

Precision Corporate Healthcare



A fresh approach to
healthcare for companies

Transparent | Flexible | Simple



For companies with 10 or more employees on cover
Scheme Summary | Effective from 1 March 2026

We put our members at the centre of all that we do

Consistently ranked highly in insurance market surveys

We've topped both the Fairer Finance PMI index ¹ and the Which? Best Private Health Insurance Survey ²

¹ Fairer Finance Trust in Insurance Index (Spring 2025)

² Which? Best Private Health Insurance Survey (July 2025)



Internationally recognised standards

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



We are independently audited by BSI and have been certified to:

- Quality Management : ISO 9001**
- Business Continuity Management : ISO 22301**
- Environmental Management : ISO 14001**
- Information Security Management : ISO 27001**

Customer service excellence

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

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

- On average calls are answered in less than two minutes*
- 97% of claims are authorised*

* WPA data: 01.01.25 to 31.12.25

Visit wpa.org.uk/about to find out more.

Rated highly by our members

When you buy our health insurance, you buy our promise that we'll deliver. We're currently **rated excellent** on Trustpilot.

★ Trustpilot



Rated 'Excellent' as at 01.02.26

Award-winning

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



How we support you and your employees



WPA Health and My WPA

Members can easily manage their membership and any ongoing claims on the go with the **WPA Health** app or through **My WPA**. Features include:

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

➔ The WPA Health app is available on:



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

Employers can easily manage their membership base online through **My WPA**. This enables you to:

- ✓ **Add new members and remove employees from cover.**
- ✓ **Track, review and manage member applications.**
- ✓ **View, add and remove authorised company contacts (Scheme Coordinators).**
- ✓ **Run full scheme membership lists and/or P11D reports.**
- ✓ **Access product literature for your scheme.**
- ✓ **View all communications and send secure messages to us.**



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.

Additionally, we have a workplace health and wellbeing hub designed to support employees health and mental wellbeing. Visit: wpa.org.uk/health-wellbeing



Member offers

We've teamed-up with a select range of organisations to provide our members with enhanced health, wellbeing and lifestyle special offers which are in addition to their scheme benefits. Offers include:

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

Offers can be accessed within the WPA Health app or through My WPA.



Precision Analytics – for schemes with over 30 employees on cover

Until now, it's been difficult to understand how often staff use their healthcare benefits. Health insurers haven't always been willing to share data, making it difficult for companies to understand the value of their benefits.

Precision Analytics changes this – it has revolutionised the way in which collectively, we are able to interrogate and view your scheme data.

You can now benefit from a level of transparency and clarity unheard of in the insurance industry.

Available via your WPA Relationship Manager, Precision Analytics gives you insight into how your scheme is being used, what is driving premium increases and, ultimately, allows you to model your scheme to best fit your business needs. Within the portal you can:

- ✓ **Understand the claims cost of your scheme giving you long-term control of your claims liability.**
- ✓ **See how your premium is calculated in a fair and sustainable way.**

Introducing Precision Corporate Healthcare

Company-paid health insurance for 10 or more employees

Providing health insurance for your employees helps shape a positive company culture by sending out a clear message that you value their health and wellbeing. Your employees are important to your business, and offering health cover is an effective way to help look after them.

Precision Corporate Healthcare combines a range of health and wellbeing solutions into one product. This provides a truly tailored and flexible healthcare package for your employees.

This flexibility allows you to pick and mix benefits or select elements to be standalone options too.

- ✔ **Health Insurance**
- ✔ **Cash Plan**
- ✔ **LifeStage Health**
- ✔ **Dental Care**

An extensive range of benefits enables you to create a healthcare scheme that's tailored to your company's budget and your business requirements.

5 Star rated cover

Precision Corporate Healthcare 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.



Please note:

Benefits shown are subject to the full terms & conditions of the Scheme. Details can be found in the Scheme Holder Terms (available on application) and 'A Guide to Your Scheme Membership' (the 'Guide') with the accompanying Benefit Schedule (available on request). As with all health insurance there are certain things that are not covered. An overview of the terms & conditions are shown on pages 16-17, including the key exclusions.

Building your cover





Putting you in control – our most flexible cover

Whether designing a scheme from scratch, or transferring from another insurer, we aim to be able to match your objectives and requirements as closely as possible so you have precisely what you want and need.

You may want to consider splitting your scheme into different categories of cover. For example, one category could be a mix of health insurance, cash and dental benefits, whilst another could be purely cash plan or LifeStage Health benefits. The choice is entirely yours and we will help you at each stage in the process.

Each scheme member can have different benefits, and many benefits have a choice of maximum limits. Unless otherwise stated, all benefits shown in this document are per person per scheme year, up to the amounts illustrated/chosen.

Choose your base cover

	 Health insurance	 Cash Plan	 LifeStage Health	 Dental Care
Four different packages to choose from	Peace of mind in the event of an illness or injury (see page 4)	A lower cost option that complements the NHS (see page 6)	A range of cash benefits that provide support at each of life's natural stages (see page 7)	Benefit towards routine dental treatment, injuries and more (see page 8)

Add your options

Health insurance options (see page 4)	✓	✗	✗	✗
Cash plan options (see page 6)	✓	✓	✗	✗
LifeStage Health (see page 7)	✓	✓	N/A	✓
Health and Wellbeing (see page 10)	✓	✓	✓ (except Structured Counselling)	✓
Dental Care (see page 8)	✓	✓	✗	N/A



Consider a Group Deductible

Companies with 30+ members on cover (see page 13)	✓	✓	✗	✗
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Fast Track Pathway benefits can ease worry when symptoms exist = fast track

Fast Track Skin Support (for any skin concerns)	✓	✓	✗	✗
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Available with options on health insurance schemes only:

-  **Fast Track Cancer Diagnosis** – for any symptoms of breast, prostate or skin cancer
-  **Fast Track Physiotherapy** – physiotherapy treatment for musculoskeletal problems

See page 9 for details of the Fast Track Pathway benefits

Health Insurance



Core health insurance benefits

If you are choosing health insurance as your base cover, you have the ultimate flexibility when it comes to your options. The core benefits (c) must be included for all health insurance schemes.

Fast Track Pathway (c)

- ✓ Fast Track Skin Support – virtual dermatology service for skin concerns

In-patient and Day-patient Treatment (c)

- | | |
|--|---|
| ✓ Hospital Treatment | ✓ Post-operative Consultation and Tests
One follow-up consultation and tests within 90 days of surgery |
| ✓ Critical Care Levels 2 and 3 – 28 days | |
| ✓ Drugs and dressings | ✓ Pre-admission Tests |
| ✓ Specialists' Fees | ✓ Prostheses: Passive and Active |
| ✓ Diagnostic Tests | ✓ Nursing at Home – Four weeks |
| ✓ Complex Scans – MRI, CT and PET Scans | ✓ Private Ambulance Transport |
| ✓ In-patient and Day-patient Therapy | ✓ Parent and Child – 10 nights |

NHS Hospital Cash Benefit (c)

NHS non-cancer treatment: £4,500 • £10,000

- ✓ NHS In-patient and NHS Day-patient – £100 per night/day
- ✓ NHS Out-patient Complex Scans and NHS Out-patient Procedures – £100 per day

NHS cancer treatment: Unlimited

- ✓ NHS In-patient and NHS Day-patient – £100 per night/day
- ✓ NHS Out-patient Complex Scans | NHS Out-patient Cancer Treatment | NHS Out-patient Blood Tests | NHS Out-patient Procedures – £100 per day

Options to enhance your health insurance cover

+ Out-patient Consultations with a Specialist and Diagnostic Tests

- ✓ Consultations with a Specialist and Diagnostic Tests
 - ✓ GP Referred Diagnostic Tests
 - ✓ Fast Track Cancer Diagnosis – rapid access for consultations with a specialist, including second opinions and diagnostic tests
- £250 • £500 • £750 • £1,000
£1,200 • £1,500 • £2,000 • Unlimited

+ Out-patient Complex Scans and Procedures

- ✓ Complex Scans
 - ✓ GP Referred Complex Scans – MRI or CT Scans
 - ✓ Out-patient Procedures
 - ✓ Fast Track Cancer Diagnosis – rapid access for complex scans and biopsies
- Unlimited

To use the Fast Track Cancer Diagnosis the following age restrictions apply:

Breast cancer diagnosis: 18 or over. Prostate cancer diagnosis: 40 or over. Skin cancer diagnosis: 18 or over.

+ Mental Health Treatment

- ✓ In-patient & Day-patient Mental Health Treatment (days/nights) 28/year (or five years) • 45/year • 90/year
- ✓ Out-patient Mental Health Treatment £750 • £1,000 • £1,500 • £2,000 • £5,000 • £10,000 • Unlimited
Out-patient Consultations with a Psychiatrist/Psychotherapist/Psychologist/Art Therapist
When recommended following an assessment: Eye Movement Desensitisation and Reprocessing (EMDR) and Cognitive Behavioural Therapy (CBT)

+ Therapy

- ✓ Therapy (session limits apply as shown below) £250 • £500 • £750 • £1,000 • £1,500 • £2,000 • Unlimited
Specialist referral: 15 sessions • Self-referral: 10 sessions (three for nutritional therapy) • GP referral: 10 sessions
- ✓ Fast Track Physiotherapy – up to five sessions for self-referred physiotherapy through the Fast Track Physiotherapy Pathway Provider (family member(s) must be over 16 to use this service and the cost isn't deducted from the chosen therapy limit)

+ Cancer Care – Please refer to the Cancer Care Section of the Guide for full details

- ✓ Tests and treatment, from diagnosis to palliative treatment £50,000 • Comprehensive

+ Long-Term Conditions

- ✓ Towards treatment for a claim classified as a long-term (chronic) condition £200 • £500 • £1,000

+ Supplementary Benefit

- ✓ Cash benefit for consultations/tests, scans and therapies – to use towards excluded conditions e.g. pre-existing conditions, menopause, pregnancy, allergies or long-term conditions £200 • £500

+ Oral Surgery

- ✓ Paid from existing benefits – plus additional £350 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 established treatment to a level we consider to be a customary and reasonable cost

+ Premium Hospitals – Visit: wpa.org.uk/premiumhospitals to check the most up-to-date list

- ✓ An extensive choice of hospitals is available as standard, including large private hospital groups, independent private hospitals and clinics, and private wings of NHS hospitals. Extend the choice of over 1,000 hospitals, clinics and scanning centres across the UK by including this option. The following hospitals are only available, if this option is included.

BUPA Cromwell Hospital

30 Devonshire Street

Harley Street at Queen's (Romford, Essex)

Harley Street at UCH

Harley Street Clinic

Kingston Hospital (Surrey)

Lister Hospital

LOC at Chelsea (Sydney Street)

LOC – Leaders in Oncology Care

London Bridge Hospital

London Bridge Hospital at Guy's and

St. Thomas'

London Clinic

Portland Hospital

Princess Grace Hospital

Royal Marsden Hospital

(London and Surrey)

The National Hospital for

Neurology and Neurosurgery

University College London

Wellington Hospital

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 a specialist at a Premium Hospital, will not be covered unless this option is selected.

+ Overseas Emergency Treatment

- ✓ Emergency/Overseas Treatment – 70 days per trip (35 in the USA) and an overall maximum of 180 days (*trips outside the EEA is only available for Scheme Members travelling for business purposes*) £100,000 • £500,000

Health and Wellbeing options – Please see pages 10-11 for more information

+ Employee Assistance Programme (EAP) – To use this benefit, family member(s) must be over 16

- ✓ Specialist 24/7 telephone support (will apply to all members on the scheme if chosen)
Single-session Telephone Counselling • Manager Support • Legal Information • Debt and Money • Online computerised Cognitive Behaviour Therapy (cCBT) Life Skills Course • General Health and Wellbeing information

+ Structured Counselling – To use this benefit, family member(s) must be over 16

- ✓ Structured counselling (brief therapy) – where clinically appropriate, following referral from the EAP 6 sessions

+ Structured Counselling (Extended Therapy) – To use this benefit, family member(s) must be over 16

- ✓ Extended Therapy – for more complex issues, where clinically appropriate, following referral from the EAP 20 sessions

+ Remote GP Services

- ✓ Virtual GP helpline • Video consultations • Issuing of private prescriptions (prescription charge not included) • Specialist referral

Cash Plan



Core standalone cash plan benefits or health insurance options

If you are choosing a cash plan as your base cover, the core benefits (c) must be included. Simply choose the level of benefit that suits your needs.

If you are choosing health insurance as your base cover, consider adding any of the cash benefits on this page.

Fast Track Pathway (c)

✔ Fast Track Skin Support – virtual dermatology service for skin concerns

Cash Benefits (c)

- | | |
|---|---|
| ✔ General Dental Treatment | £40 • £65 • £100 • £150 • £200 • £250 • £300 • £350 • £400 • £500 • £750 • £1,000 |
| Routine dental treatment (check-ups, scale and polish, x-rays, fillings and hygienist) | |
| ✔ Optical Treatment | £40 • £65 • £100 • £150 • £200 • £300 • £400 • £500 |
| Eye tests and prescription glasses, contact lenses and prescription sunglasses | |
| ✔ Therapy | £100 • £200 • £300 • £400 • £500 • £1,000 |
| Physiotherapy, osteopathy, acupuncture, chiropractic care, homeopathy and other therapies | |
| ✔ Specialist Consultations including Diagnostic Tests | £100 • £150 • £200 • £250 • £300 • £400 • £500 • £750 |
| Out-patient private consultation(s) with a specialist, x-rays, blood tests and ultrasound scans | |

Options to enhance your standalone cash plan or health insurance cover

- | | |
|--|---|
| + Audiology | £100 • £250 • £500 |
| Consultations • Hearing tests • Purchase of external hearing aids and follow-up consultations • Ear wax removal | |
| + GP Charges | £50 • £100 • £150 • £200 • £400 |
| Private GP consultation(s), diagnostic tests, vaccinations and prescription charges | |
| + Health Screening | £200 • £500 • £750 |
| Full body health screens, well man, well woman, bone density screening, breast screening, heart disease screening and home test kits | |
| + Complex Scans | £200 • £250 • £300 • £350 • £400 • £500 • £750 • £1,000 |
| MRI, CT and PET Scans | |
| + Allergy Testing | £80 |
| Tests for allergic reactions or food intolerances when performed by an Allergist | |
| + Hospital Stay – per day/night, up to the maximum in brackets | £20 (£400) • £35 (£700) • £50 (£1,000) • £65 (£1,300) |
| For admissions to an NHS hospital as an NHS in-patient or day-patient | |
| + New Baby | £50 • £100 • £150 • £200 |
| Upon the birth or adoption of a baby | |
| + NHS Car Parking | £50 (non cancer) • £300 (cancer) |
| As a patient or for visitors' parking when you make a claim for an eligible condition | |
| + Personal Accident – can be claimed once per person per accident (overall maximum annual benefit applies) | £15,000 |
| An accident or injury leading to the loss of sight, loss of a limb or the loss of the use of a limb | |

LifeStage Health



Preventative cash benefits that complement existing health insurance schemes or standalone cover

LifeStage Health offers a **package for all genders** that includes access to a range of support services, diagnostic tests, screening and expert consultations and advice. It complements the NHS, as well as traditional corporate healthcare arrangements.

Ideal for companies who may already have health insurance in place elsewhere, it's affordable enough to be offered to entire workforces as well as their families. LifeStage Health gives individuals personalised insights to enable them to make healthy, informed decisions about what is best for them. In turn, this supports employer diversity and inclusion goals.

+ LifeStage Health

- ✔ **Periods | Pregnancy | Fertility | Menopause | Prevention | Men's health**
Supports conditions traditionally excluded from health insurance, facilitating treatment pathways for a range of conditions for everyone regardless of their gender identity
- £500 • £750
£1,000 • £1,500



Periods

Investigations or treatment for problems with periods.



Pregnancy

A benefit to provide reassurance during pregnancy and up to 12 months after birth.



Fertility

Benefit to help investigate fertility.



Menopause

Benefit to provide support to those who experience peri- and post-menopausal symptoms or andropause (male menopause) from diagnosis to symptom management.



Prevention

Benefit to aid early diagnosis through screening and health tests which are carried out by a medically qualified practitioner – in a hospital, clinic, pharmacy, mobile centre or online supplier approved by us.



Men's Health

Benefit to aid diagnostic tests and treatment for sexual health, dysfunction or delayed puberty.



Key note General Exclusions

The general exclusions that apply to Precision Corporate Healthcare do not apply to the LifeStage Health benefit, with the exception of a few which are listed in 'A Guide to your Scheme Membership' – please refer to this for information.



Dental Care



Core standalone dental benefits or health insurance and cash plan options

If you are choosing dental care as your base cover, all four core benefits (c) are automatically included. Simply choose the level of benefit that suits your needs.

If you are choosing health insurance or a cash plan as your base cover, consider adding any of the following dental care benefits as options to enhance your cover.

Core dental care benefits

+ Dental Care (c)

✓ General Dental Treatment £40 • £65 • £100 • £150 • £200 • £250 • £300 • £350 • £400 • £500 • £750 • £1,000

Routine dental treatment (check-ups, scale and polish, x-rays, fillings and hygienist)

✓ Dental Emergencies – £250 per course of treatment in the UK or abroad, up to a maximum of four courses £1,000

For the following two benefits we will only reimburse to the maximum amounts listed in our Dental Schedule which can be found online at: wpa.org.uk/dentalfees

✓ Dental Injuries £10,000 • £20,000

✓ Restorative Treatment as a direct result of Oral Cancer
If you have health insurance as your base cover: £10,000
If the £50,000 Cancer Care option is chosen, this benefit will be capped at £50,000 (standalone Dental Care)
If the Comprehensive Cancer Care option is chosen, this benefit will be unlimited



=fast track pathways

Available on
health insurance
and cash plan
base cover

Getting members on the road to recovery

=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.

After an initial triage appointment to assess the condition, advice will be given and/or a treatment plan set. This may include a home exercise programme or face-to-face/remote treatment with a physiotherapist.

To use this Pathway, members must be aged 16 and over and the Therapy option must be included (although costs will not be deducted from the Therapy benefit limit). This benefit does not have any Shared Responsibility or Excess applied.



=fast track skin support

The first step in gaining support or advice for a skin condition, or for concerns regarding conditions such as acne, eczema, rosacea, contact dermatitis, moles, warts or lesions.

Fast Track Skin Support is web-based – simply upload images of the affected area and a Consultant Dermatologist will review it and provide a response, together with a treatment plan if needed. This is the quickest way to answer any skin concerns.

This benefit does not have any Shared Responsibility or Excess applied and costs incurred will not be deducted from any out-patient benefit limit. There is no limit to the number of times the service can be used.



=fast track cancer diagnosis

For any symptoms of breast, prostate or skin cancer, acting fast can ease 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).

To use this Pathway, the Out-patient option(s) must be included and costs will be deducted from out-patient benefit limit(s). Shared Responsibility or Excess will also apply.



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.

Available on
all base cover

Health and Wellbeing options



Employee Assistance Programme (EAP) option

It is well recognised that when we have good physical, mental and emotional wellbeing, we are generally more resilient and feel better able to cope with the pressures of day-to-day life. The **24/7 EAP helpline** is a quick and easy way to access a range of valuable resources.

Single-session telephone counselling support

Confidential, single-session telephone counselling is designed to provide immediate support on a wide range of emotional issues, either of a personal or work related nature. Sessions are up to 60 minutes, and may include signposting to relevant onward referral resources for further support.

Debt and money information and support

Assistance to help tackle financial difficulties. Help with debt management concerns such as mortgage or rent arrears, credit card debt, utilities, payment options, legal action and more.

Manager support

Manager support is entirely confidential – we don't ever discuss a named individual, only a scenario that the manager is working through.

Online computerised Cognitive Behaviour Therapy (cCBT) Life Skills course

Living Life to the Full (LLTTF) – a winning online CBT tool that provides practical mental health resources for the everyday and for every stage of life. LLTTF helps people understand why they feel as they do, teaching key life skills and resilience that can make a big difference in their lives.

Legal information

A team of legal experts with wide-ranging experience will provide friendly, helpful, legal information and signposting with the minimum amount of jargon.

Wellbeing and health information

A specialist team offer non-diagnostic guidance and information on a wide range of health issues. Speak to a qualified nurse about any health concern, perhaps to help understand a diagnosis or consider treatment options, with support and signposting to further resources where needed.

The EAP helpline is provided through a third party provider and is subject to the 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 provider.

Structured Counselling options

Referral to structured counselling must be made by the EAP service, when considered appropriate to do so. This means that the EAP option must be included.

An initial structured counselling assessment will be completed with a telephone counsellor via the EAP helpline. The EAP team will then make a referral to a counsellor who will liaise with the member directly to arrange their weekly appointments and will then support them throughout their referral.

Most referrals will be for telephone or video counselling sessions. If in person counselling is assessed as clinically appropriate, the team will connect the member to a counsellor that has premises near their preferred postcode.

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.

+ Structured Counselling option

Solution focused brief therapy is a referral for up to six sessions. This support is designed to help with mild to moderate mental health concerns.

+ Structured Counselling (Extended Therapy) option

Extended Counselling is a referral for up to 20 sessions, typically for more complex needs such as bereavement or a wider range of emotional challenges.

Available
on all
base cover
except
LifeStage
Health



Remote GP Services option

+ Access a virtual GP

Access to a remote GP consultation via phone or video, depending on which the member prefers and is most appropriate.

Book via the WPA Health app where a preferred date and time can be selected, as well as preference for a video or phone consultation with a male or female GP. Also upload relevant photos or documents so that the GP can review during the consultation.

There is no limit to the number of consultations a member can have. Benefit includes the issuing of fit notes or private prescriptions, and onward specialist referral. The prescription charge cannot be claimed, unless the GP Services option is included. Fit notes may incur an additional charge which cannot be claimed.

Available
on all
base cover

These benefits 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.

Tailor your company's health insurance premium

Available on health insurance base cover

With Shared Responsibility or an excess

You can select a combination of Shared Responsibility and excess for different scheme member(s). Family member(s) may also have a different option to the scheme member. Shared Responsibility and excess are both applied per member, per scheme year and not per claim. Where we say "member", this includes both scheme members and family members insured under the scheme.

Shared Responsibility

Shared Responsibility is a co-payment feature that allows you to take greater control of your company's premium, whilst ensuring that members aren't compromised on benefits.

Unlike a traditional excess, 75% of treatment costs are paid, no matter how small. The member shares the cost of their treatment by contributing 25%. Their contribution is also capped at the chosen level for the scheme year.

Levels available

£0	£150	£250
£500	£750	£1,000

How does Shared Responsibility work?



Excess

An excess is the amount a member has to pay towards the cost of their eligible treatment before we contribute to their treatment costs. Once the excess has been paid, we will provide benefit for their eligible treatment costs for the remainder of that scheme year, within the benefit limits.

The excess is applied per member, per scheme year and not per claim.

Levels available

£0	£100	£150
£200	£250	£500



Key note

What benefits don't apply to Shared Responsibility or an excess

Members do not have to pay excess or Shared Responsibility on the following benefits:

- NHS Hospital Cash Benefit
- Fast Track Skin Support
- Structured Counselling options
- Fast Track Physiotherapy (part of the Therapy option)
- Cash Benefits
- End of Life Hospice Donation and Wigs (part of the Cancer Care option)
- Dental Emergencies (part of the Dental Care option)

Group Deductible

The intelligent way to fund your company's healthcare (for schemes with over 30 employees on cover)

Available on health insurance and cash plan base cover

Reduce your premium with a Group Deductible

WPA's Group Deductible is an intelligent way to fund your company's health insurance scheme. It will reduce your costs but not your benefits and there's no additional risk. Deductibles are widely used in many types of insurance and we are proud to pioneer our Group Deductible in the company paid health insurance market.

It can be likened to a corporate scheme excess with the upside that if your scheme members don't claim the full amount of your Deductible, the remainder is reimbursed.

How our Group Deductible works

By choosing the Group Deductible option, your payment is split into two parts:

- **30% covers the first 30% of claims received** ("the deductible"). For most schemes, these claims costs are likely to arise, so why pay a premium on this part.
- **70% pays for the insurance premium.** This covers the less certain element of claims and by taking out insurance you know exactly what you will pay.

The premium element (70%) has Insurance Premium Tax (IPT) added at the prevailing rate. IPT does not apply to the Group Deductible element (30%).

By choosing to pay your premium in this way, you reduce the overall cost to your company. This guaranteed saving enables you to use your money more efficiently. What's more, in the event that claims are less than the 30% deductible, you get this back as a rebate. The diagrams below illustrate how our Group Deductible works.

How the Group Deductible is set up

Add a Group Deductible at the initial purchase or at a subsequent renewal. The 'WPA Commercial Schemes: Scheme Holder Terms – Precision Corporate Healthcare' document contains the terms that will apply to your Group Deductible. The underlying figures remain the same, with or without the Group Deductible, only the total amount payable varies.

There are no hidden costs and no set-up costs with a Group Deductible, and you get the same benefits alongside WPA's award-winning customer service excellence.

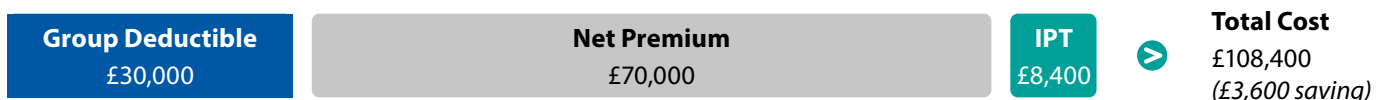
Does it affect an employee's P11D?

P11D rates for an employee are based on the total cost to the company – that includes the insurance premium, Group Deductible and IPT. Where a Group Deductible is selected, there is a marginally lower P11D cost, due to the overall lower cost to the company.

Scheme with Traditional Health Insurance



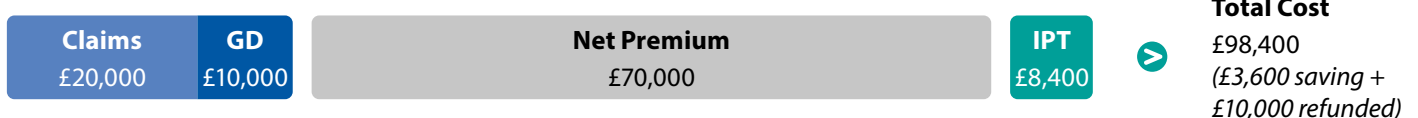
Scheme with cover under Precision Corporate Healthcare + Group Deductible



What if the full Group Deductible isn't claimed?

Any unused Group Deductible is returned to you. Therefore, you not only make an initial saving by choosing a Group Deductible, there's the possibility of further savings at the end of the scheme year.

Low claiming scheme with Precision Corporate Healthcare + Group Deductible



Health insurance joining term options



Key note Pre-existing conditions

Across the next two pages we talk about pre-existing conditions. To find out what this means see page 16.

Family member(s) on an employee's scheme must have the same, or at least equivalent, level of underwriting as the employee. Where we say "member" this includes both scheme members and family members insured under the scheme.

If you don't currently have health insurance in place

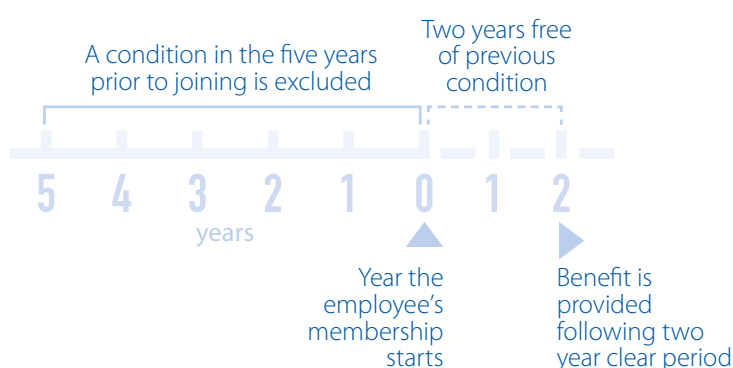
Moratorium Underwriting

The member would prefer not to provide medical information and understands they will need to provide more detailed information when claiming

The member does not have to provide medical history details on 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 the 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 membership starts.

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



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

Examples include: diabetes, uncontrolled hypertension, fibromyalgia, multiple sclerosis.

Full Medical Underwriting (FMU)

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

The member will be asked a number of questions to help us understand their medical and family history.

It is essential that they give us all the information we ask for, even if they have symptoms that have not been diagnosed.

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

Our underwriters review the information provided and, for example, determine whether there is 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 the member's Certificate of Insurance.

Medical History Disregarded with Heart and Cancer (MHD H&C) declaration

A minimum of 25 employees are required

For those new to health insurance and selecting this underwriting option, they would need to complete individual heart/cancer declarations.

Medical History Disregarded (MHD)

A minimum of 50 employees are required

This option ignores all previous medical history and allows members to claim for conditions regardless of when the condition first occurred.

If you do currently have health insurance in place

The joining options on this page are available for companies who already have health insurance in place. Additionally, members can join on an FMU or Moratorium underwriting basis (see page 14).



Key note

Transferring from another insurer

When transferring from another health insurer, only the underwriting terms transfer. The terms and conditions of the new WPA scheme will apply and these may be different to the previous scheme.

Switch/Continued Moratorium

The member's current underwriting is Moratorium/Continued Moratorium

Switch/Continued Personal Medical Exclusions (CPME)

The member's current underwriting is FMU/CPME

These options are available if there has been continuous cover from your current or previous insurer(s). We need each member's Certificate of Insurance (or equivalent) from the existing insurer detailing any personal exclusions/moratorium periods that have been applied, together with confirmation of their existing underwriting terms.

A representative from your company (scheme coordinator) will also need to answer a few questions about the medical history of each applicant on the application form. If any medical details are required to be declared, an individual Health and Medical Details form will be needed and, on occasion, it may be necessary to apply additional personal exclusions.

If the member was previously underwritten on a moratorium basis they may join WPA on Continued Moratorium terms and keep the underwriting dates of their existing moratorium.

The previous moratorium period will apply to the new membership with us. This means that the member will not be able to claim for any conditions that existed before their initial moratorium underwriting date with the previous insurer. If they have met the 'symptom, treatment, medical and advice free' moratorium period as shown on their 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 the member receives such treatment, so it's unlikely they will 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 they 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 their current insurance plan. Sometimes, we may need to add extra personal exclusions based on information requested during the application process.

Medical History Disregarded with Heart and Cancer (MHD H&C) declaration

A minimum of 25 employees are required

Those already insured on an MHD basis are able to transfer to WPA and maintain their existing MHD underwriting terms subject to a Scheme Coordinator Declaration surrounding heart/cardiac, stroke and cancer conditions experienced within the last two years.

Medical History Disregarded (MHD)

A minimum of 50 employees are required

This option ignores all previous medical history and allows members to claim for conditions regardless of when the condition first occurred.

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

An overview of the terms and conditions



Key note Scheme Holder Terms

The scheme will be governed by the terms and conditions outlined in 'WPA Commercial Schemes: Scheme Holder Terms' and 'A Guide to your Scheme Membership'. A summary of some of the key terms and conditions is outlined on pages 16-17.

Joining terms

What is the membership requirement?

A minimum of 10 employees actively involved with the business (not including family members) must be insured at all times on your scheme. Scheme members are only covered for eligible treatment as it occurs and whilst scheme membership remains in force.

What is a pre-existing condition?

Depending on the 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.

Is further information needed when claiming?

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.

Can I make changes to scheme membership?

Any changes to individual scheme membership may only be made at the annual renewal date by the company (scheme holder).

What's not covered

Key exclusions

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). The exception to this is when the Long-term Conditions benefit option is included.
- ✗ Dental problems (except limited benefit if the Dental Care option is included). Where included, benefit will not be provided for wisdom teeth unless treatment is performed in general dental surgery (not hospital).
- ✗ Pregnancy, fertility issues and fertility treatment, contraception, sterilisation, vasectomy and childbirth. The exception to this is the limited cash benefit if the New Baby benefit option is included; and also limited cash benefit for fertility, pregnancy, coil insertion and hormone implants under the LifeStage Health option, if included.

- ✗ 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.
- ✗ Varicose veins for the first two years of 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/embryos. Any birth defect or congenital abnormality whether identified at birth or within the first 90 days of birth, or prior to joining the Scheme.
- ✗ Any claim that has not been pre-authorised (except for cash benefits where this is not required).
- ✗ Any cash benefit claims submitted more than six months after treatment took place.
- ✗ Treatment outside the UK except where the Overseas Emergency Treatment option is added.

Overseas Emergency Treatment excludes:

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

Your rights

Duration of the scheme

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

Scheme membership will renew on the annual renewal date of the scheme unless cancelled.

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

Applicable law, jurisdiction and language

The scheme 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 scheme is the subject of the exclusive jurisdiction of the Courts of England and Wales.

Scheme Holder: Cancellation Rights/Changing Your Mind

We are sure that you will be happy with the scheme and the benefits that it provides. However, if you change your mind and wish to cancel you may do so provided no claims have been made and you contact us within 30 days of the issue date on your Invoice (the notice period).

Cancellation of the scheme or any scheme member(s) cannot be backdated.

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 a scheme member cancels their scheme membership and wishes to rejoin, they will be required to rejoin as a new customer.

If you wish to cancel the scheme, or any scheme member(s), you can do so by notifying our customer service department in writing at: WPA, Precision Corporate Healthcare, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. You can also call us on 01823 625267 or email: pch@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 scheme, the benefits you have chosen, and that the WPA scheme meets your needs.

Terminating or Cancelling the Scheme

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

Terminating or Voiding the Scheme

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

- Act dishonestly or fraudulently in relation to the scheme 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/scheme member(s) 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
- Make or try to make a fraudulent claim under the scheme; or
- Are abusive or threatening towards our staff; or
- Do not comply with the terms and conditions of the scheme.

In any of these circumstances you/scheme member(s) must return any benefit we have paid and we will not refund any part of the premium.

The scheme 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
- Scheme Member(s) leave the UK to live elsewhere for over six months or live outside the UK for more than six months in any year.

It's easy to claim

Once a scheme member has 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 625270. Lines are open Monday to Friday 8am-7pm and Saturday 9am-12pm. National call rates apply.

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). 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 more than our maximum reimbursement amount listed in our Fee Schedule and if a member decides to proceed with their consultation or procedure then it is their responsibility to settle the difference.

Making Yourself Heard

If a Scheme Member is unhappy and wants to make a complaint they should contact us on: 01823 625267 or email: pch@wpa.org.uk and detail their complaint. Their 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 a response. This process is overseen by our Head of Complaints.

If not totally satisfied, we encourage appeal to:

Financial Ombudsman Service (FOS)
Exchange Tower, London, E14 9SR

Website:

www.financial-ombudsman.org.uk

Email:

complaint.info@financial-ombudsman.org.uk

FOS Consumer helpline open 8am to 8pm Monday to Friday, 9am to 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

We're here to help you choose

Talk to our experts and find out more

01823 625247
wpa.org.uk/pch

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



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Rivergate House | Blackbrook Park | Taunton | Somerset | TA1 2PE
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