugs/dressings

 This includes any 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).

6.31 Pre-existing conditions – subject to *your* underwriting

- Any disease, illness or injury for which:
 - You have received medication, advice or treatment: or
 - You have experienced symptoms, whether the condition has been diagnosed or not, before the start of your cover.

6.32 Professional sports

 Any illness or injury due to engaging in professional sport that is a sport where any fee, donation or benefit in kind is payable either directly or indirectly for playing, training or coaching.

6.33 Refractive eye surgery

 Refractive eye surgery for the correction of imperfect sight.

6.34 Rehabilitation

- Treatment helping towards improving physical and/or mental capacities, following illness or injury;
- However, we will pay for a short course of rehabilitation (not to exceed two weeks) immediately following an in-patient admission that has been covered by your Group Scheme. We must specifically agree the extent of the cover before rehabilitation starts and this will not be extended.

6.35 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*.
- Except following cancer surgery under the Cancer Care benefit we will pay for prophylactic mastectomy and/or prophylactic oophorectomy when a patient has diagnosis of breast cancer and has a confirmed BRCA genetic change resulting in a high risk of further breast or ovarian cancer.

6.36 Reproductive system

- Pregnancy, fertility problems, assisted conception, contraception, miscarriage, sterilisation and child birth (except limited cash *benefit* for childbirth under the New Baby *benefit* if this *Option* has been included);
- However, we will pay for treatment of the following specified conditions when they occur during pregnancy:
 - Ectopic pregnancy (where the foetus grows outside the womb);
 - Hydatidiform mole (abnormal cells growing in the womb).

6.37 Road traffic collision/illegal activity

- Any illness or injury due to 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 incident 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 the proceedings. If you are convicted then no benefit will be paid.
 - 6.38 Routine medical examinations, health screening (unless you have benefit for health screening included under your Group Scheme membership) or medical appliances, such as:
- Hearing aids, wheelchairs, crutches, braces or surgical orthoses.

6.39 Sexual problems

- A condition of sexual function however caused:
- · Sexually transmitted diseases.

6.40 Sleep disorders

 Sleep disorders, including sleep studies or corrective surgery, e.g. sleep apnoea and snoring.

6.41 Targeted Cancer Therapies (TCTs)

- To maintain remission of cancer:
- If readily available to you on the NHS;
- For use outside of their licensed indication for the stage of the condition being treated;
- For non-established treatment or experimental treatment.

6.42 Use of or Dependency upon Alcohol/ Drugs/Substances

- Treatment required, directly or indirectly, as a result of:
 - Harmful use of alcohol; or
 - Any use of drugs or of other addictive/intoxicating substances, examples include (but are not limited to): psychoactive substances, anabolic steroids, performance enhancing drugs and Class A, B and C drugs.
- Oral cancer attributed by a medical practitioner directly or indirectly to smoking/smoking-related materials/chewing tobacco and/or consuming alcohol, when you have been advised by a medical practitioner to reduce the intake.

6.43 Varicose veins

- Treatment for thread veins and other superficial veins;
- Treatment of varicose veins during the first two years of your Group Scheme membership (if you joined on a Full Medical Underwriting or Moratorium Underwriting basis). If you have a personal exclusion for varicose veins, this will continue to apply indefinitely;
- Recurrent varicose veins;
- However, if you joined on a Full Medical Underwriting basis, after two years we will pay for:
 - One admission per venous drainage system regardless of treatment type per person per lifetime of the Group Scheme membership;

 One visit only for injections of residual veins after treatment to the main veins per person per lifetime of the Group Scheme membership, covered for up to six months after the main procedure.

6.44 Pelvic Venous Congestion/Ovarian Vein Reflux

 One hospital/treatment centre admission per leg for pelvic vein embolisation per person per lifetime of the Group Scheme membership.

7. Important Information

7.1 What is required of you

7.1.1 Group Scheme Holder Criteria

The *Group Scheme Holder* must be a bona fide business for example:

- Sole trader, partnership or incorporated entity registered with Companies House;
- Have a unique tax reference and/or file a tax return.

All *Group Scheme Members* must be, and remain, actively involved in the business of the *Group Scheme Holder*. For example receive or complete:

- PAYE payslips;
- Self-assessment tax return;
- P11D etc.

There must at all times be a minimum of 30 *Group Scheme Members* (not including *family member(s)*).

When joining on Medical History Disregarded (MHD) Heart and *Cancer* underwriting terms, there must be a minimum of 25 *Group Scheme Members* out of the overall minimum Group size of 30 joining with Private *Treatment Benefits*

For MHD underwriting terms, the minimum requirement is 50 *Group Scheme Members*.

We reserve the right to call upon the Group Scheme Holder for evidence of your business affairs to ensure ongoing eligibility with our Group Scheme Holder criteria. This is including but not limited to, the minimum number of Group Scheme Members.

The **Group Scheme Holder** must notify **us** of any change to its constitution.

In entering into the *Group Scheme* and at any annual *renewal date*, the *Group Scheme Holder* warrants that it does so on behalf of the *Group Scheme Members* and their *family member(s)*.

7.1.2 Group Scheme Membership

At the inception of the *Group Scheme*, *WPA* will set up a full membership database of *Group Scheme Member(s)* and *family member(s)*. The *Group Scheme Holder* is responsible for notifying *WPA* of the addition and removal of *Group Scheme Member(s)* and *family member(s)*. This must be done promptly and at least on a monthly basis.

If the *Group Scheme Holder* fails to ensure that the membership database is maintained on, at least, a monthly basis and the higher membership number, if any, at the end of the *Group Scheme Year* means that there was at any point during the *Group Scheme Year* a *major fluctuation* then *WPA* reserve the right to make consequential adjustments to the premium.

7.1.3 Group Scheme Member Criteria

In order to be able to join the *Group Scheme* as a *Group Scheme Member*, you must be an *employee* or other eligible individual of the *Group Scheme Holder*.

The *Group Scheme Holder* must approve all applications for *Group Scheme* membership.

Group Scheme Members must join at the first opportunity they are eligible to do so, or at renewal if the company has a benefits window at that time, in accordance with the company healthcare eligibility criteria.

If a *Group Scheme Member* is being added to the *Group Scheme* at any time after the initial start date, their *Group Scheme* membership will start on the same day of the month as the *Group Scheme* initial start date.

To join, you must register with a GP and remain registered with a GP whilst you are a Group Scheme Member. At all times the GP with whom you are registered must be local to the Group Scheme Member's Address.

7.1.4 Retirees

Retirees can apply to join as a **Group Scheme Member** as long as they represent no more than 25% of the **Group Scheme**.

Care should be taken when including *retirees* as *Group Scheme Members* as more favourable terms are often available from an individual policy. *We* strongly recommend the company seeks professional advice before offering health insurance to *retirees* and including it on a contractual basis.

7.1.5 Adding family member(s)

Eligible family member(s) including children over six months old may only be added to your Group Scheme membership with the approval of the Group Scheme Holder and provided they live at the Group Scheme Member's Address. This cannot be backdated. Any family member(s) to be added will need to complete an Application Form detailing their medical history. Any adjustment to the premium will take effect from their date of joining.

To add *your* baby (under six months old) to *your Group Scheme* membership without the need for medical underwriting the *Group Scheme Member* must send *us* a copy of the birth certificate within six months of birth. Any adjustment to the premium will take effect on the next *renewal date* following their date of birth.

Each **Group Scheme Member** may add up to five dependant children as **family member(s)**.

7.1.6 Your Information

We reserve the right, at any time, to request of you and any family member(s) evidence of your identity, your occupation or any other criterion.

7.2 Residential Status

7.2.1 Group Scheme Holder Address

The *Group Scheme Holder* address must be *your* principal place of business or the address at which the majority of *your Group Scheme Members* are based.

7.2.2 Group Scheme Member Address

The *Group Scheme Member's Address* will be used for all *Group Scheme* membership related matters. *You* (and *your family member(s)*) must all live at the *Group Scheme Member's Address* for at least six months of the year.

Family member(s) may only have an alternative UK address to the Group Scheme Member Address if they are in full time education.

You must notify us immediately of any change to your Group Scheme Member's Address. Your Group Scheme membership will automatically cease if you leave the UK for more than six months of the year or provide us with an incorrect or inaccurate Group Scheme Member's Address.

If treatment received is invoiced to an address which is not the Group Scheme Member's Address, or the address that you are registered at with your GP is not the Group Scheme Member's Address, then we reserve the right

- Void your Group Scheme membership; and
- Recover any *benefit* paid.

7.3 Premium and Renewal

7.3.1 Premium

It is the *Group Scheme Holder's* responsibility to ensure that the premium is paid to *us* when it is due, whether annually or by monthly instalments.

Whether or not an intermediary is engaged, it is the responsibility of the *Group Scheme Holder* to ensure that information appertaining to *Group Scheme* performance or any specific information requested by *WPA* is complete and accurate.

The premium for the *Group Scheme* will be priced on the address of *your* primary place of business or the address at which the majority of *your* workforce work.

The premium must be paid via a valid *UK* business account in the *Group Scheme Holder's* name.

The premium has Insurance Premium Tax (IPT) added at the prevailing rate. The *Group Scheme Holder* agrees that we may adjust the amount payable to reflect any change in IPT or other relevant legislation during the *Group Scheme Year*.

IPT does not apply to Group Deductible.

The *Group Scheme Holder* acknowledges and accepts sole responsibility for ensuring that each *Group Scheme Member's* P11D is correct including where there is any adjustment to premium rates.

If the premium in respect of your Group Scheme membership is not paid when it is due then your Group Scheme membership will automatically be void and any claim you make will not be paid.

You and any family member(s) will not be entitled to benefit and will not be eligible to claim if you leave the Group Scheme or are no longer eligible for Group Scheme membership. You must notify us immediately; if you fail to notify us you will be liable for the cost of any treatment that we authorise and/or which takes place after your entitlement to benefit has ceased. Any pre-authorisation will automatically lapse upon benefit entitlement ceasing.

The **Group Scheme Holder** may only recover from **Group Scheme Members** an apportionment of premium in respect of **family member(s)**.

7.3.2 Renewal

Only the *Group Scheme Holder* may renew the *Group Scheme*. At least 21 days before the *Group Scheme* expires *we* will contact the *Group Scheme Holder* with renewal terms including any changes for the forthcoming *Group Scheme Year*.

After the *renewal date*, the new renewal terms will apply to the *Group Scheme* but *you* will benefit from the same medical underwriting terms.

Remember, changes to *your Group Scheme* may only be made at renewal.

7.3.3 Group Scheme documentation

We will send Group Scheme documents to the Group Scheme Member upon joining. Thereafter it is the responsibility of the Group Scheme Holder to ensure that a copy of all upto-date documentation is provided to Group Scheme Members at renewal. We provide each Group Scheme Member including family member(s) with a Certificate of Registration.

7.4 Underwriting Terms

When a *Group Scheme Member* applies for *Group Scheme* membership with *us*, *we* assess and determine the risk being presented to *us* when underwriting the *Group Scheme* membership.

Any *family member(s)* must have the same, or at least equivalent, level of underwriting as the *Group Scheme Member*.

Underwriting terms are applied in addition to the terms and conditions of *your Group Scheme* contained within this *Guide*. Please refer to *your Certificate of Registration* to see which underwriting term has been applied to *you*.

When we refer to conditions in this Section the term also includes any related conditions and any undiagnosed symptoms. A related condition is where a current UK body of reasonable medical opinion considers another symptom, disease, illness or injury to be related to or associated with a condition.

For guidance regarding what **we** consider to be long-term and related conditions please visit: wpa.org.uk/relatedconditions

- It is important to note that if you have made a transfer from another health insurer in order to have Group Scheme membership with us it will only be your underwriting terms that transfer. The terms and conditions of your Group Scheme may be different to your previous one.
- If you are required to complete medical questions prior to joining, it is essential that we have all relevant information from you when applying for Group Scheme membership (or to add family member(s) to an existing Group Scheme); this may include information about symptoms that have not been diagnosed. If relevant information is not provided to us, we will not pay any claim(s) that you make in the future for that condition, or may even terminate or void your Group Scheme membership. If you are unsure whether you should have mentioned something on your Application Form, please contact us immediately.

If you are transferring to us from another health insurer, we will require a copy of your current Certificate of Registration.

We reserve the right at all times to write to **your GP** for information. Please refer to Section 7.5 (**Your** Medical Information).

There are different types of underwriting terms.

7.4.1 Full Medical Underwriting (FMU) – Declared Medical History

FMU means *your Group Scheme* does not pay for conditions that *you* already had when *you* joined, unless adequately declared to and accepted by *us*.

On the Application Form we ask you to give us details of your full medical history. Our underwriters review the information you provide to us and, for example, determine whether you have a greater than average risk of requiring treatment for any condition. Such conditions have underwriting terms, which we refer to as personal exclusions, placed on your Group Scheme membership. Personal exclusions are recorded on your Certificate of Registration.

This means that you will not be able to claim for:

- Any personal exclusions shown on your Certificate of Registration as well as the general exclusions in Section 6 (What is Not Covered);
- Any conditions that existed before the date that you joined us, that fall within the questions in the Application Form, unless adequately declared to and accepted by us in writing.

7.4.2 Moratorium Underwriting (sometimes referred to as Mori)

If you have moratorium underwriting you will not be eligible to claim for at least two years, for any condition(s) which you had during the five years before your Group Scheme membership starts. We call these pre-existing conditions.

If you do not have any symptoms, treatment, medication or advice for pre-existing conditions for two continuous years after the

Group Scheme membership starts, **benefit** will then be available. **We** refer to this as a two year clear period.

When applying for *your Group Scheme* membership, although *you* do not have to provide *us* with full medical details, *we* may request more detailed information from *your GP/Specialist* for each new condition *claimed* for. If, when *you* joined, *you* suffered any condition that requires regular monitoring, management, advice or medication, such conditions will never be eligible for *benefit*. This is because *you* will not have had a two year clear period, as explained above.

This means that you will not be able to claim

 Any conditions that existed during the five years before the date that you joined us, unless you have a two year clear period after your join date.

We strongly advise **you** not to delay seeking medical advice or **treatment** for any condition during the moratorium period.

7.4.3 Continued Moratorium

If you have continued moratorium underwriting, this means that you have had a transfer from a previous health insurer where you had insurance that was underwritten on a moratorium period basis. This means the previous moratorium period will apply to your new Group Scheme 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 unless you have satisfied their 'symptom, treatment, medication and advice free' moratorium period as shown on your previous insurer's Certificate of Registration or equivalent as supplied to us on joining;
- Any conditions that existed before the date that you joined us, that fall within the questions in the Application Form, unless adequately declared to and accepted by us in writing.

7.4.4 Continued Personal Medical Exclusions (CPME)

CPME means that you have had a transfer from a previous health insurer where you had insurance that had been medically underwritten, based on the medical history you had disclosed to that insurer. The same personal exclusions (or equivalent) applied by your previous insurer (shown on your previous Certificate of Registration or equivalent) have been transferred on to your Group Scheme membership and will be shown on your current Certificate of Registration.

This means that you will not be able to claim for:

- Any personal exclusions shown on your Certificate of Registration;
- Any conditions that existed before the date that you joined us, that fall within the questions in the Application Form, unless adequately declared to and accepted by us in writing.

7.4.5 Additional Information – when joining on a continued basis

There must be no break in insurance cover between leaving *your* previous health insurer and joining *us*. *We* must receive a copy of the previous health insurer's Certificate of Registration.

Exclusions applied by WPA may be worded differently to any applied by *your* previous insurer.

We reserve the right to apply additional personal exclusions.

7.4.6 Medical History Disregarded (MHD)

MHD means that when you joined we did not ask you to disclose your previous medical history, or provide details of your previous medical underwriting, and no personal exclusions have been applied to your Group Scheme membership. This means that you are eligible to claim for conditions that existed before the date that you joined your Group Scheme.

7.4.7 MHD Heart and Cancer

As Section 7.4.6 (MHD). However, new *personal exclusions* for pre-existing abnormality of the heart or cardiac function (including heart disease, cardiomyopathies or any disorders

of the heart valve(s) or cardiac rhythm) or for stroke or *cancer*, as declared, may apply.

7.4.8 No underwriting required

For cash *benefits we* do not ask *you* to disclose *your* previous medical history, or provide details of *your* previous medical underwriting and no *personal exclusions* will apply in relation to the cash *benefits*. This means that *you* are eligible to *claim* for conditions that existed before *you* joined the *Group Scheme*.

This only applies if **your Group Scheme** is made up of cash **benefits** only.

7.5 **Your** Medical Information

It is a term of *your Group 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 Group 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 Group Scheme membership may be terminated or rendered void.

If your Group 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 Group Scheme membership.

7.6 What you need to know about WPA

7.6.1 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.

7.6.2 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

7.6.3 Products Offered

We only offer **our** own medical insurance Policies, dental insurance Policies and cash plans. **Our** products are renewable annually. **We** promote **our** products through distribution channels which may include other companies within the WPA group.

You will not be charged any fees by **us** for arranging insurance products with **us**.

7.7 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.

7.7.1 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.

For more information please visit: <u>www.finan-cial-ombudsman.org.uk</u>

You may contact FOS at:

Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

0800 023 4567 – calls to this number are free on mobiles and landlines.

0300 123 9 123 – calls to this number cost no more than calls to 01 or 02 numbers.

complaint.info@financial-ombudsman.org.uk

7.7.2 Applicable Law and Jurisdiction

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

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

7.8 Enforcing *your Group Scheme* membership

7.8.1 Who can Enforce your Group Scheme?

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

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

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

7.8.2 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 Group Scheme, it does not mean that we are liable to continue to make payment in the future.

Any changes may only be made by the **Group Scheme Holder** and cannot be backdated.

7.9 What to do if *you* have insurance with another provider

It is a condition of this *Group 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 *Group Scheme* is 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 Group 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.

7.10 What to do if *you* have a Personal Injury or Clinical Negligence claim

It is a condition of *your Group Scheme* that if *you* have a claim for a personal injury or clinical negligence *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 its 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.

7.11 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: <u>www.fscs.</u> <u>org.uk</u>

7.12 Personal Information, Financial Crime and Fraud

7.12.1 How we use information about you

We will hold and process personal data in accordance with the Data Protection Act 2018, including 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. This also includes any applicable guidance and codes of practice issued by the Information Commissioner's Office or any other relevant supervisory authority.

Before *we* provide services to *you we* undertake checks for the purposes of preventing financial crime, fraud, money laundering and to verify *your* identity. These checks require *us* to process personal data about *you*.

The personal data you have provided, we have collected from you, or that we have received from third parties will be used to prevent fraud and money laundering and to verify your identity. Details of the personal information that will be processed include e.g. 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 Group 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 27001:2013 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 please visit *our* website at: <u>wpa.org.uk/privacy</u>

For anything else, including an up-to-date list of *our* Service Providers, please contact the Data Protection Officer for the WPA Group in writing or email: dataprotection@wpa.org.uk

7.12.2 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 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 Group Scheme 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.

7.12.3 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 Group Scheme*.

7.12.4 Giving you information

Where you have 'opted in' 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.

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

For security, all of *our* emails are hosted in a secure online account and *you* will be notified by email when *you* have a message.

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 Group Scheme**.

In the event of any unforeseen circumstance, such as a pandemic, we may need to default to email communication on a time-limited basis.

7.12.5 Our Personal Data Retention Group Scheme

We will hold and process your personal data whilst you are insured under the Group Scheme so that we may administer your Group Scheme. Following termination of the Group Scheme 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 and HMRC;
- 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.

7.13 Terminating or Cancelling *your Group Scheme* membership

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

7.13.1 Terminating or Voiding your Group Scheme

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

- Act dishonestly or fraudulently in relation to your Group Scheme and us
 (including without limitation as to
 the deployment and/or existence
 of any fraudulent devices or means whatso ever); 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 Group Scheme; or
- You are abusive or threatening towards our staff; or
- You do not comply with the terms and conditions of your Group Scheme.

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

Your Group Scheme membership will automatically be void or terminated and no *claims* will be paid if:

- You leave the Group Scheme or the Group Scheme Holder fails 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 as provided for in Section 7.2 (Residential Status).

7.13.2 Cancelling your Group Scheme

The cancellation rights in relation to the *Group Scheme* are detailed between *us* and the *Group Scheme Holder*. If *you* wish to cancel *your Group Scheme* membership *you* must contact the *Group Scheme Holder*.

In addition, WPA is entitled to cancel the *Group Scheme* in the event that the *Group Scheme Holder*:

- No longer meets any of the Group Scheme Holder criteria detailed at Section 7.1.1;
- Fails to pay any sum payable under the Group Scheme within 14 days of its due date;
- Commits a material breach of any of its obligations under the *Group Scheme* which is incapable of remedy;
- Suspends or threatens to suspend payment of its debts (whether principal or interest) or is deemed to be unable to pay its debts within the meaning of Section 123 of the Insolvency Act 1986:
- Calls a meeting, gives a notice, passes a resolution or files a petition, or an order is made, in connection with the winding up of that party (save for the sole purpose of a solvent voluntary reconstruction or amalgamation).

7.14 Material Changes to *Group Scheme* Membership

Where there is a change to the *Group Scheme* or *Group Scheme* membership that changes the *Risk Profile* then *we* reserve the right to vary premiums, amend the terms of insurance or cancel the *Group Scheme*. *Risk Profile* changes may include but are not limited to:

- Any corporate change of control and/or restructuring by way of acquisition, disposal or redundancy;
- A major fluctuation or other significant change to the population of the Group Scheme

8. Definitions

Some words and phrases used in *our Group Schemes* have a particular meaning and this is explained in this Section 8 (Definitions). These defined terms may not all apply to *your* particular *Group Scheme*, depending on the cover it offers.

Unless the context of a defined word or phrase otherwise requires, the singular includes the plural and vice versa.

8.1 Group Scheme Definitions

Active Treatment

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

Acute Condition

A symptom, 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.

A&E

NHS Accident and Emergency.

Application Form

The document(s) that **you** completed and/or submitted to apply for **your Group Scheme**.

Benefit

What **you** are entitled to **claim** reimbursement for under this **Group Scheme** in respect of **eligible treatment**.

Benefit Schedule

The schedule of *your benefits* applicable to *your Group Scheme* and in force for the *Group Scheme Year* which details all applicable monetary and non-monetary limits.

Best practice guidelines

Guidance set by the Royal College of Radiologists, *Cancer* Multi-Disciplinary Team Meetings – standards for clinical radiologists or peer review measures set out by the Commissioning for Quality and Innovation (QUIN).

Cancer

A group of cells that are no longer responsive to the normal mechanisms that control cellular growth and division.

CCSD Code

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

Certificate of Registration

The certificate applicable to **your Group Scheme** membership and in force for the **Group Scheme Year** giving details of:

- The Group Scheme Holder;
- The Group Scheme Member;
- Registered family member(s);
- The benefit Options;
- Underwriting terms;
- Any *personal exclusions* that apply.

Claim

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

Claim Form

The document that **you** and/or the provider of **your treatment** or **your GP** sign telling **us** the details of **your claim** which **we** will use to confirm that it is covered.

Clinical Trial

A formally constituted *clinical trial* in accordance with prevailing legislation and overseen by the Medical Research Council.

Critical Care

The Intensive Care Society provide 'Classification of Critical Care' guidance. For information visit www.ics.ac.uk

Curative Intent

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

Customary and Reasonable Cost

The level of fees that **we** deem to be a **customary and reasonable cost** are set to reflect the complexity of a **procedure**, the time and skill involved in its performance and that which is a **customary and reasonable cost** 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** consultant experience. **We** take professional advice from **our Specialist** advisers and through continuing dialogue with both the medical profession and professional **Specialist** bodies.

Day-patient

A patient who is admitted to a *hospital* or *day-patient* unit for medical reasons and because they need a period of medically supervised recovery but do not occupy a bed overnight.

Deferment Period

A period during which your Group Scheme membership is in force but no benefit is payable. Following the expiry of the deferment period, you are covered for the eligible treatment of any symptom or condition, but not if the symptom or condition arose, whether diagnosed or not, within the deferment period.

Dental Hygienist

A *Dental Hygienist* who is registered to practice with the General Dental Council.

Dentist

A *Dentist* who is registered to practice 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 purposes of this Group Scheme, diagnostic tests also include ultrasound scans.

EHIC

European Health Insurance Card or any future equivalent reciprocal health funding agreements. Please also see *GHIC* below.

Eligible Treatment

Established treatment for which the Group Scheme provides benefit, given by a provider of treatment we recognise for an acute condition which is not excluded by any personal exclusion and is within the terms and conditions of the Group Scheme.

Employee

Director, partner, proprietor, employed member of staff or other individual authorised by the *Group Scheme Holder*.

End of Life Care

Treatment which 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.

Established Treatment

Treatment that is considered to be acceptable recognised clinical practice by WPA's medical advisers and/or:

- It is approved by NICE for routine use in the NHS without restriction or it is routinely used in the NHS for this condition without restriction and
- If it involves the use of drugs, they are used within their *licensed indication* for the stage of the condition being treated. This may be either single or stipulated combination(s).

Family Member

A person covered by the *Group Scheme* who is *your* partner or who is related to the *Group Scheme Member* and lives at the same address (unless in full-time education).

GHIC

UK Global Health Insurance Card.

GMC

General Medical Council.

GΡ

General Practitioner holding a current licence to practice whose name appears on the *GMC* General Practitioner Register.

References to GP include, where applicable, the WPA GP Service Provider.

Group Scheme

The *Group Scheme* is the contract of insurance between the *Group Scheme Holder* and WPA as the insurer as set out in the terms and conditions contained in this *Guide*, the *Certificate of Registration*, the *Benefit Schedule* and where applicable any other endorsement or memorandum issued by WPA.

Group Scheme Holder

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

Group Scheme Member

Any eligible individual actively involved in the business of the *Group Scheme Holder* as an *employee* or *retiree* and registered on the *Group Scheme*.

Group Scheme Member's Address

The *UK* address *you* provided to *us*. If *you* have one or more addresses, *you* should provide *us* with *your* usual residence where *you* and *your family member(s)* live for at least six months of the year. The *Group Scheme Member's Address* and the address *you* register with *your GP* must be the same.

Group Scheme Year

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

Guide

This **Group Scheme** document.

HCPC

Health and Care Professions Council.

Histologically/Genetically Distinct

Every *cancer* has a unique "footprint" that can be identified by examining tumour cells in the laboratory. One method is histology which is the microscopic study of tissues and cells.

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; or

- An NHS hospital in the UK which is registered in accordance with United Kingdom legislation which is not a nursing home which provides convalescence or geriatric care:
- Or overseas is locally recognised.

Indication(s)

Authorised therapeutic use affirmed by the appropriate licensing authorities based upon the evidence-based submission for efficacy at product license application.

For malignant conditions, the specific type of *cancer* and stage of the disease need to be stipulated.

In-patient

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

Licensed

Any drug, medical and surgical appliance must be *licensed* for use in the *UK*.

Long-term Condition

A long-term (chronic) condition is a symptom, disease, illness, or injury that has one or more of the following characteristics:

- It needs on-going or long-term monitoring or management through consultations, examinations, check-ups, and/or tests;
- It needs on-going 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.

Major Fluctuation

A change in membership (by the addition or removal of *Group Scheme Members*) of the *Group Scheme* of more than 12.5%. A *major fluctuation* may occur at any point during the *Group Scheme Year*.

NHS

National Health Service.

NICE

National Institute for Health & Care Excellence (or the equivalent of *NICE* in England and Wales).

Non-established Treatment or Experimental Treatment

Which is any treatment:

- That **NICE** does not recognise; or
- Which makes use of a drug outside of its licensed indication for the stage of the condition being treated; or
- Is any form of clinical trial whether formally constituted or not.
- Your Group Scheme does not cover non-established treatment or experimental treatment.

Nurse

A qualified *Nurse* who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

Oncologist

Oncology is the *Specialist treatment* of *cancer*, which includes radiotherapy and chemotherapy. *We* provide *benefit* for Consultant *Oncologists*. Best Clinical Practice requires that *your* Consultant *Oncologist* will form part of a Multi-Disciplinary Team overseeing *your cancer treatment*.

Option

A benefit available to enhance your Group Scheme membership. Please check your Certificate of Registration to see if this Option has been chosen by the Group Scheme Holder.

Oral Cancer

The diagnosis of *cancer* of the lips, tongue, major salivary glands, gums or from the pharynx down to the top of the oesophagus.

Out-patient

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

Personal Exclusion(s)

Specific term(s) that we may, in our discretion, apply to your Group Scheme membership based on either your lifestyle, your medical history or your family's medical history. These will be applied either when you take out your Group Scheme membership or on

transfer and will appear on your Certificate of Registration. You will see your joining terms outlined in the personal exclusions section on your Certificate of Registration.

We reserve the right to cancel or add retrospective personal exclusions to your Group Scheme membership if we become aware of information you did not provide on your medical declaration

Procedure

A *procedure* that includes any of the following:

- Making an incision to gain access to the inside of a patient's body;
- Using an instrument (such as an endoscope) to gain access to and view the inside of a patient's body;
- Using electromagnetic energy to treat a condition, e.g. lithotripsy to treat kidney stones.
 Note: these procedures are classified by CCSD Codes.

Qualifying Period

A period during which *your Group Scheme* membership is in force but no *benefit* is payable.

Remission of Cancer

A clinical state in which there is no objective evidence of *cancer*.

Renewal Date

12 months following the start of the *Group Scheme* as shown on the *Certificate of Registration*.

Retiree

An individual who was an *employee* who has since retired but is authorised by the *Group Scheme Holder* to continue as a *Group Scheme Member*.

Risk Profile

WPA's estimate of the likely risk as calculated when offering terms or renewal terms.

Session

A maximum of one per day in a series of short daily *treatments*, e.g. physiotherapy or radiotherapy.

Specialist

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.

Targeted Cancer Therapies (TCTs)

These are drugs or other substances that block the growth and spread of *cancer* by interfering with specific molecules ("molecular targets") that are involved in the growth, progression and spread of *cancer*.

Targeted Therapies

These are drugs or other substances that interfere with specific molecules ("molecular targets") that are involved in the growth of rapidly dividing cells. Although such cells are always a feature of malignant processes, they are also involved in some benign inflammatory conditions of the joints, the bowel, the nervous system and the skin, where targeted therapies are increasingly being used for treatment.

Therapist

A *treatment* provider fully registered with the appropriate professional body.

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

When reading this *Guide* references to the *UK* include England, Wales, Scotland, Northern Ireland and where applicable equivalent services or guidance in the Crown Dependencies of the Channel Islands and the Isle of Man.

Us/We/Our

Western Provident Association (WPA) Limited Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE and any other company within the WPA Group.

WPA EAP Provider

The third party who provide the Employee Assistance Programme subject to their terms and conditions which may be amended from time to time.

We reserve the right to change the EAP provider at any time without prior notice.

WPA GP Service Provider

The third party who provides remote *GP* Services subject to their terms and conditions which may be amended from time to time.

We reserve the right to change the Remote GP Service provider without prior notice.

WPA Worldwide Coordination Centre

The 24 hour service which *you* must contact in order to make an Overseas Emergency *Treatment claim*.

You/Your

The person (*Group Scheme Member*) named on the *Certificate of Registration* and any registered *family member(s)*.

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Our standards are high

WPA is unique amongst UK insurers in achieving four highly regarded and internationally recognised standards across our company. These standards reflect our service excellence provided to our customers, whether big global employers, medium sized businesses or the many thousands of UK individuals and families. We are independently audited by BSI and have been certified to:

Quality Management: ISO 9001:2015

The Standard for Quality Management systems placing emphasis on achieving customer satisfaction and continual improvement.

Business Continuity Management: ISO 22301:2012

A management system to restore our ability to supply critical services to an agreed level following a disruption to service.

Environmental Management: ISO 14001:2015

The Standard for Environmental Management systems – one of the highest benchmarks in environmental management and best practice.

Information Security Management: ISO 27001:2013

The benchmark for protecting valuable and sensitive customer information.











Western Provident Association Limited

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