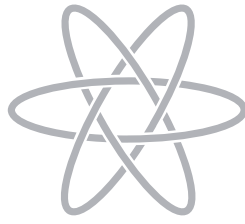


# Complete Health



Personal and family health insurance  
designed for today's lifestyle



# Complete Health



# What is health insurance

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

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

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

Some health insurers limit where, when and who can treat you. We believe that's wrong. It's your health, so you should be in control.

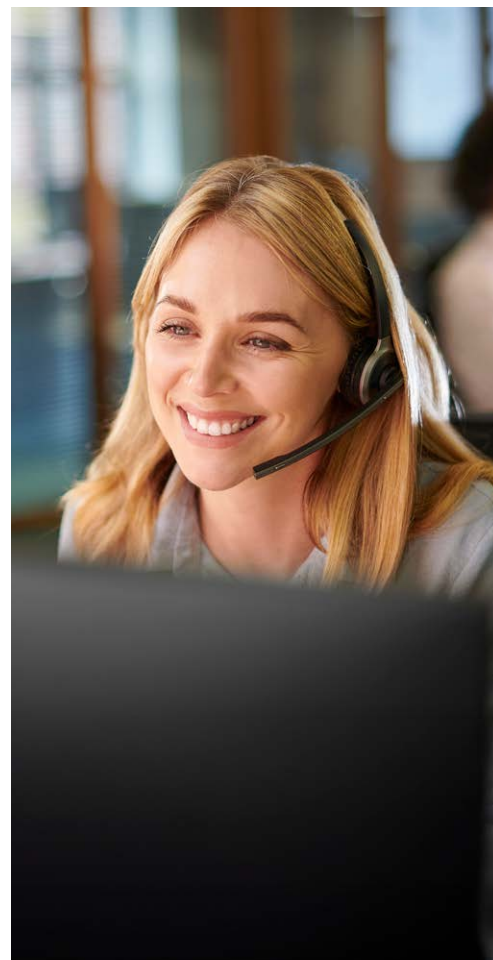
## Why choose WPA?

WPA is a specialist UK not-for-profit health insurer, with a heritage of over 125 years, offering award-winning health insurance solutions for individuals, families and companies of all sizes.

When you buy insurance, you expect your provider to be there for you, to help you make the most of your benefits and guide you through the process of making a claim. We're proud of our long-held reputation for customer service excellence. We work hard to earn, and retain, the trust of our members, and we're thrilled to be consistently ranked top in independent surveys of customers.

## **trusted**

- We've topped both the Fairer Finance PMI index<sup>1</sup> and the Which? Best Private Health Insurance Survey<sup>2</sup>
- Our customers continue to rate us as 'Excellent' on Trustpilot.



<sup>1</sup> [Fairer Finance Trust in Insurance Index \(Spring 2025\)](#)

<sup>2</sup> [Which? Best Private Health Insurance Survey \(July 2025\)](#)

# Responsive, reliable and caring

What sets us apart is our promise to be there for our members, to provide you with the quality of service we would expect for ourselves and our families.

## Customer care

### We focus on the service we provide

- ✓ Calls answered in less than two minutes, on average
- ✓ 97% of claims authorised
- ✓ The top-rated health insurer in the 2025 Which? Best Private Health Insurance Survey (both in the Claims and Customer Service scores)

Data correct as at 31.12.25

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

## Rated highly by our members

### We are currently rated ‘Excellent’ on Trustpilot

We regularly invite feedback from our members

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

Rated ‘Excellent’ as at 01.03.26

 Trustpilot



“ You are all so lovely at WPA, I recommend you to everyone... You're all so helpful ”

## Internationally recognised standards

### We are independently audited by BSI and certified to

Quality Management (ISO 9001)

Business Continuity Management (ISO 22301)

Environmental Management (ISO 14001)

Information Security Management (ISO 27001)



FS 28452



BCMS 538164



EMS 505226



IS 553152

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

# Award-winning

- Private Healthcare Provider of the Year ([moneyfactscompare.co.uk](https://moneyfactscompare.co.uk)).
- Best Private Medical Insurance Provider (Moneyfacts Investment, Life & Pensions awards).

**WINNER**



**Moneyfacts  
compare.co.uk**

**Awards 2026**

**Private Healthcare  
Provider of the Year**



**Best Private Medical  
Insurance Provider**



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# Complete Health

A tailored and flexible product  
for individuals and families

## 5 Star rated cover

Complete Health is an excellent product with a comprehensive range of features and benefits. Defaqto is one of the UK's most trusted sources of financial product and market intelligence.



# Six steps to setting up your cover

6

**Manage your membership**  
with WPA Health  
and My WPA

1

**Understand the core benefits**  
included in  
your policy

5

**Select your underwriting method**  
and apply to join

2

**Choose to enhance your cover**  
with Optional Extras

4

**Tailor your premium**  
with an optional  
excess level

3

**Understand your pricing type**  
No Claims Discount  
explained







# What this policy covers

## Core Benefits included in every policy

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

- ✔ **Out-patient Treatment**  
A range of out-patient treatment
- ✔ **Hospital Treatment**  
In-patient and day-patient treatment
- ✔ **NHS Hospital Cash Benefit**  
Cash benefit for NHS day-patient, in-patient and out-patient treatment
- ✔ **Fast Track Pathways**  
Skin Support and Cancer Diagnosis
- ✔ **Health and Wellbeing Benefits**  
A range of health and wellbeing benefits
- ✔ **Further Benefits**

➤ *See page 8 for details of the core benefits*

## Optional Extras choose to enhance your cover

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

- [ ] **Cancer Care**  
➤ *See page 11*
- [ ] **Extra Out-patient Consultations**  
➤ *See page 12*
- [ ] **Out-patient Diagnostic Tests**  
➤ *See page 12*
- [ ] **Therapy (including Fast Track Physiotherapy Pathway)**  
➤ *See page 12*
- [ ] **Mental Health Treatment**  
➤ *See page 13*
- [ ] **Overseas Emergency Treatment**  
➤ *See page 14*
- [ ] **Cash Extras**  
➤ *See page 14*
- [ ] **Dental Care (Dental Emergencies & Dental Injuries)**  
➤ *See page 14*
- [ ] **Premium Hospitals**  
➤ *See page 14*



# Core Benefits included in every policy



## Out-patient Treatment

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

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

- ✓ **£250 Consultations** – enhance with the Extra Out-patient Consultations Optional Extra
- ✓ **Complex Scans (including GP referred)**
- ✓ **Out-patient Procedures**
- ✓ **Pre-admission Tests**

Add the Out-patient Diagnostic Tests Optional Extra to further enhance your out-patient treatment benefit.

➤ [See page 12](#)



## Hospital Treatment

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

- ✓ **Hospital Treatment (including Critical Care Levels 2 and 3)**
- ✓ **Drugs and Dressings**
- ✓ **Specialist Fees**
- ✓ **Diagnostic Tests**
- ✓ **Complex Scans** – MRI, CT and PET
- ✓ **In-patient and Day-patient Therapy**
- ✓ **Post-operative Consultation and Tests** – one follow up within 90 days of surgery
- ✓ **Prostheses**



## NHS Hospital Cash Benefit (non-cancer)

If you choose to be treated in an NHS hospital instead of as a private patient, you may claim a cash benefit.

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

- ✓ **NHS day-patient/in-patient (less than three nights)** £150 per day/night
- ✓ **NHS in-patient (three or more nights)** £200 per night
- ✓ **NHS out-patient complex scans and NHS out-patient procedures** £150 per day



## Fast Track Pathways

- ✔ **Fast Track Physiotherapy**  
Up to five face to face or remote physiotherapy sessions, subject to inclusion of the Therapy Optional Extra.  
➤ [See page 16](#)
- ✔ **Fast Track Skin Support**  
Unlimited use of a virtual dermatology service for skin concerns.  
➤ [See page 16](#)
- ✔ **Fast Track Cancer Diagnosis**
  - ✔ Consultations and second opinions (benefit is taken from your out-patient treatment £250 consultations limit which you can enhance with the Extra Out-patient Consultations Optional Extra).
  - ✔ Unlimited benefit for complex scans and biopsies to reach a diagnosis.
  - ⓘ Diagnostic tests are only covered if you add the Out-patient Diagnostic Tests Optional Extra.  
➤ [See page 16](#)

## Further Benefits

The following additional benefits are included with every policy:

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



## Health and Wellbeing Benefits

- ✔ **Remote GP Services**
  - ✔ Virtual GP Helpline
  - ✔ Video Consultations
  - ✔ Issuing of Private Prescriptions (prescription charge not included)
  - ✔ Specialist Referral
- ✔ **Health & Wellbeing Helpline**
  - ✔ Wellbeing and Health Information
  - ✔ Single-session Telephone Counselling
  - ✔ Online computerised Cognitive Behaviour Therapy (cCBT) Life Skills Course
  - ✔ Debt and Money Information and Support
  - ✔ Legal Information
  - ✔ Manager Support

*To use this benefit, you must be aged 16 or over.*

- ✔ **Structured Counselling (brief therapy)**  
Where clinically appropriate, following referral from the Health & Wellbeing Helpline, up to six sessions of Structured Counselling using a short-term counselling model (also known as solution-focused counselling).

*To use this benefit, you must be aged 16 or over.*

- ⓘ You can enhance this benefit by adding the Structured Counselling (Extended Therapy) Optional Extra.

➤ [See page 17](#)



# Optional Extras

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

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





# Cancer Care



We recognise that cancer care is an important consideration when buying a private healthcare policy. If you get cancer, we will support you with easy and prompt access to a diagnosis, followed by full and comprehensive cover for medical treatment.



## [ ] Cancer Care

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

- ✔ **No financial caps**  
Benefit for all tests and treatments, from initial diagnosis through to palliative treatment.
- ✔ **Unlimited follow-up care**  
No time limit to our support for follow-up scans and consultations.
- ✔ **Personalised support**  
All cancer claims are overseen by our team of specially trained Case Managers and our Medical Advisors.
- ✔ **Tests, treatment and surgery**
- ✔ **Radiotherapy/Chemotherapy**
- ✔ **Targeted Cancer Therapies (TCTs)\***
- ✔ **Advanced Therapy Medicinal Products (ATMPs)\***  
Where the ATMP used appears on our Approved ATMP List and it is used within its licensed indication.
- ✔ **NHS Hospital Cash Benefit (cancer)**  
An annual benefit limit of £6,000 applies to the following benefits:
  - ✔ Day-patient/in-patient – £200 per day/night
  - ✔ Out-patient treatment – £150 per day

\* Please see page 19 for important information which applies to these two benefits if you are aged 66 and over when you join.



# Enhancing your out-patient benefits



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



## [ ] Extra Out-patient Consultations

Increase the £250 core benefit to:

**£500, £1,000 or unlimited.**

- Remember, this benefit will also increase your consultations benefit available under the Fast Track Cancer Diagnosis Pathway.



## [ ] Out-patient Diagnostic Tests

Adds benefit for tests such as blood tests, x-rays and ultrasound scans. Choose from:

**£500, £750, £1,000, £1,500 or unlimited.**

- Remember, this benefit also gives you access to diagnostic tests under the Fast Track Cancer Diagnosis Pathway.



## [ ] Therapy

A range of therapy treatment including physiotherapy, chiropractic, homeopathy and acupuncture is available with a choice of benefit limits:

**£500, £750, £1,000, £1,500 or unlimited.**

- Remember, this benefit also gives you access to self-referred physiotherapy under the Fast Track Physiotherapy Pathway. Using the Pathway does not require a referral and will not be deducted from the therapy annual benefit limit, have any excess applied or impact on the No Claims Discount.



# Mental Health Care



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



## Core Benefits

We recognise the importance of mental health.

Within your core benefits, your policy provides support in the following ways:

- ✓ Access to a 24/7 health & wellbeing telephone helpline.
- ✓ A wealth of information in our health & wellbeing hub – available online or through our app.
- ✓ Based on clinical assessment, a brief course of structured counselling (up to six sessions).



## [ ] Mental Health Treatment Optional Extras

### [ ] Structured Counselling (Extended Therapy)

Allowing for the treatment of more complex health conditions (up to 20 sessions).

*To use this benefit, you must be aged 16 or over.*

### [ ] Out-patient Treatment and Therapy

Choose from:  
**£1,000** or **£2,500**.

### [ ] Mental Health Hospital Treatment

Up to 28 days/nights.

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



# Further Optional Extras



## [ ] Overseas Emergency Treatment

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

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



## [ ] Cash Extras

Choose from two levels of cover:

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



## [ ] Dental Care

### Dental Emergencies

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

### Dental Injuries

£20,000.

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



## [ ] Premium Hospitals

We provide an extensive choice of hospitals as standard, including large private hospital groups, independent private hospitals and clinics, and private wings of NHS hospitals.

You can extend your choice of over 1,000 hospitals, clinics and scanning centres across the UK by including the Premium Hospitals Optional Extra.

The following hospitals are only included, if you choose to add this Optional Extra.

For the most up-to-date list please visit: [wpa.org.uk/premiumhospitals](http://wpa.org.uk/premiumhospitals)

- |  |  |
|--|--|
| BUPA Cromwell Hospital<br>30 Devonshire Street | London Bridge Hospital at<br>Guy's and St. Thomas'         |
| Harley Street at Queen's<br>(Romford, Essex)   | London Clinic  |
| Harley Street at UCH                           | Portland Hospital  |
| Harley Street Clinic                           | Princess Grace Hospital                                    |
| Kingston Hospital (Surrey)                     | Royal Marsden Hospital<br>(London and Surrey)              |
| Lister Hospital                                | The National Hospital<br>for Neurology and<br>Neurosurgery |
| LOC at Chelsea<br>(Sydney Street)              | University College London                                  |
| LOC – Leaders in<br>Oncology Care              | Wellington Hospital  |
| London Bridge Hospital                         |  |

These hospitals are primarily located in and around London. As specialist centres (e.g. for cancer treatment) many patients are referred to these sites for treatment regardless of where they live. In addition, certain specialists only work out of these hospitals.

Please note that any treatment (including scans, tests, procedures etc.) recommended by your Specialist at a Premium Hospital, will not be covered unless this Optional Extra is selected.

# Making the most of your membership



## Member offers

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

### Offers include

- ✓ Gym memberships
- ✓ Optical and hearing aids
- ✓ Health screening and assessments
- ✓ Fitness devices
- ✓ Meal subscription boxes

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



## Health & Wellbeing Hub

The hub provides access to a variety of useful and valuable health related information. Designed to offer support and guidance, there are many videos and a range of supporting documentation covering a wealth of different topics.



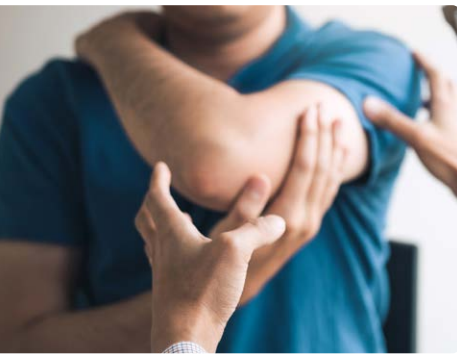
Visit: [wpa.org.uk/health-wellbeing](https://wpa.org.uk/health-wellbeing)



# We offer support in a variety of ways

## Fast Track Pathways

Fast Track Pathway benefits are **available without the need for a GP referral**, to put you on the road to a quick recovery. If you need physiotherapy, have any skin concerns, or have any symptoms of breast, prostate or skin cancer, acting fast can ease your worry.



### =fast track physiotherapy

A niggling knee, a stiff neck, shoulder pain, backache... it's easy to ignore these until they become bigger problems. Fast Track Physiotherapy provides **quick access to expert care** – helping recovery, mobility, and prevention of long-term issues.

To use this Pathway, you must be aged 16 or over and the Therapy Optional Extra must be included (although costs will not be deducted from the Therapy benefit limit, see page 12). This benefit does not have any excess applied, or impact on your No Claims Discount.

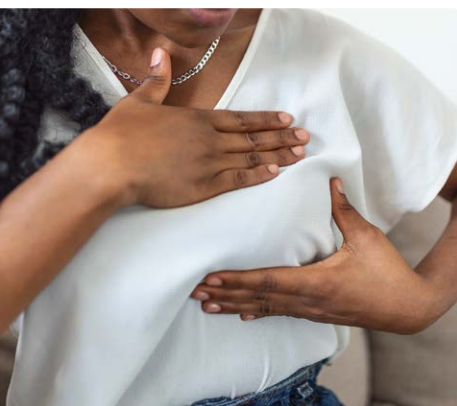


### =fast track skin support

**The first step in gaining support or advice for a skin condition**, or for concerns regarding a mole or lesion. Fast Track Skin Support is web-based – simply upload images of the affected area and a Consultant Dermatologist will review and respond with a personalised assessment, if needed. This is the quickest way to answer any skin concerns.

There is no overall annual benefit limit nor is there a maximum number of times you can use the service. Your No Claims Discount is not impacted and there is no excess to pay when using this Fast Track pathway.

This benefit is available to all family members on cover with no age limit.



### =fast track cancer diagnosis

If you have any symptoms of breast, prostate or skin cancer, acting fast can ease your worry. Fast Track Cancer Diagnosis gives access to expert care – helping **gain a diagnosis, or simply reassurance** if the concern turns out to be nothing to worry about.

Age restrictions to use the Pathway: Breast cancer diagnosis (18 or over); Prostate cancer diagnosis (40 or over); Skin cancer diagnosis (18 or over).

Using this service will impact your No Claims Discount and any excess will apply. Costs will also be deducted from the relevant benefit limit on your policy.

All Pathways are provided through third party providers and are subject to each provider's terms and conditions which may be amended at any time. WPA is not responsible for the services or treatment provided by the third party providers.

## Member Support Services

There are times when we could all benefit from some extra help or advice, and the convenience of having access to support from the comfort of our own home is invaluable. That's why our Complete Health policy includes a range of support benefits – available at a time and a place of your choosing.



### Remote GP Services

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

➤ [See page 9](#)



### Mental Health Support

If you are affected by a mental health condition, it is important you feel supported. We can help with early intervention to treatment for complex conditions. More information and support is also available at [mind.org.uk](http://mind.org.uk)

➤ [See page 13](#)



### Health & Wellbeing Helpline – 24/7 support

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

*To use this benefit, you must be aged 16 or over.*

➤ [See page 9](#)

### Structured Counselling

If the Health & Wellbeing Helpline considers it appropriate, you can be referred for structured counselling. Brief (solution-focused) counselling is available up to a limited number of sessions, with the option to add extended therapy to your policy to enhance your cover.

The Structured Counselling benefits will not have any general or personal exclusions applied. However, there may be occasions when different, or more specialist, therapy is needed and the counsellor that completes the assessment will help consider options.

*To use these benefits, you must be aged 16 or over.*

➤ [See pages 9 and 13](#)

**Complete Health** 

Important information to help  
you tailor your policy

# Choices to make before you join

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



## Who can buy this policy

To join, you must have lived in the UK and been registered with an NHS GP for at least six months.

To remain on the policy, you must reside in the UK for at least six months of the year and remain registered with an NHS GP.

## Are you aged 66 and over?

When you join, the following will apply:

- You must take a minimum excess of £500.  
[▶ See page 21](#)
- You will need to join on a Full Medical Underwriting (FMU) basis.  
[▶ See page 22](#)
- If choosing the **Cancer Care Optional Extra**, Targeted Cancer Therapy drugs and Advanced Therapy Medicinal Products (ATMPs) will only be covered if they are not available on the NHS.

## How your policy is priced

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

### Other factors will include:

- Your position on the No Claims Discount ladder.  
[▶ See page 20](#)
- Your level of excess.  
[▶ See page 21](#)
- Your selection of benefit limits and Optional Extras.



# No Claims Discount

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

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

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

Level	Discount
15	73%
14	70%
13	67%
12	64%
11	61%
10	58%
9	54%
8	50%
7	45%
6	40%
5	35%
4	28%
3	21%
2	15%
1	6%
0	0%

## What won't affect your No Claims Discount

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

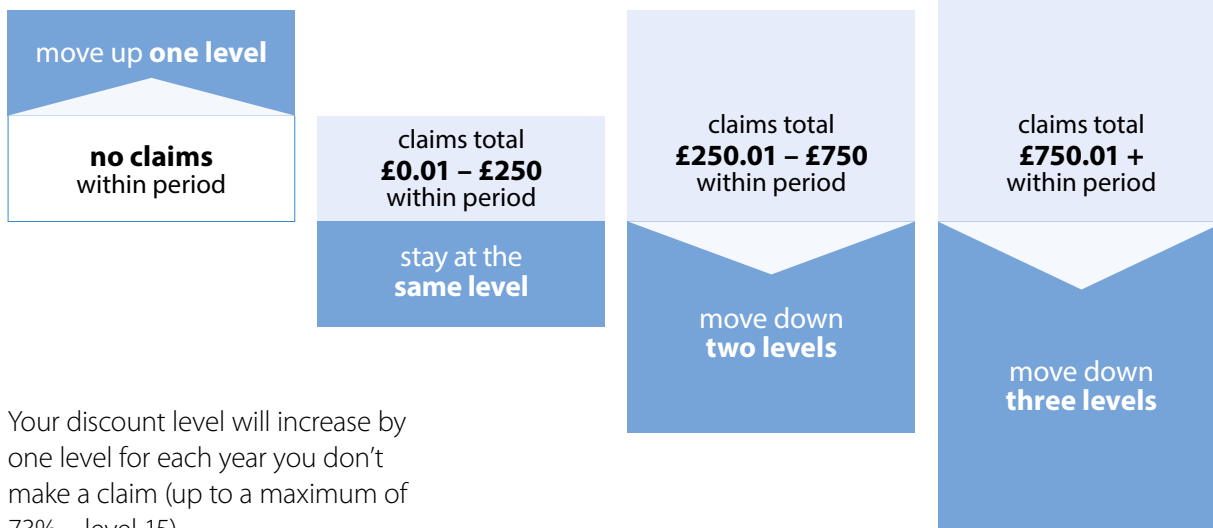
- Health and Wellbeing benefits (excluding the Extended Therapy Structured Counselling benefit);
- NHS Hospital Cash Benefit;
- Fast Track Skin Support Pathway;
- Fast Track Physiotherapy Pathway (part of the Therapy Optional Extra);
- Hospice Donation;
- Cash Extras Optional Extra; and
- Dental Emergencies (part of the Dental Care Optional Extra).

In addition, any excess amount that you have paid will not affect your No Claims Discount.


## How claiming affects your No Claims Discount

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

During your first year, claims in excess of £250 which are approved for payment within the first nine months will affect your No Claims Discount. In future years, the period will typically run from the last three months of your previous policy year and the first nine months of your current policy year.



Your discount level will increase by one level for each year you don't make a claim (up to a maximum of 73% – level 15).

 For our **videos** please visit: [wpa.org.uk/completehealth](http://wpa.org.uk/completehealth)



# Excess

## How does it work?

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

You can choose different excess levels per family member – these are then applied per person, per policy year and not per claim.

Choosing to include an excess makes your insurance premiums cheaper, as you'll be paying some of the claim costs yourself.

Make sure you choose an excess that's within budget as if you need to make a claim, having an excess is only worth doing if you can afford to pay it.

## Example

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

£0

£100

**£250**

£500

Order of treatment	Claimed amount	You pay	WPA pay
Specialist consultation	£200	£200	£0
Physiotherapy	£150	£50	£100
<b>You have now reached your excess level</b>			
Osteopathy	£150	£0	£150
<b>Total</b>	<b>£500</b>	<b>£250</b>	<b>£250</b>

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



## Key note

### What benefits don't apply to an excess

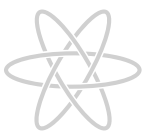
You do not have to pay your excess on the following benefits:

- Structured Counselling benefits;
- NHS Hospital Cash Benefit;
- Fast Track Skin Support Pathway;
- Out of Pocket Expenses;
- Hospice Donation;
- Fast Track Physiotherapy Pathway (part of the Therapy Optional Extra);
- Wigs (part of the Cancer Care Optional Extra);
- Cash Extras Optional Extra; and
- Dental Emergencies (part of the Dental Care Optional Extra).



For our **video** please visit: [wpa.org.uk/completehealth](http://wpa.org.uk/completehealth)





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

# Underwriting explained

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

Are you currently insured? **Yes**

**No**

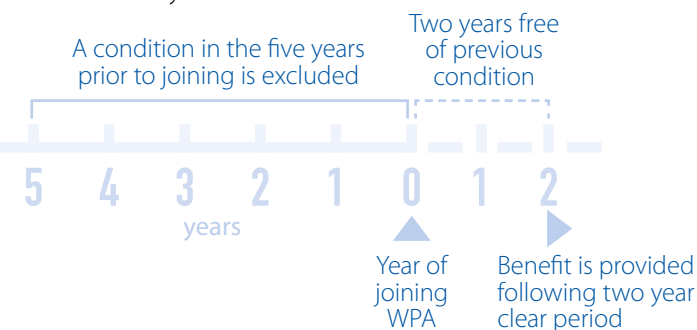
## Moratorium Underwriting

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

You do not have to provide medical history details on your application. We may request further information to assess the eligibility of a claim. Where we request further information, we will be unable to confirm any authorisation of your claim and any treatment until this is received.

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

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



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

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

## Full Medical Underwriting (FMU)

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

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

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

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

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



## Key note

### Your chosen underwriting option

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

Each underwriting option is explained in more detail below.

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

#### Switch/Continued Moratorium

My current underwriting is  
Moratorium/Continued Moratorium

#### Switch/Continued Personal Medical Exclusions (CPME)

My current underwriting is FMU/CPME

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

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

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

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

A member can transfer from another insurer under a 'Continued Personal Medical Exclusions' (CPME) basis, provided you have completed Full Medical Underwriting (FMU) and have maintained continuous insurance cover on an FMU or CPME basis since then.

We will carry over any personal exclusions from your current insurance plan. Sometimes, we may need to add extra personal exclusions based on information requested during the application process.



For our **videos** please visit:

[wpa.org.uk/help/what-is-underwriting](http://wpa.org.uk/help/what-is-underwriting)



# It's easy to manage your membership

## WPA Health and My WPA

WPA invests in technology, with the sole aim of making the customer experience as seamless as possible. Our app, WPA Health, is available on iOS and Android and has been designed for the convenience of our members. It provides easy access to manage your membership, as well as pre-authorise new claims 24/7 with just a few simple questions.

### Features include

- ✓ Submit your claim and get an instant response
- ✓ Track your submitted claims and remaining benefit limits
- ✓ Search for a healthcare provider in your area
- ✓ Send and receive secure messages
- ✓ View your WPA membership documents
- ✓ Book a remote GP appointment
- ✓ Explore our health & wellbeing resource library
- ✓ Access your WPA member offers



To view the app in action please visit: [wpa.org.uk/help/wpa-health-app](https://wpa.org.uk/help/wpa-health-app)



# An overview of the terms and conditions

The Policy will be governed by the terms and conditions outlined in 'A Guide to your Policy'. A summary of some of the key terms and conditions is outlined on the following pages (26-28).

## Joining terms

### Where can I find the full terms and conditions?

There is some important information we need to draw to your attention so that you can make an informed decision that best matches your needs.

Full terms and conditions are contained in 'A Guide to Your Policy' which is available on request.

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

### What is a pre-existing condition?

Depending on your choice of underwriting, pre-existing conditions may not be covered. Pre-existing conditions are defined as any condition, disease, illness or injury whether symptomatic or not. This includes:

- Anything for which you have received medication, advice or treatment; or
- Where you have experienced symptoms, whether the condition has been diagnosed or not, before the start of your cover; or
- Any symptom(s) or condition(s), whether diagnosed or not, which occur in the first 14 days of cover, unless agreed and accepted in writing by us in advance.

### Can I claim straight away?

WPA's individual health insurance policies have a deferment period. A deferment period is a period during which your policy is in force but no benefit is payable. Following the end of a deferment period, you are covered for the eligible treatment of any symptom or condition. Although, if the symptom or condition arose, whether diagnosed or not, within the deferment period these conditions will not be covered.

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

If your current health insurance has an equivalent level of cover we may be able to waive the 14 day deferment period, providing there is no break in insurance, but only if confirmed by us in writing to you.

Deferment periods do not apply to the Cash Extras benefits.

We may request further information to assess the eligibility of a claim. Where we request further information, we will be unable to confirm any authorisation of the claim and any treatment until this is received.

### Upgrading your cover

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

## What's not covered

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

- ✘ Any long-term monitoring, management or treatment of incurable, prolonged or lifelong condition(s) (chronic conditions).
- ✘ Dental problems (except limited benefit if the Dental Care Optional Extra and/or Cash Extras Optional Extra has been included).
- ✘ Pregnancy, fertility issues and fertility treatment, contraception, sterilisation, vasectomy and childbirth.
- ✘ Cosmetic/aesthetic treatment unless needed as a direct result of an accident or injury when this forms part of an eligible claim that we have provided benefit for.
- ✘ Allergic conditions.
- ✘ Varicose veins for the first two years from your underwriting date.
- ✘ Any condition contracted, injury sustained, or treatment required:
  - As a direct or indirect result of taking part or participating in a dangerous activity, which includes:
    - Scuba diving; or
    - Motor sports.
- ✘ When overseas on a winter sports holiday or whilst staying in a winter sports resort.
  - However, we will provide benefit towards eligible treatment in the UK, as a result of a winter sports injury/injury in a winter sports resort.

- ⊗ Treatment for unborn babies, foetuses or embryos. Any birth defect or congenital abnormality whether identified at birth, or within the first 90 days of birth, or prior to joining the policy.
- ⊗ Any claim that has not been pre-authorized.
- ⊗ Any cash benefit claims submitted more than six months after treatment took place.
- ⊗ Treatment outside the UK except where the Overseas Emergency Treatment Optional Extra is added.

#### **Overseas Emergency Treatment excludes:**

- ⊗ Travel to the USA and its dependencies.
- ⊗ Conditions (and any related conditions) that require current treatment in the UK or for which you have undergone treatment in the six months prior to travel.
- ⊗ Any treatment needed whilst overseas, for or related to an infectious disease, condition or virus which has been deemed an epidemic or pandemic by the World Health Organisation e.g. COVID-19; SARS or Zika virus.

#### **Cancer Care Optional Extra:**

- ⊗ At the point of joining, if you are aged 66 and over and have included the Cancer Care Optional Extra, we consider drugs on the NHS Cancer Drugs Fund to be available on the NHS, therefore any drugs on this fund are not available privately. We will not pay for drugs which can be prescribed by your GP.

## **Your rights**

### **How long does my policy last?**

The policy is an annual contract of insurance. We will send the policyholder renewal terms, including any changes to the policy for the forthcoming year, before the contract expires.

The policy will renew on the annual renewal date unless you cancel it.

Any changes to the policy may only be made at renewal.

### **Applicable law, jurisdiction and language**

Your policy is governed by the laws of England and Wales. The language used in the terms and conditions and any communications relating to them will be in English.

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

### **Cancelling your policy**

We are sure that you will be happy with the policy you have chosen and the benefits that it provides. However, if you change your mind and wish to cancel you may do so provided you have not made any claims and you contact us within 30 days of the issue date on your Certificate of Insurance (the notice period).

If you do not exercise the right to cancel within the notice period you may cancel at a later date but will not be entitled to a full refund of premium. You may, however, be entitled to a partial refund of premium.

If you wish to cancel your policy, you can do so by notifying our customer service department in writing at: WPA, Private Client Division, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. You can also call us on 01823 625230 or email: [pccd@wpa.org.uk](mailto:pccd@wpa.org.uk)

### **Cancelling existing insurance**

Please thoroughly check all WPA documentation before cancelling any other health insurance product or policy you may already have. It is important that you understand the WPA policy, the benefits you have chosen, and that the WPA policy meets your needs.

### **Why WPA may cancel your policy**

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

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

- Act dishonestly or fraudulently in relation to your policy and us (including without limitation as to the deployment and/or existence of any fraudulent devices or means whatsoever); or
- Recklessly or negligently mislead us, either intentionally or carelessly including giving us

incorrect information or not disclosing information that might influence whether we accept you as a WPA customer, and if so on what terms, including but not limited as to premium, or agree to pay a claim or any part of it; or

- You make or try to make a fraudulent claim under your policy; or
- You are abusive or threatening towards our staff; or
- You do not comply with the terms and conditions of your Policy.

In any of these circumstances you must return any benefit we have paid and we will not refund any part of the premium. The policy will automatically be void or terminated and no claims will be paid if:

- You fail to pay any part of the premium when due; or
- You leave the UK to live elsewhere for over six months or you live outside the UK for more than six months in any year.

## Important Information

### Your treatment provider's fees

Many treatment providers have agreed to charge in line with the fee levels set out in our Fee Schedule (available at: [wpa.org.uk/guidelines](http://wpa.org.uk/guidelines)). These are set by us to reflect what we consider to be customary and reasonable by means of our continuing dialogue with the medical profession.

A treatment provider may charge you more than our maximum reimbursement amount listed in our Fee Schedule and if you decide to proceed with your consultation or procedure then it is your responsibility to settle the difference.

### How to make a complaint

If you are unhappy and want to make a complaint you should contact us on 01823 625230 or by emailing [pcd@wpa.org.uk](mailto:pcd@wpa.org.uk) and detailing your complaint. Your complaint will then be escalated to an appropriate line manager to deal with.

The appropriate line manager will investigate the complaint and following the conclusion of the investigation issue you with a response. This process is overseen by our Head of Complaints.

If you are not totally satisfied, we encourage you to appeal to the Financial Ombudsman Service (FOS).

### FOS address

Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

### Website

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### Email

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

### Consumer helpline

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

0800 023 4567 (*calls to this number are free on mobile phones and landlines*)

0300 123 9 123 (*calls to this number cost no more than calls to 01 or 02 numbers*)

### Financial Services Compensation Scheme (FSCS)

FSCS is the UK's compensation fund of last resort for customers of authorised financial services firms including insurers. FSCS may pay compensation if an insurer is unable, or is not likely to be able, to pay claims.

For more information please visit: [www.fscs.org.uk](http://www.fscs.org.uk)

### How to make a claim

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



# We're here to help you choose

**Talk to our experts and find out more**

**01823 625050**

**wpa.org.uk/  
completehealth**

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



**Western Provident Association Limited**  
Rivergate House | Blackbrook Park | Taunton | Somerset | TA1 2PE  
Registered in England and Wales No. 00475557

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Effective from 1 March 2026

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