Enterprise Flexible Benefits

WPA

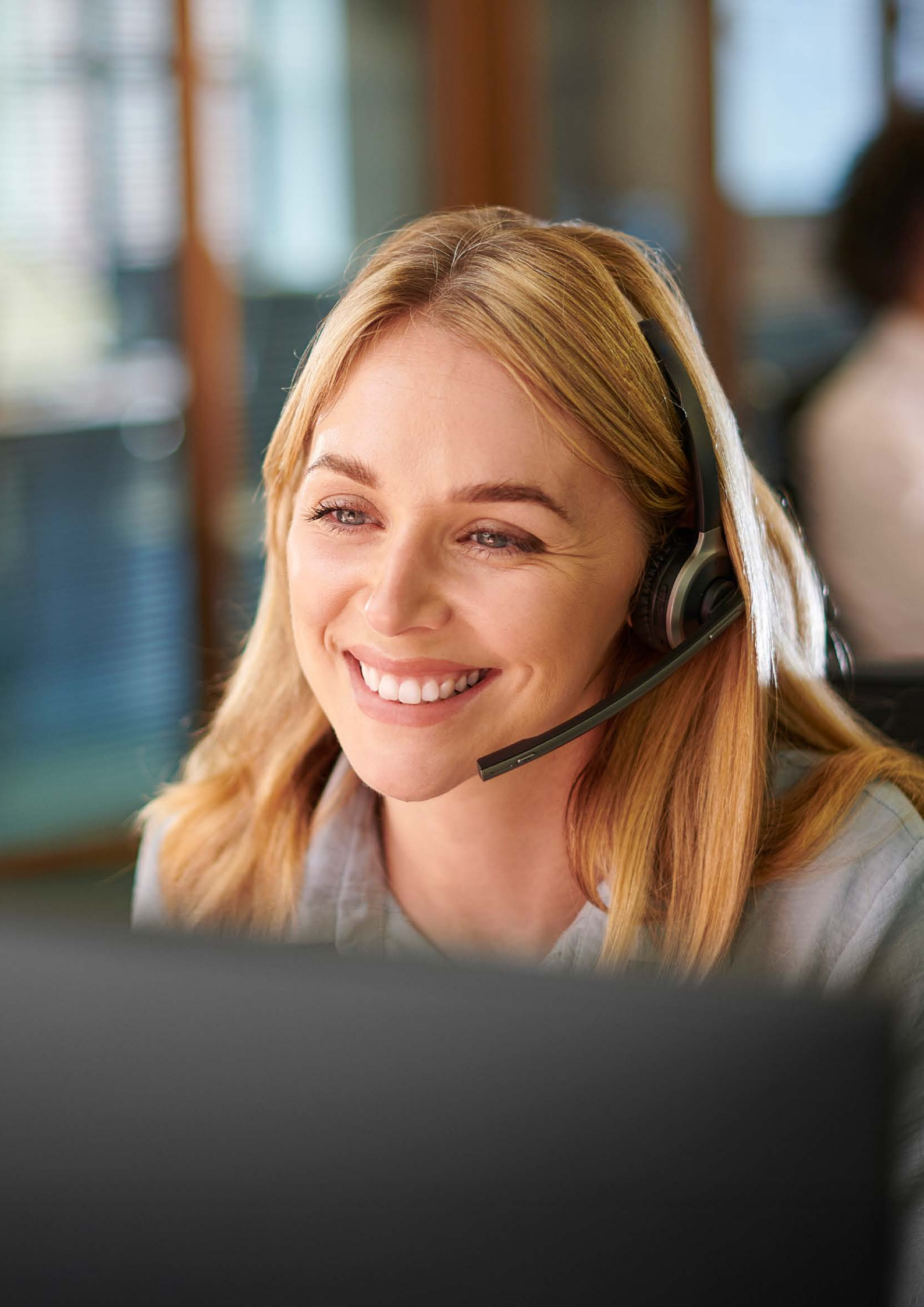
Employee health insurance with a personal touch

Paid for by your business, designed for your people

For companies with 2 or more employees on cover

Scheme Summary | Effective from 1 September 2026

JULY 2026 Which? Recommended Provider PRIVATE MEDICAL 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 an overnight stay in hospital is necessary, a day-patient or in an out-patient setting. Having a health insurance scheme in place for your employees, gives peace of mind that they will have quicker access to treatment at a time and place that is convenient to them.

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

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

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

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.

trusted
for more than 125 years

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.

We are the **only** Which? Recommended Provider for Private Medical Insurance for 2026, and have topped the Which? private health insurance customer satisfaction table for four consecutive years.[1]

We've topped the Fairer Finance PMI index twice.

Our customers continue to rate us 'Excellent' on Trustpilot.

Trustpilot

Rated 'Excellent' as at 01.09.26

The service we provide to our members is widely recognised as exceptional – on average we answer customer calls in less than three minutes[2] and 97% of claims are authorised.[2]

1. Which? Best Private Health Insurance Survey (July 2026)
2. WPA data: 04 April to 30 June 2026

Introducing Enterprise Flexible Benefits

Company-paid health insurance for 2 or more employees – with no maximum joining age

Enterprise Flexible Benefits provides your team with prompt access to private healthcare and specialist support – helping them stay well and focused at work. Offering health cover demonstrates a genuine investment in your employees and contributes to a supportive, people-first workplace culture.

5 Star rated cover

Enterprise Flexible Benefits 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.

Paid for by your business, designed for your people

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 14-16, including the key exclusions.

Building your cover

Step 1

Start with the essentials – a comprehensive range of benefits designed to meet the core needs of your business.

Essential "core" Cover

- **Out-patient Treatment** (choose your benefit limit)
- **In-patient and Day-patient Hospital Treatment** (including mental health treatment)
- **Cancer Care** (no financial caps apply)
- **NHS Hospital Cash Benefit**
- **Fast Track Pathways** (Skin Support and Cancer Diagnosis)
- **Health and Wellbeing** (EAP, Structured Counselling and Remote GP Services)
- **A range of further benefits**

See page 4 for details

Step 2

Depending on your budget and the needs of your business, you can choose to enhance your cover with our Optional Extras.

Optional Extras

- **Therapy** (including psychotherapy/ psychology and Fast Track Physiotherapy Pathway)
- **Cash Extras** (for everyday healthcare costs)
- **GP Services** (includes prescription charges)
- **Dental Care** (also available as a standalone scheme with a minimum of 3 employees on cover)
- **Overseas Emergency Treatment**
- **Structured Counselling (Extended Therapy)**

See page 5 for details

Step 3

Tailor your company's premium by choosing a level of Shared Responsibility.

Shared Responsibility

Employees share 25% of the cost of their treatment, up to a level chosen by you (the company).

Levels available:

[ ] £0	[ ] £1,000
[ ] £150	[ ] £1,500
[ ] £250	[ ] £3,000
[ ] £500	[ ] £5,000
[ ] £750	[ ] £6,000

See page 6 for details

Please note:

Employees don't all need to have the same benefit options, the same applies to any family members added to their scheme. Up to five children can be included on an employee's cover, with charges only applying to the eldest child (subject to scheme rules).

Fast Track Pathway benefits are available without the need for a GP referral, to ease worry and put members on the road to a quick recovery

fast track pathways

For any skin concerns, or any symptoms of breast, prostate or skin cancer, the core cover includes Fast Track Skin Support and the Fast Track Cancer Diagnosis.

For musculoskeletal problems, the Therapy Optional Extra includes Fast Track Physiotherapy.

See page 7 for details

The core benefits

Essential Cover

Out-patient Treatment

Consultations with a Specialist/Psychiatrist | Specialist and GP Referred Diagnostic Tests Choose from the following overall benefit limits: £250, £500, £1,200, £1,500 or unlimited	✓
Complex Scans – MRI, CT and PET scans • GP Referred Complex Scans – MRI or CT scans	✓
Out-patient Procedures and Pre-admission Tests	✓

In-patient and Day-patient Treatment – no restricted hospital lists

Access to an extensive choice of over 1,000 hospitals, clinics and scanning centres across the UK
Includes specialist centres (e.g. for cancer treatment), large private hospital groups, independent private hospitals and clinics and private wings of NHS hospitals

Hospital Charges (including drugs & dressings and critical care)	✓
Specialist Fees	✓
Diagnostic Tests and Complex Scans	✓
Mental Health Treatment – Up to 28 days/nights	✓
In-patient and Day-patient Therapy	✓
Post-operative Consultation and Tests	✓
Prostheses	✓

Cancer Care – no financial caps apply to this benefit

All cancer claims are overseen by our team of specially trained Case Managers and our Medical Advisors
There is no time limit to our support for follow-up scans and consultations

Unlimited benefit for all eligible tests and treatment, once diagnosed through to palliative treatment Benefit includes: Surgery • Radiotherapy/Chemotherapy • Advanced Therapy Medicinal Products (ATMPs) • Targeted Cancer Therapies (TCTs)	✓

NHS Hospital Cash Benefit

If any out-patient, in-patient or day-patient treatment is received on the NHS, a cash benefit may be claimed	✓

Fast Track Pathways – see page 8 for more information

Fast Track Skin Support – Virtual dermatology service for skin concerns	✓
Fast Track Cancer Diagnosis – Consultations with a Specialist including second opinions and diagnostic tests (subject to the chosen out-patient treatment benefit limit below) and complex scans and biopsies (unlimited benefit)	✓

Health and Wellbeing Benefits – see pages 9-10 for more information

Employee Assistance Programme (EAP) – Telephone support available 24/7, for those aged 16 and over
Structured Counselling – Up to six sessions of structured counselling (brief therapy) for those aged 16 and over
Remote GP Services – Remote access to a GP service

Further Benefits

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

Enhancing the core cover

Optional Extras

⊕ Therapy

GP or Specialist Referred Therapy
Choose from the following overall benefit limits: £200, £400, £600, £1,200 or Unlimited
Acupuncture • Chiropody/Podiatry • Chiropractic • Dietary Services • Homeopathy • Nutritional Therapy • Occupational Therapy
Osteopathy • Physiotherapy • Mental Health Treatment – Psychology and Psychotherapy • Speech & Language Therapy
Please note that self-referral for up to four sessions of Physiotherapy, Chiropractic and Osteopathy is available; however, during the first 12 months after joining or underwriting, we may request information from your GP to support the claim.

Fast Track Physiotherapy – Up to five sessions of physiotherapy, for those aged 16 and over (see page 8)

⊕ Cash Extras	Level 1	Level 2	Level 3
Optical Treatment	£150	£200	£275
New Baby *(a 10 month qualifying period applies)*	£100	£200	£300
Health Screening	£200	£200	£400
Audiology	£100	£100	£100
A&E Attendance *(£40 per visit)*	£80	£80	£80
Post-hospital Recovery Bonus *(after seven consecutive nights in hospital)*	£400	£400	£400

⊕ GP Services	Level 1	Level 2	Level 3
GP Services/Fees	£150	£250	£400
Prescription Charges	£40	£40	£40

⊕ Dental Care	Level 1	Level 2	Level 3
General Dental Treatment	£150	£250	£400
Dental Emergencies *(£250 per course of treatment in the UK or abroad, maximum four episodes – a 14 day qualifying period applies)*	£1,000	£1,000	£1,000
Dental Injuries *(a 14 day deferment period applies)*	£20,000	£20,000	£20,000

- Dental injuries will be paid up to the maximum amounts in our Dental Schedule, available online at: wpa.org.uk/dentalfees Family member(s) are entitled to 50% of the benefit available, until the renewal following their 18th birthday. Providing cover continues, the full benefit allowance will then apply
- If you buy Dental Care as a standalone scheme, you will also have the following benefit included as this would usually be paid from the Cancer Care benefit on Essential Cover: Restorative Treatment as a direct result of Oral Cancer – £10,000 on all levels *(a 14 day deferment period applies)*

⊕ Overseas Emergency Treatment

Emergency/Overseas Treatment • Evacuation/Repatriation • Family Assistance
(trips outside the EEA are only available for scheme members travelling for business purposes)
Choose from two benefit levels:
- Up to 35 days per trip and a maximum of 180 days/£250,000
- Up to 70 days per trip (35 if in the USA) and a maximum of 180 days/£500,000

⊕ Structured Counselling (Extended Therapy) – see page 12 for more information

Up to 20 sessions of structured counselling for more complex mental health conditions, for those aged 16 and over

Tailor your company's premium

What is 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.

Please note: Where we say "member", this includes both scheme members and family member(s) insured under the scheme. Family member(s) may have a different level of Shared Responsibility to the scheme member.

Levels available

£0	£150	£250
£500	£750	£1,000
£1,500	£3,000	£5,000
		£6,000

How does Shared Responsibility work?

WPA will pay 75% directly to the treatment provider. We will then inform the member of their share which they will need to pay themself.

Their contribution is then taken from their level of Shared Responsibility.

Once they reach their level of Shared Responsibility, WPA will pay 100% of any eligible claims subject to their benefit limits.

When their scheme membership is renewed, their level of Shared Responsibility starts again with the new scheme year, even if the course of treatment started beforehand.

Shared Responsibility is applied per person, per scheme year, and not per claim.
At renewal you can increase the Shared Responsibility limit, however you can only reduce it by one level at a time (e.g. from £3,000 to £1,500). Visit: wpa.org.uk/shared

Shared Responsibility does not have to be paid on these benefits

- Structured Counselling benefits
- NHS Hospital Cash Benefit
- Out of Pocket Expenses
- Hospice Donation
- Wigs (part of the Cancer Care benefit)
- Fast Track Skin Support
- Cash Extras Optional Extra
- GP Services Optional Extra
- Fast Track Physiotherapy (Therapy Optional Extra)
- Dental Care Optional Extra – General Dental Treatment and Dental Emergencies

fast track pathways

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 Optional Extra must be included (although costs will not be deducted from the Therapy benefit limit). This benefit does not have any Shared Responsibility 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 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 and skin cancer diagnosis (18 or over); Prostate cancer diagnosis (40 or over).

Using this service will have Shared Responsibility applied. Costs will also be deducted from out-patient benefit limit(s).

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.

Health and wellbeing benefits

Using the Employee Assistance Programme (EAP)

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.

Manager support

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

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.

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.

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.

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 benefits

Referral to structured counselling must be made by the EAP service, when considered appropriate to do so.

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 core benefit

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) Optional Extra

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.

Remote GP Services benefit

Access to a virtual GP service

Remote access to a 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 Optional Extra is included. Fit notes may incur an additional charge which cannot be claimed.

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.

Managing and making the most of your WPA membership

WPA Health and My WPA

Your employees can:

- Submit and track claims, and view 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.
- Access the Health and Wellbeing hub.
- View the member offers.

As an employer, you can:

- Add and remove members.
- Track, review and manage member applications.
- View, add and remove authorised company contacts (scheme coordinators).
- Run full scheme membership lists and/or P11D reports.
- View all communications and send secure messages to us.

Download on the App Store

GET IT ON Google Play

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

Health & Wellbeing Hub

Our Health and Wellbeing Hub hosts our latest information articles, videos and other useful support information. Content includes:

- **Health conditions.**
- **Mental health.**
- **Neurodiversity.**
- **Men's and women's health.**

To view the hub visit: wpa.org.uk/health-wellbeing

Member offers

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

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

Why providing health insurance makes sense for your business

There's never been a better time to offer this valuable employee benefit

Providing health insurance for your employees can offer significant advantages for your business. Not only does it help attract and retain top talent in a competitive job market, but it also supports employee wellbeing, reduces absenteeism, and can lead to improved productivity. By investing in health insurance, you demonstrate a commitment to staff welfare – fostering loyalty and a positive workplace culture.

Benefit your employees

- Address health concerns early, before they develop into more serious issues.
- Reduce hospital and specialist waiting times for faster diagnosis and treatment.
- Access treatments and facilities that may not be available on the NHS.
- Benefit from services that support mental health and emotional wellbeing.
- Enjoy the freedom to choose when, where, and by whom treatment is provided.

Benefit your business

- Help reduce employee absence and support a quicker return to work.
- Minimise disruption through planned, rather than unexpected, absence.
- Strengthen recruitment and retention efforts.
- Show employees they are valued – boosting morale, engagement, and productivity.
- Support your duty of care as an employer.
- Healthy, happy employees are more engaged and invested in the success of your business.

Hidden challenges: Leaveism and Presenteeism

Poor employee health doesn't always appear as sickness absence. Presenteeism is when employees continue working despite being unwell, while leaveism involves using annual leave to manage workloads or health issues. Both can quietly affect productivity, wellbeing, and long-term business performance.

Health insurance can help address these challenges by providing timely access to care and support.

Joining term options

Across the next two pages we talk about pre-existing conditions. To find out what this means see page 17.

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

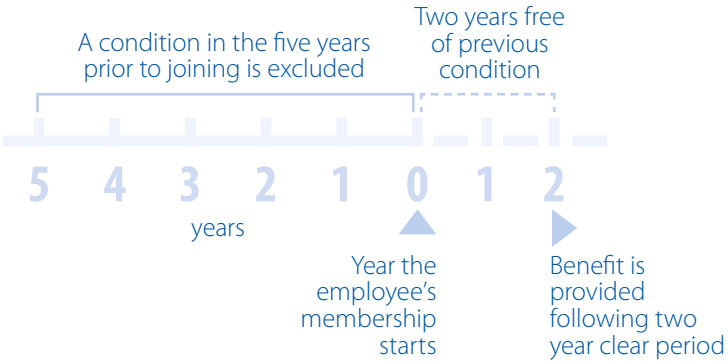
Moratorium Underwriting

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 employee 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.

If you transfer 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.

If you do currently have health insurance in place

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. This option is not available for existing insurance that is on a 'Fixed 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.

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

An overview of the terms and conditions

The scheme will be governed by the terms and conditions outlined in 'WPA Scheme Holder Terms' and 'A Guide to your Scheme Membership'. A summary of some of the key terms and conditions is outlined on pages 14-16.

Joining Terms

Where can I find the full terms & 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 the Scheme Holder Terms which are available on application, and 'A Guide to Your Scheme Membership' 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 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.

What is a qualifying period?

A qualifying period is a period during which an employee's scheme membership is in force but no benefit is payable. Following the expiry of a qualifying period employees are covered for the eligible treatment of any symptom or condition but not if that treatment has taken place during the qualifying period.

Qualifying periods will be waived where a company is switching to WPA, without a break in cover, and can demonstrate comparable cover on their current scheme.

What is a deferment period?

A deferment period is a period during which an employee's scheme membership is in force but no benefit is payable. Following the expiry of a deferment period, employees are covered for the eligible treatment of any symptom or condition, but not if the symptom or condition arose, whether diagnosed or not, within the deferment period. This applies specifically to the Dental Injuries benefit.

Scheme Administration

Joining criteria

The scheme must consist of a minimum of two employees (scheme members) with health insurance who are actively involved with the business and who reside at different UK addresses.

If two employees are both eligible to join the scheme they must do so as separate scheme members regardless of the status of their relationship.

Family member(s) of the scheme member must reside at the same address, unless they are a child dependant in full-time education. A family member may be a partner/spouse and/or any dependant children who are unmarried when joining the scheme or at any renewal. A maximum of five children per scheme member is allowed on the scheme.

To join, your employees must have lived in the UK for at least six months. Additionally, they must have been registered with an NHS GP for at least six months (unless joining on an FMU basis). To remain on the scheme they must continue to reside in the UK for at least six months of the year and at all times be registered with an NHS GP.

Scheme members are only covered for eligible treatment as it occurs and whilst scheme membership remains in force.

Online administration

You can administer your scheme quickly and efficiently online. Services include: add new joiners, cancel leavers, request a membership list/P11D report and more.

Business/Company location criteria

The premiums for the scheme will be priced on the location of the company's principal place of business at which the majority of the company's insured scheme members have as their normal place of work, as defined by HMRC.

Annual payment

Paying your premium on a yearly basis attracts a 5% discount.

Changes

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

What is 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 (unless Dental Care is added as an Optional Extra). Where this is added, benefit will not be provided for wisdom teeth unless the treatment is performed in a general dental surgery (not hospital).
- Pregnancy, fertility issues and fertility treatment, contraception, sterilisation, vasectomy and childbirth (except the limited cash benefit for childbirth under the New Baby benefit if the Cash Extras Optional Extra has been 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 each scheme member's underwriting date.
- Allergic conditions.
- 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.
- Treatment undertaken within the appropriate qualifying/deferment period.
- Treatment outside the UK except where the Overseas Emergency Treatment Optional Extra has been added. If added we will not provide benefit for:
  - Conditions (and/or related conditions/symptoms) that require current treatment in the UK for which you have undergone treatment in the six months prior to travel.
  - Any treatment required, whilst overseas, for or related to an infectious disease, condition or virus which has been deemed an epidemic or pandemic by the World Health Organisation e.g. COVID-19; SARS or Zika virus.
- Any cash benefit claims submitted more than six months after treatment took place.

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.

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 Enterprise Flexible Benefits scheme and the benefits that it provides. However, if you change your mind and wish to cancel you may do so provided your scheme members/their family members have not made any claims, 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, Enterprise Business Division, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE. You can also call us on 01823 625270 or email: ebd@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 what the WPA scheme you have chosen provides for, that it has the benefits you require 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 scheme membership

We may at any time terminate (and/or void) or change the terms and conditions of scheme membership, or stop providing benefits under the scheme if at any time 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 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 scheme member(s) must return any benefit we have paid and we will not refund any part of the premium.

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

- Scheme members leave the scheme or 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 you have joined Enterprise Flexible Benefits, all claims must be pre-authorised before commencing any treatment. For authorisation of claims please use the WPA Health app, login at my.wpa.org.uk 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 625270 or email: ebd@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/efb

To learn more about WPA visit:
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