

Private Medical Insurance

Insurance Product Information Document

Product: The Multi-Family Healthcare Plan – Comprehensive Cover

Effective from: 01/10/2018

Company: Western Provident Association Limited

Head Office & Registered Office: Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE.

Registered in England and Wales No. 475557. VAT No. 567 6817 88. WPA is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Registration No. 202608.

WPA

The Insurance Product Information Document only provides a summary of the main insurance cover and exclusions. It is not personalised to you.

To assist your choice full terms and conditions for The Multi-Family Healthcare Plan policy can be found in 'A Guide to Your Policy' and Benefit Schedule. WPA's policy documents explain your and our respective rights and obligations; the benefit options chosen and any applicable personal exclusions.

What is this type of insurance?

This is a private medical insurance policy which provides cover for acute conditions that arise after you join the policy, whilst your policy remains in force and subject to available benefits and exclusions.



What is insured?

In-patient and Day-patient Treatment

- ✓ Hospital Treatment
- ✓ Critical Care Levels 2 and 3
- ✓ Specialists' Fees
- ✓ Diagnostic Tests
- ✓ Complex Diagnostic Scans
- ✓ Therapy
- ✓ Post-operative Consultation and Tests
- ✓ Prostheses: Passive and Active

Out-patient Treatment and Therapy

- ✓ Consultations with a Specialist and Diagnostic Tests
- ✓ GP Referred Diagnostic Tests
- ✓ Therapy
- ✓ GP Referred Therapy – 10 sessions
- ✓ Complex Diagnostic Scans
- ✓ GP Referred Complex Diagnostic Scans
- ✓ Out-patient Procedures
- ✓ Pre-admission Tests

Cancer Care

- ✓ Consultations with a Specialist
- ✓ Radiotherapy/Chemotherapy
- ✓ Targeted/Biological Therapies – Advanced anti-cancer treatment (Targeted/Biological Therapies) will be funded when given with curative intent, where not readily available on the NHS

NHS Hospital Cash Benefit

- ✓ Non-cancer (an overall combined maximum annual benefit limit of £4,500 applies)
 - NHS In-patient (less than 3 nights) or NHS Day-patient – £150 per night/day
 - NHS In-patient (3 or more nights) – £200 per night
 - NHS Out-patient Complex Diagnostic Scans and NHS Out-patient Procedures – £150 per day
- ✓ Cancer (an overall combined maximum annual benefit limit of £6,000 applies)
 - NHS In-patient or NHS Day-patient – £200 per night/day
 - NHS Out-patient Complex Diagnostic Scans or NHS Out-patient Cancer Treatment or NHS Out-patient Procedures – £150 per day

Further Benefits

- ✓ Nursing at Home – 4 weeks
- ✓ Private Ambulance Transport
- ✓ Parent and Child – Up to 10 nights for hospital accommodation charges
- ✓ Out of Pocket Expenses – £10 per day



What is insured? continued

Further Benefits continued

- ✓ Hospice Donation – £70 per day/night up to £700
- ✓ Dental Treatment – £450
- ✓ Health Screening – £200
- ✓ Optical Treatment – £200
- ✓ Overseas Emergency Treatment (not USA and its dependencies) – 70 days per trip, maximum 180 days and up to £500,000

Optional Extra (to enhance the policy)

- **Premium Hospitals** – extend the choice of 600 hospitals by adding Premium Hospitals, primarily based in Central London



What is not insured?

- ✗ Any medical condition(s) you have when you take out the policy ("pre-existing conditions")
- ✗ Any medical conditions/symptoms that arise in the first 14 days of your policy ("14 day deferment period conditions")
Depending on what information you tell us before the policy commences or during its first 14 days, we may agree to insure pre-existing conditions and/or 14 day deferment period conditions
- ✗ Any long term or chronic illnesses or conditions that lead to long term monitoring and management
- ✗ Dental problems unless included under the Dental Treatment benefit
- ✗ Targeted/Biological Therapies if readily available on the NHS under the Cancer Care benefit
- ✗ Problems with conceiving or having a baby (fertility, pregnancy, childbirth and neonatal)
- ✗ Psychiatric conditions
- ✗ HIV/AIDS
- ✗ Cosmetic Surgery
- ✗ Care and/or treatment arising from or related to taking part in winter sports of any kind or any accident or injury that occurs whilst on a winter sports holiday and whilst staying in a winter sports resort
- ✗ Any sport or activity which we have not authorised in advance and: (1) involves hazardous surroundings or equipment (e.g. scuba diving or motor sports) and/or (2) requires a disclaimer prior to participation
- ✗ Treatment outside the UK except where the Overseas Emergency Treatment benefit applies but in no event do we insure: (1) treatment in the USA or its dependencies (2) conditions that require treatment in the UK when you travel abroad or for which you have undergone treatment for in the 6 months prior to travel



Are there any restrictions on cover?

- ! In order to remain on the policy there must continue to be at least 2 primary contacts covered at all times
- ! WPA only reimburses medical treatment costs to a level it considers to be customary and reasonable
- ! The value of claims we pay may be restricted or limited including a maximum amount per person per policy year
- ! For at least 6 months you must have been a resident of the UK and registered with an NHS GP
- ! Cancers diagnosed or for which symptoms or signs develop within the first 90 days of the policy. Depending on what information you provide before the policy commences or during its first 90 days, we may agree to insure treatment for such cancer(s)
- ! Varicose vein problems within the first two years unless agreed by us in advance



Where am I covered?

- ✓ United Kingdom
- ✓ Outside the UK for emergency treatment (excluding USA and its dependencies)



What are my obligations?

- If you need to make a claim you must seek pre-authorisation from WPA before incurring any costs
- You must give honest, accurate and complete answers to any questions we ask
- If anything changes between the time you apply to join and the start date you must inform us
- You must tell us if any of your personal details change
- You must ensure that your premium is paid to us when it is due



When and how do I pay?

You may choose to pay your premium monthly or annually by direct debit, debit card or credit card



When does the cover start and end?

The policy is an annual contract and cover will start from when we accept you as a customer and will end on the anniversary date 12 months later. The policy renews automatically and payment will be taken unless you contact us to cancel



How do I cancel the contract?

At any time by telephone or e-mail direct to WPA or through your intermediary

If you choose to cancel your policy after 30 days (or alternatively if we decide to cancel your policy) then you may be entitled to a refund. No premium is refundable if you have made a claim.

Where the premium is paid in full in advance then you will be entitled to a pro-rata refund of the premium paid calculated from the date you or we cancelled the policy to the end of the policy year. Where the premium is paid by monthly instalments you are not entitled to a refund

