



Healthcare

coop

# A Guide to your Healthcare Scheme

Effective from 1 January 2019

# Your Guide to your Scheme

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Welcome to *your* Co-op Healthcare *Scheme*. Please take time to read through this *Guide* and keep it in a safe place.

*You* will want to know how to make best use of *your Scheme*. This *Guide* is here to help *you* and explains what *you* need to know about *your Scheme* and how to make a *claim*.

*Your Scheme* is provided by the Co-op Healthcare Trust and is administered by WPA Protocol Plc (*Protocol*). *Your Scheme* recognises that private healthcare is a valuable and important benefit. People are a business's greatest asset and that's why *your Scheme* enables *Scheme Members* and their registered *family members* to have immediate access to medical care, ensuring a swifter return to work. *Your Scheme* provides the support of a helpdesk to give advice and assistance with service, focused on the highest levels of personal care and attention.

*Our* aim is to make the process of getting *treatment* and claiming the costs quick and simple, so that *you* may focus on *your treatment* and getting better, whilst *we* take care of the rest. *We* hope *you* will never need to use *us*, but if *you* do, *you* can be assured of personal assistance every step of the way.

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

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

## Cancelling Existing Healthcare

Please thoroughly check all of *your Scheme* documentation before cancelling any other healthcare arrangement, insurance products or policies *you* already have. It is important that *you* understand what *your Scheme* provides, that it has the benefits *you* require and that membership of *your Scheme* meets *your* needs.

## Very Important Information

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

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

- When we refer to “pay for” or “provide benefit” this is to a level we consider to be a *customary and reasonable cost*.
  - When we refer to *Specialist* or *Therapist* we mean a *Specialist* or *Therapist* we recognise.
  - When we refer to *hospital* we mean a *hospital* on our list of recognised *hospitals*.
  - Your proposed *treatment* must be in accordance with what we recognise as current medical practice and we call this *established treatment*.
  - Any direct or indirect reference to a European body or provision may be superseded by a relevant *UK* body or provision.
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## Contacting Us

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### Telephone:

0345 129 5450 where the helpdesk will be happy to assist (*you* can check *our* real time call waiting at [wpa.org.uk/phone](http://wpa.org.uk/phone)).

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

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### Email:

[protocol@wpa.org.uk](mailto:protocol@wpa.org.uk)

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### Website:

[wpa.org.uk/secure](http://wpa.org.uk/secure) where *you* may register to view the details of *your Scheme* membership and *claims*.

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### Post:

WPA Protocol Plc, Rivergate House, Blackbrook Park, Taunton, TA1 2PE.

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

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# 1. Your Scheme

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## 1.1 Purpose of your Scheme

The purpose of *your Scheme* is to pay for the *customary and reasonable cost* of elective, short term, *eligible treatment* for *acute conditions*. *Your eligible treatment* must be *established treatment* and provided with *curative intent*.

*Your Scheme* does not provide benefit for the long term monitoring, management or *treatment* of incurable, prolonged or lifelong conditions.

*Your Scheme* provides benefit for *eligible treatment* as it occurs and whilst *your Scheme* membership remains in force. Accordingly, *we* will provide benefit for *your eligible treatment*, not *your* condition.

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

## 1.2 How your Scheme Works

When *you* receive private medical *treatment*, a contract is formed between *you* as the patient and *your treatment* provider, be that the *Specialist, Therapist* or *hospital*.

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

## 1.3 How to use this Guide

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

✓ This benefit is eligible subject to the terms and conditions of *your Scheme*.

✗ This benefit is **not** eligible under *your Scheme*.

! Very important information.

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

## 1.4 Level of Benefit

*Your* level of benefit and benefit options are detailed on *your Benefit Schedule* and *your Certificate of Participation*.

Only the *Scheme Holder* at renewal may add or remove benefits to tailor *your Scheme*. The *Scheme Holder* may choose different benefits for *family member(s)*.

## 1.5 Employment

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

## 2. Types of Care and Treatment

! Your Scheme only provides benefit for what we consider to be *established treatment*.

### 2.1 NHS and Private Treatment

Your Scheme works alongside available *NHS treatment* and does not replace it. In an emergency, the *NHS* is best equipped to provide *treatment*. Membership of your Scheme enables you to obtain private *eligible treatment* where you prefer. This is valuable where there is any delay receiving *NHS treatment*.

If you opt to have *NHS treatment* where no charge is made, you may be eligible to claim the *NHS Hospital Cash Benefit*.

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

### 2.2 Primary Care

Primary care includes any tests or investigations that your GP needs to arrange in order to treat any condition or refer you to an appropriate *Specialist* or *Therapist* for secondary care. Your Scheme is primarily designed to pay for secondary and *hospital* care.

### 2.3 Secondary and Hospital Care

#### 2.3.1 Hospital Access

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

#### 2.3.2 Specialist Treatment

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

#### 2.3.3 Therapist Treatment

*Treatment* given on the referral of your GP or *Specialist* by a *Therapist*.

### 2.4 Critical Care

#### 2.4.1 Level 2 - High Dependency Treatment

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

#### 2.4.2 Level 3 - Intensive Care Treatment

Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex conditions requiring support for multi-organ failure.

### 2.5 Emergency Treatment

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

! Once the *acute condition* is stabilised you may wish to transfer (to a private *hospital* or private unit of an *NHS hospital*) to receive private *eligible treatment* which must be arranged by a *Specialist* and be at your own free will. We must authorise the transfer in advance otherwise no benefit will be available. You will only be eligible to receive private *treatment* with effect from the date you sign the *hospital's* authorisation form.

⊗ We will not pay for:

- An emergency or unplanned admission into a private *hospital*.

## 3. Claims

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

This is how to make a *claim* for private *in-patient*, *day-patient* and *out-patient treatment*. *Your Scheme* pays for the *customary and reasonable cost of eligible treatment*.

*Your Scheme* only provides benefit for *treatment* in the *UK* except where the Overseas Emergency *Treatment* Benefit applies - see Section 5.3 (Overseas Emergency *Treatment*).

- ⚠ All *claims* should be pre-authorised. If *your claim* has not been authorised by *us* in advance we may not pay it.

#### Step 1

Visit *your GP*. *Your GP* must always be consulted first to provide primary care. In an emergency, seek *NHS treatment*.

#### Step 2

If *your GP* refers *you* to a *Specialist* or *Therapist* *you* must contact *us* for pre-authorisation before *you* see them.

- ⚠ When *you* contact *us*, please ensure that *you* have the name and practice address of the *Specialist* or *Therapist* that *you* need to see otherwise we will be unable to pre-authorise *your claim*.

If *you* do not have a *GP* or *Specialist* referral and wish to *claim* for physiotherapy *treatment* *you* may self-refer. Please contact the helpdesk who will take details of *your claim* and transfer *your* call through to the Nuffield Rapid Access Service. Please see Section 4.3 (Therapy, Self-referred Physiotherapy).

#### Step 3

We will advise *you* of the benefits available and where applicable, send the requisite documentation to be completed by *you* and *your Specialist* or *Therapist* and returned to *us*. Based on this information, we will let *you* know in writing what benefit can be provided and what has been authorised.

#### Step 4

*You* must continue to call *us* to keep *us* updated and obtain pre-authorisation at each stage of *your treatment*. For example, if *your Specialist* or *Therapist* recommends referral to another *Specialist* or *Therapist* please contact *us* for pre-authorisation.

### 3.2 How to make a *Claim* for a Cash Benefit

- To *claim* for *NHS Hospital* Cash Benefit *you* must send *us* *your hospital* discharge summary or appointment letter.
- To *claim* any other cash benefit, in addition to any specific documents required, *you* must send *us* *your* original invoice and receipt or proof of payment.
- ⚠ If *you* have any queries, please contact the helpdesk.
- ⚠ All *claims* must be submitted within 6 months of the *eligible treatment* date.
- ⚠ We will not return the documents sent to *us*.
- ⚠ Please see Section 3.6 (*Claims* Administration and Reimbursement) for further information which applies.



- ! The information in Sections 3.3-3.5 relates to *claims* for private *treatment*.

### 3.3 Additional Claims Information

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

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

You must:

- Provide any information *we* require of *you*.

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

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

### 3.4 Your Treatment Provider's Fees

When *you* receive *treatment*, the contract is formed between *you* and the provider, be that a *hospital*, *Specialist* or a *Therapist*. A contract does not exist between *us* and *your treatment* provider.

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

*We* have cost and fee agreements with almost every *hospital*, and *we* publish *our* schedule of fees for *Specialists* - these may be viewed at any time at [wpa.org.uk/guideline](http://wpa.org.uk/guideline)

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

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

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

### 3.5 Shared Responsibility®(co-payment)

This means that *you* pay a percentage towards the cost of every eligible invoice submitted to *us* up to *your* personal Shared Responsibility level in each *Scheme Year*.

*We* cannot accept payment for *your* percentage of Shared Responsibility. *You* must send payment directly to *your treatment* provider. *We* will advise *you* who to pay when *we* pay *your claim*.

⚠ The information in Section 3.6 relates to all *claims* for private *treatment*, *NHS Hospital Cash Benefit* and other cash benefits.

### 3.6 Claims Administration and Reimbursement

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

⚠ Handwritten receipts will not be accepted.

Please ensure all original (not copy) invoices are sent to *us* no more than 6 months from the date of the *eligible treatment*, unless they have already been sent to *us* directly by *your treatment* provider within the same maximum time period.

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

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

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

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

✗ *Your Scheme* will not pay for any *treatment*:

- Given by a *treatment* provider who is related to *you* or recommended by a *GP* who is a member of *your* family;
- Carried out by a co-worker or that takes place at a facility in which *you* have a financial interest;
- Carried out solely at *your* request and/or as a result of any inducement, financial or otherwise;
- Received outside of the *UK* (unless the Overseas Emergency *Treatment Benefit* applies to *your Scheme*);
- Paid in part or in full using vouchers or reward points.

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

## 4. Benefits

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### 4.1 In-patient and Day-patient Treatment

#### *In-patient*

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

#### *Day-patient*

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

- ⚠ These benefits are available for *eligible treatment* when *you* are referred by *your GP* to a *Specialist* we recognise. Alternatively if *you* receive *treatment* as an *NHS* patient *you* may *claim NHS Hospital* cash benefit, please see Section 3.2.

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

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- ✓ **Hospital Treatment**  
Accommodation charges, operating theatre fees, drugs, dressings and medicines. *You* may choose from over 600 *hospitals* nationwide.
- ✓ **Critical Care Levels 2 and 3**  
*Treatment* received in a dedicated private *Critical Care* Unit following a planned admission as a private patient to a private *hospital* or the private unit of an *NHS hospital* for *eligible treatment* that requires anticipated pre-planned *critical care*. See Section 2.4 (*Critical Care*).
- ✗ **We will not pay for:**
- *Treatment* in a unit or facility which is not a dedicated private *Critical Care* Unit or any *Critical Care* Unit of an *NHS hospital* following transfer from a private *hospital*;
  - Admission as a private patient to an *NHS Critical Care* Unit or into a private *hospital Critical Care* Unit following an emergency or unplanned admission.
- ✓ **Specialists' Fees**  
Such as surgeons', physicians' and anaesthetists' fees provided *we* recognise the *Specialist* and the charges are a *customary and reasonable cost*.
- ✓ **Diagnostic Tests**  
Requested by *your Specialist*, such as blood tests, ultrasounds and x-rays to help find the cause of *your* symptoms.
- ✓ **Complex Diagnostic Scans**  
*We* will provide benefit for MRI, CT and PET scans when referred by *your Specialist*.
- ✓ **In-patient and Day-patient Therapy**  
Requested by *your Specialist* and relating to *your* authorised *claim* for *eligible treatment*:
- Dietary Services when treated by a dietitian on the Register of Dietitians of the *HCPC*;
  - Occupational Therapy when treated by a *Therapist* on the Register of Occupational Therapists of the *HCPC*;
  - Physiotherapy when treated by a *Therapist* on the Register of Physiotherapists of the *HCPC*; and
  - Speech and Language Therapy when treated by a *Therapist* on the Register of Speech and Language Therapists of the *HCPC*.

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

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

- ✓ **Psychiatric Treatment**  
For *in-patient* or *day-patient treatment*.

- ✓ **Prostheses**  
Prostheses are internal permanent replacements for body parts. They may be passive or active and must be medically necessary as an integral part of *your procedure* and constitute *eligible treatment*.

- ⚠ ***Your Specialist* must provide full details of *your* proposed *treatment* to *our* medical advisers for their authorisation in advance. *Your* proposed *treatment* must be *established treatment*.**

- ✓ **Passive Prostheses**  
These are inert replacements of joints, blood vessels or other organs. E.g. hip or knee replacements or an aortic graft.

**We will pay for:**

- The *customary and reasonable cost* of the passive prosthesis.

**For lens replacements:**

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

**For knee or hip replacements:**

- After a hip or knee joint replacement operation, benefit will be available for routine follow-up and problems relating directly to the operation itself for a period of 2 years from the conclusion of the initial surgery provided that *your Scheme* membership remains in force.

- ✗ **We will not pay for:**

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

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

**We will pay for:**

- The *customary and reasonable cost* of the initial supply and fitting of such a device only to prevent the risk of potentially fatal organ failure e.g. cardiac pacemakers or defibrillators.

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

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⚠ **We will only provide benefit for one electronic implantable medical device in the lifetime of each person to treat any condition/pathology of any kind in any single organ system. For example, one device only for any condition of the heart.**

✗ **We will not pay for:**

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

## 4.2 Out-patient Treatment

### Out-patient

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

- ⊗ We will not pay for:
  - Any *out-patient* drugs or dressings;
  - Any fees charged for cancelled or missed appointments.

### Out-patient Treatment Benefit

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- ✓ Consultations with a *Specialist*  
We will provide benefit for consultations with a *Specialist*.  
.....
- ✓ Simple *Diagnostic Tests*  
We will provide benefit for *diagnostic tests* such as x-rays, blood tests and ultrasound when referred by *your Specialist* or private *GP*.  
.....
- ✓ Complex Diagnostic Scans  
We will provide benefit for MRI, CT and PET scans when referred by *your Specialist*.  
.....
- ✓ *Out-patient Procedures*  
These are *procedures* which involve making an incision or using an instrument e.g. an endoscope to gain access to the inside of a patient's body; using an electromagnetic energy to treat a condition e.g. lithotripsy to treat kidney stones. We will provide benefit when carried out by a recognised *Specialist*, and in line with *customary and reasonable costs*.  
.....
- ✓ Pre-admission Tests  
Tests carried out in *hospital* to check *your* fitness for *your* admission to *hospital* up to 2 weeks before *your* admission (such as blood tests, ECGs and chest x-rays).  
.....
- ✓ Therapy – see Section 4.3 (Therapy)  
Carried out by a *Therapist* we recognise, on the referral of *your GP* or *Specialist* or on self-referral for physiotherapy via the Nuffield Rapid Access Service.  
.....
- ✓ Consultations with a Psychiatrist  
We will provide benefit for consultations with a psychiatric *Specialist*.  
.....
- ✓ Virtual and telephone/digital consultations  
We will provide benefit for consultations which are undertaken via telephone or digital media where the provider is registered with the Care Quality Commission and has been approved by *us* to provide such a service, except where this is for counselling sessions which have been pre-authorised by *us* in advance. Should a follow-up, face to face, consultation subsequently be required the cost of the initial consultation shall be deducted from the amount we will pay for this follow-up consultation.  
.....

## 4.3 Therapy

- ! You can *claim* for the cost of *eligible treatment* by a *Therapist* if *you* are referred to a *Therapist* by your *GP* or *Specialist*.

If *you* do not have a *GP* or *Specialist* referral and wish to *claim* for physiotherapy, *you* may self-refer via the Nuffield Health Rapid Access Service. Please contact the helpdesk who will be able to assist with *your claim*.

- ✗ We will not pay for:
- Any fees charged for cancelled or missed appointments;
  - Any *diagnostic tests* and scans undertaken on the referral of *your Therapist*;
  - Any drugs or remedies prescribed by *your Therapist* (e.g. medicines, lotions, supplements and herbs);
  - Medical appliances such as insoles or orthosis;
  - Group therapy sessions;
  - Counselling sessions.

## Therapy Benefit

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- ✓ **Acupuncture**  
When treated by an acupuncturist who is registered with the *GMC* and holds a current licence to practise and is an accredited member of the British Medical Acupuncture Society (BMAS).
- ✓ **Chiropody/Podiatry**  
When treated by a *Therapist* on the Register of Chiropodists/Podiatrists of the *HCPC*.
- With *our* written pre-authorisation we will pay for:
- Surgery to the forefoot by an *NHS* Consultant Podiatric Surgeon when treated by a Fellow of the Surgical Faculty of the College of Podiatrists whose qualification is registered under the *HCPC* and who is employed as a consultant by the *NHS*;
  - Removal of ingrowing toenails (total or partial nail avulsion) by a Chiropodist/Podiatrist.
- ✓ **Chiropractic**  
When treated by a *Therapist* on the Register of the General Chiropractic Council (GCC).
- ✓ **Dietary Services**  
When treated by a dietitian on the Register of Dietitians of the *HCPC*.
- ✓ **Homeopathy**  
Consultations with a homeopath who is an accredited member of the Faculty of Homeopathy (MFHom) or a Fellow of the Faculty of Homeopathy (FFHom).
- ✓ **Occupational Therapy**  
When treated by a *Therapist* on the Register of Occupational Therapists of the *HCPC*.
- ✓ **Osteopathy**  
When treated by a *Therapist* on the Register of the General Osteopathic Council (GOC).
- ✓ **Physiotherapy**  
When treated by a *Therapist* on the Register of Physiotherapists of the *HCPC*.

## Therapy Benefit continued

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### Self-referred Physiotherapy

The Nuffield Health Rapid Access Service is a team of chartered physiotherapists who provide advice through triage calls and also face to face *treatment*.

*You* will initially have a telephone conversation with a physiotherapist who will contact *you* at a conveniently agreed time. The physiotherapist will assess *your* condition, offer *you* appropriate advice and determine what *treatment* is most clinically appropriate. The *treatment* plan may consist of a home exercise programme, face to face *treatment* with a physiotherapist or an onward referral to a *Specialist* in more complex cases. If *you* are referred to a *Specialist* *you* will need to contact *us* with the *Specialist's* name and obtain further authorisation.

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### Psychotherapy/Psychology

When treated by a psychologist on the Register of Psychologists of the *HCPC* and who is a chartered member of the British Psychological Society (BPS). When treated by a psychotherapist who is an accredited member of the British Association of Behavioural and Cognitive Psychotherapists (BABCP) or a full member of the Association of Child Psychotherapists (ACP).

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### Speech and Language Therapy

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

.....



## 4.4 Cancer Care

Because **cancer** care is well provided for within the **NHS**, the Co-op Healthcare **Scheme** does not automatically provide benefit for private **treatment** of **cancer**.

Considerable investment has been made over the last few years to improve **NHS** services for **cancer** with the appointment of Specialist doctors and **nurses** to ensure that the best care is made available. Every patient with **cancer** is assessed at multi-disciplinary team meetings to ensure that the right decisions are made for both investigations and **treatment**.

A swift diagnosis can have a significant influence on the **treatment** of **cancer** and the Clinical Specialist Team at **Protocol** will work with **you** in this pre-diagnosis phase to ensure that **you** obtain this.

- ⚠ **Scheme Members** with an existing authorised **claim** for diagnosed **cancer** as at 1 January 2019 will continue to benefit from the rules applicable to them at the start of their **claim**. Those **Scheme Members** should refer to the Cancer Care Explained Guide Endorsement.

### Cancer Care Benefit

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- ✓ **Cancer Care**  
We will pay for investigations of symptoms leading up to a diagnosis of **cancer** including consultations with **your Specialist**, second opinions, **diagnostic tests** (including certain diagnostic genetic tests) and scans including ultrasound and biopsies. Following **your** diagnosis, **your Specialist** or **GP** will need to refer **you** to the **NHS** for **treatment**. If the **treatment** is not available on the **NHS** or there is an issue accessing the **treatment** then please contact **Protocol** who can work with **you** and **your Specialist** to ensure that **you** obtain the **treatment** you need.
  - ⚠ If **you** receive **treatment** for **cancer** as an **NHS** patient, **you** may be eligible for **NHS** Cash Benefit. Please refer to Section 4.5 for further information.
- .....

## 4.5 NHS Hospital Cash Benefit

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

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

### NHS Hospital Cash Benefit

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- ⚠ To *claim* under this benefit please refer to Section 3.2 (How to make a *Claim* for a Cash Benefit).
- .....
- ✓ **NHS Hospital Cash Benefit (non-cancer)**  
We calculate payment as follows:
  - Per night for each night spent as an *NHS in-patient*;
  - Per day for each *NHS day-patient* admission;
  - Per day for one or more *NHS out-patient* complex diagnostic scans (MRI, CT or PET) or *NHS out-patient procedures*.
- .....
- ✓ **NHS Hospital Cash Benefit (cancer)**  
We calculate payment as follows:
  - Per night for each night spent as an *NHS in-patient*;
  - Per day for each *NHS day-patient* admission;
  - Per day for one or more *NHS out-patient* complex diagnostic scans (MRI, CT or PET) or *NHS out-patient cancer treatment*: radiotherapy/chemotherapy *treatment* with *targeted/biological therapies* or *NHS out-patient procedures*.
- .....

## 5. Further Benefits

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### 5.1 Additional Benefits

Please refer to *your Benefit Schedule* for the amounts payable in relation to the following benefits.

- ⚠ Please see Section 3.1 (How to make a *Claim* for Private *Treatment*).

#### Additional Benefits

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##### ✓ Nursing at Home

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

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

##### ✗ We will not pay for:

- Assistance simply for help with mobility or personal care.

##### ✓ Private Ambulance Transport

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

##### ✓ Parent and Child

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

##### ✓ Oral Surgery

- For the removal of impacted or unerupted teeth for medical reasons.

If *you* are referred to a *Specialist* we recognise we will pay for this under *your in-patient* and *day-patient* benefits.

The *procedure* must be carried out by a *Dentist* or *Specialist* we recognise.

##### ✓ Value Added Discounts

Available for *Protocol* customers at recognised outlets for the following:

- Gym memberships;
- Health screening and assessment;
- Optical;
- Golf breaks;
- Spa breaks.

For more information please log on at [wpa.org.uk](http://wpa.org.uk)

## 5.2 Cash Benefits

- ⚠ Please see Section 3.6 (*Claims* Administration and Reimbursement) for information on claiming.

### Cash Benefits

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- ✓ **Out of Pocket Expenses**  
To help with charges made by a private *hospital* for items such as telephone calls, newspapers and visitors' meals when *you* are a private *in-patient* or *day-patient*.
- ⚠ To *claim you* must send us the private *hospital* invoice and proof of payment.  
.....
- ✓ **Hospice Donation**  
When *you* are admitted to a hospice a contribution will be paid directly to the hospice on *your* behalf following notification of *your* stay from them.
- ⚠ To *claim* please contact the helpdesk.  
.....
- ✓ **NHS Hospital Cash Benefit**  
See Section 4.5 (*NHS Hospital* Cash Benefit).  
.....

### 5.3 Overseas Emergency Treatment

- ⚠ **Your Scheme** only provides benefit for **treatment** in the **UK** except where this Overseas Emergency **Treatment** benefit applies.
- ⚠ This is not full travel insurance but an additional benefit offering restricted benefit for Overseas Emergency **Treatment**.

Any trips **you** make outside of the **UK** must not exceed a total of 90 days per **Scheme Year**.

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

The cost of Overseas Emergency **Treatment** will be paid in line with **your UK** benefit limits and is subject to the Shared Responsibility applicable to **your Scheme**.

In addition to **your UK** benefit, this benefit also includes: primary care **treatment** given by a **GP** or local equivalent and a benefit for evacuation or repatriation.

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

### Overseas Emergency Treatment Benefit

- ✓ **Overseas Emergency Treatment**  
This benefit provides for eligible Overseas Emergency **Treatment** whilst travelling:

- Within the EU; or
- Outside the EU for business purposes only.

To be eligible, each trip must be no longer than 35 days starting the date of **your** outward journey. Overseas Emergency **Treatment** will continue until such time as medical advice indicates **you** are well enough to travel back to the **UK**, but no longer.

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## Overseas Emergency *Treatment* Benefit continued

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

**Before you travel:**

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

**If you are travelling in the EU (including Switzerland and Norway):**

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

**If you are travelling outside the EU - for business purposes only:**

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



### Medical Evacuation/Repatriation

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

- *We* may, in extreme circumstances, repatriate *you* to the *UK* for *treatment* where this is medically necessary and the Overseas Emergency *Treatment* cannot be obtained locally;
- *You* must accept *our* decision concerning the most suitable, practicable and reasonable medical facility, as *we* will not agree a transfer on *your* personal preference;
- In the event of the death of someone covered by the *Scheme* the *WPA Worldwide Coordination Centre* will make arrangements (including the completion of any documentation) for the return of the deceased to the *UK*.



No benefit is available for funeral expenses.

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### Family Assistance

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

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## How to Make a *Claim* under the Overseas Emergency *Treatment* Benefit

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

### Payment for *your treatment*:

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

## 6. What Is Not Eligible

⚠ There is no benefit available under *your Scheme* for *treatment* arising from or related to the exclusions in this Section. These exclusions apply to all the benefits in this *Guide* and on *your Benefit Schedule* in addition to any *personal exclusions*.

✗ *Your Scheme* does not provide benefit for:

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

- *Treatment* that is not approved by *NICE* for routine use in the *NHS* without restriction;
- *Treatment* that involves the use of drugs that are not licensed by the *EMA* for either single or stipulated combination use for the stage of the condition being treated.

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

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

**6.3 Any emergency treatment.** This includes:

- Unforeseen and unplanned *treatment* that is due to a sudden, *acute condition* that for medical reasons cannot be delayed;
- Emergency *treatment* or admission into a private *hospital*:
  - We will not pay for emergency admission into a private *hospital* unless we have pre-authorised this and *you* have first had a consultation with a *Specialist* and he/she has decided to admit *you*.

### 6.4 Allergic conditions

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

### 6.5 Breast surgery

- Breast modification, including augmentation or reduction, whether for medical or psychological reasons in men or women.

### 6.6 Certain hospital treatment

- Private *in-patient treatment* following an *A&E* admission to a *hospital* unless the transfer to receive private *treatment* is arranged by the *Specialist* at the patient's own request and of his own free will. We must authorise the transfer in advance otherwise no benefit will be available. Private *treatment* will only be eligible with effect from the date the patient signs the *hospital's* authorisation form;
- Private fees whilst being treated in *hospital* as an *NHS* patient;
- In a *hospital* overseas unless the Overseas Emergency *Treatment* benefit applies.

### 6.7 Cosmetic/aesthetic treatment

- *Treatment* intended to improve the patient's appearance whether or not for psychological purposes;
- Breast reduction or enlargement;
- *Treatment* required directly or indirectly as a result of cosmetic *treatment* (examples include but are not limited to breast augmentation, liposuction, botox, dermal fillers) or for performance enhancing *treatment* (examples include but are not limited to anabolic steroids);
- Any form of cosmetic dentistry (e.g. bleaching, veneers or implants);
- However we will provide benefit for cosmetic/aesthetic *treatment* when needed as a direct result of an accident or injury.



## 6.8 Dangerous activities/ circumstances

- Any condition contracted or injury sustained, either overseas or on *your* return to the *UK*, while taking part in dangerous activities or whilst in a location to which *you* travelled against advice issued by the Foreign and Commonwealth Office (FCO) either as against all travel or against all but essential travel;
- Taking part in winter sports of any kind, or any accident or injury that occurs whilst on a winter sports holiday or whilst staying in a winter sports resort;
- Any sport or activity which is: physically hazardous; requires a disclaimer prior to participation or the use of specialist/ safety equipment;
- Further examples include but are not limited to scuba diving and motor sports of any kind.

❗ If *you* are not sure whether an activity *you* plan to do falls within this rule *you* should check with *us* first.

- Any condition arising out of war, invasion, riot, revolution, act of terrorism, act of piracy, nuclear, biological or chemical contamination or any similar event.

## 6.9 Deliberately self-inflicted injuries or attempted suicide

### 6.10 Dental *treatment*

- General dental *treatment*;
- *Treatment* of a condition which involves any teeth, their roots and surrounding tissue attachments where this forms part of the dental *procedure*. This does not apply to any benefit paid under the Oral Surgery benefit;
- Fees related to the supply of any dental prostheses;
- Examples of dental *treatment* that are not eligible are routine dentistry, apicoectomy (root filling), dental cysts or abscesses;
- Orthodontic *treatment*, including the surgical removal of teeth for orthodontic reasons.

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

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

### 6.12 Dialysis

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

### 6.13 Drooping eyelids (ptosis)

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

### 6.14 End of life care

- See Section 8 (Definitions – *end of life care*).

### 6.15 Excluded conditions

- Anything excluded by the terms and conditions of *your Scheme*;
- Any related condition, which is where a current *UK* body of reasonable medical opinion considers another symptom, disease, illness or injury to be related to or associated with an excluded condition.

### 6.16 Fees that are over and above those of *customary and reasonable cost levels*

### 6.17 Gender reassignment/sex change

### 6.18 Genetic tests

- Unless *you* have benefit for *cancer* included under *your Scheme* and the genetic tests are used to identify the most appropriate *cancer* drug *treatment* of *targeted/biological therapies* approved by the *EMA* for *your* particular *cancer*, in the *UK*.

### 6.19 HIV, AIDS

- Or similar or consequential infections, injuries or illnesses.

### 6.20 Long term (chronic) conditions

- *Your Scheme* provides benefit for short term, not long term, *treatment* of *acute conditions* which start after *you* have taken out the *Scheme*;
- *Your Scheme* does not provide benefit for *treatment* for conditions that keep on coming back or need long term monitoring or management. Including but not limited to Diabetes, Glaucoma, Alzheimer's Disease, Macular Degeneration, Ulcerative Colitis, Rheumatoid or Juvenile Arthritis, Crohn's Disease, recurrent Urinary Tract Infections, Fibromyalgia and recurrent back and joint problems;
- If *your treatment* becomes recurrent, continuing or long term, the costs of *treatment* for this *long term condition* - including monitoring, management, consultations and check-ups - and associated conditions will not be covered. *We* will write to let *you* know if this is the case;
- *We* will, for a period not exceeding 3 months, pay for initial investigations needed to diagnose a new *long term condition* and the initial short term *treatment* up to the point of stabilisation. *You* must always contact *us* for pre-authorisation;
  - Following the 3 month period, *we* will not pay for further investigations such as endoscopies that are primarily diagnostic or *treatment* for relief of symptoms relating to a *long term condition* e.g. pain relief injections.
- *We* will pay for *in-patient treatment* of new, severe or life-threatening complications which have not been previously experienced in order to quickly return the *long term condition* to a controlled state.

### Targeted/Biological Therapies for long term (chronic) conditions

- *Targeted/biological therapies* are now being used for some *long term conditions*. If *your Specialist* considers that *you* may respond to a short term course of *targeted/biological therapies* *you* must always contact *us* for pre-authorisation. In addition, *your Specialist* must confirm:
  - That the *treatment* is not readily available to *you* as an *NHS* patient; and
  - That the *targeted/biological therapies* have been granted a *EMA* product license for use in the particular clinical condition.
- *We* will then, for a period not exceeding 3 months, pay for *eligible treatment* to allow *your Specialist* to find out if it will be effective and can stabilise *your* condition. *We* have produced an advisory leaflet about cover for *long term conditions*. If *you* would like a copy of this, please contact *us*.

### 6.21 Menopausal conditions

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

### 6.22 Newborn/congenital disorders

- *Treatment* for unborn babies/foetuses/embryos;
- Any birth defect or congenital abnormality whether identified at birth or prior to joining the *Scheme*. This includes, but is not limited to, conditions such as Patent Foramen Ovale (PFO), Bicuspid Aortic Valve and genetic disorders and/or abnormalities causing a pathological condition or syndrome, including chromosomal abnormalities and gene point mutations.

### 6.23 Non-disclosed conditions/symptoms

- Conditions and symptoms which *you* have not told *us* about when asked to do so when applying for cover or pre-authorising a *claim*. Please see Section 7.12 (Terminating or Cancelling *your Scheme* membership).

### 6.24 Non-established treatment

- See Section 8 (Definitions - *established treatment*).

### 6.25 Non-hospital establishments

- **Treatment** taking place in a *hospital* that is not on *our hospital* list;
- **Treatment** in convalescent, nursing or residential homes, health-hydros, nature cure clinics or similar establishments.

### 6.26 Obesity

- **Treatment** arising from or related to obesity and/or **treatment** for obesity (for example, bariatric surgery);
- **Treatment** arising from or related to the removal of fat or surplus healthy tissue from any part of the body, even if this is for medical or psychological reasons.

### 6.27 Organ transplant(s)

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

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

However, *we* will pay for:

- Cornea transplants, skin grafts and blood transfusions.

### 6.28 Out-patient drugs/dressings

- This includes drugs and dressings *you* are given to take home from *hospital* unless they are needed to complete a short course of **treatment** (e.g. antibiotics).

### 6.29 Pre-existing conditions - subject to *your* underwriting

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

### 6.30 Professional sports

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

### 6.31 Refractive eye surgery

- Refractive eye surgery for the correction of imperfect sight.

### 6.32 Rehabilitation

- **Treatment** helping towards improving physical and/or mental capacities, following illness or injury;
- However, *we* will pay for a short course of rehabilitation (not to exceed 2 weeks) immediately following an *in-patient* admission that *you* have had **treatment** for through *your Scheme*. Provided *we* specifically agree the extent of the benefit before rehabilitation starts and this will not be extended.

### 6.33 Removal of healthy tissue

- From any part of the body for any indication (including medical or psychological) examples include (but are not limited to) surgery for Gynaecomastia, Labial Reduction, Circumcision and Prophylactic Mastectomy or Prophylactic Oophorectomy to prevent **cancer**.

### 6.34 Reproductive system

- Pregnancy, fertility problems, assisted conception, contraception, miscarriage, sterilisation and child birth;
- However, *we* will pay for **treatment** of the following specified conditions when they occur during pregnancy:
  - Ectopic pregnancy (where the foetus grows outside the womb);
  - Hydatidiform mole (abnormal cells growing in the womb);
  - Miscarriage or when the foetus has died and remains with the placenta in the womb;
  - Still birth;
  - Heavy bleeding in the hours and days immediately after childbirth (postpartum haemorrhage);
  - Afterbirth left in the womb after delivery of the baby (retained placenta membrane).

#### 6.35 Road traffic collision/illegal activity

- Any illness or injury due to a road traffic incident/collision where *you* were not suitably restrained and/or wearing/using appropriate protection, e.g. seat belt, helmet or suitable child restraint;
- If *your claim* for *treatment* results from an incident or injury which is or may be subject to criminal proceedings against *you* or conviction, including road traffic offences, then *you* must provide all relevant details and *we* will suspend payment of *your claim* pending the outcome of the proceedings. If *you* are convicted then no benefit will be paid.

#### 6.36 Routine medical examinations, health screening or medical appliances, such as:

- Hearing aids, wheelchairs, crutches, braces or surgical orthoses.

#### 6.37 Sexual problems

- Sexual dysfunction however caused;
- Sexually transmitted diseases.

#### 6.38 Sleep disorders

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

#### 6.39 Use of or Dependency upon Alcohol/Drugs/Substances

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

#### 6.40 Varicose veins

- Micro-sclerotherapy for thread veins and other superficial veins;
- *We* will pay for:
  - One admission per leg regardless of *treatment* type per person per lifetime;
  - One visit only for injections of residual veins after *treatment* to the main veins per person per lifetime, benefit is provided for up to 6 months after the main *procedure*.

# 7. Important Information

## 7.1 What is required of you

### 7.1.1 Scheme Member Criteria

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

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

*You* must remain registered with a *GP* whilst *you* are a *Scheme Member*. At all times the *GP* with whom *you* are registered must be local to the *Scheme Member's Address*.

### 7.1.2 Family Member(s) Criteria

With the consent of the *Scheme Holder* *you* may include *family member(s)* under *your Scheme* membership. Eligible *family member(s)* include *your* partner and any of *your* unmarried children. *Your* unmarried children must be under 21 when joining the *Scheme* or under 25 if they are in full-time education. Once *your* unmarried children exceed the maximum age limits they will be removed from the *Scheme* at the next annual renewal. *Family member(s)* must live at the *Scheme Member Address* (unless in full-time education).

### 7.1.3 Your Information

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

## 7.2 Residential Status

The *Scheme Member's Address* will be used for all *Scheme* membership related matters. *You* (and *your family member(s)*) must all live at the *Scheme Member's Address* for at least 6 months of the year unless in full-time education.

*You* must notify *us* immediately of any change to *your Scheme Member's Address*. *Your Scheme* membership will

automatically cease if *you* leave the *UK* for more than 6 months of the year or provide *us* with an incorrect or inaccurate *Scheme Member's Address*.

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

- Void *your Scheme* membership; or
- Void *your Scheme* membership and recover any benefit paid.

## 7.3 Renewal

Only the *Scheme Holder* may renew the *Scheme*. After the *renewal date* of the *Scheme*, new terms and conditions will apply to *your Scheme* membership.

## 7.4 Underwriting Terms

Underwriting terms are applied in addition to the terms and conditions of *your Scheme* contained within this *Guide*. Please refer to *your Certificate of Participation* to see which underwriting term applies.



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

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

### 7.4.1 Moratorium Underwriting (sometimes referred to as Mori)

If *you* have moratorium underwriting *you* will not be eligible to *claim* for at least 2 years, for any condition(s) which *you* had during the 5 years before *your Scheme* membership starts or which occurred in

the first 14 days after *you* joined *us*. *We* call these pre-existing conditions.

If *you* do not have any symptoms, *treatment*, medication or advice for pre-existing conditions for 2 continuous years after *your Scheme* membership starts, benefit will then be available. *We* refer to this as a 2 year clear period.

When applying for *your Scheme* membership, although *you* do not have to provide *us* with full medical details of conditions that are outside of the moratorium criteria on the *Application Form*, *we* may request more detailed information from *your GP/Specialist* for each new condition *claimed* for.

If, when *you* joined, *you* suffered any condition that requires regular monitoring, management, advice or medication, such conditions will never be eligible for benefit. This is because *you* will not have had a 2 year clear period, as explained above.

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

- Any conditions that existed during the 5 years before the date that *you* joined *us*, unless *you* have a 2 year clear period after *your* join date;
- Any condition that existed before the date that *you* joined *us*, for which *you* have not had a 2 year clear period;
- Any conditions that existed before the date that *you* joined *us*, that fall within the moratorium criteria in the *Application Form*, unless adequately declared to and accepted by *us* in writing.

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

## 7.5 Your Medical Information

It is a term of *your Scheme* membership that *we* may access *your* medical record(s) and/or request a medical report from *your treatment* provider. *Our* entitlement to this information is governed by the Access to Medical Reports Act 1998 (AMRA).

If *we* require further information, *we* will seek *your* consent. *You* may choose whether or not *you* wish to give *your* consent. If *you* refuse to give consent then *we* will be unable to process any *claim(s)* *you* have made or may make and *your Scheme* membership may be terminated or rendered void.

Once *you* have provided *your* consent *you* have the option to view the information first. If *you* choose to view the information first, *we* will be unable to process *claims* *you* have made or may make until all the information is provided by *you* to *us*. If *you* do not provide all of the information requested to *us*, *your Scheme* membership may be terminated or rendered void.

If *your Scheme* membership is terminated or rendered void as a result of a failure by *you* to provide to *us* information *we* have requested *we* may recoup from *you* any amounts already paid in respect of conditions for which *you* have made a *claim* prior to the request for information. In these circumstances, *we* will also seek *our* costs of recoupment.

*We* may also require *your treatment* provider including *Specialist* or *Therapist* whose care *you* have been under, to supply *us* with any information *we* reasonably require in relation to *your treatment* details, costs, invoices submitted to *us* or in relation to the administration of *your Scheme* membership.

## 7.6 What you need to know about Protocol

*Protocol* is a company registered in England and Wales under Company number: 02755175. *Our* registered office is: Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE.

*Protocol* is a public limited company.

### 7.6.1 Regulation

*Protocol* is an Appointed Representative and wholly owned subsidiary of WPA.

## 7.6.2 What we do

*Protocol* is an administrator of Corporate Healthcare Trusts appointed on behalf of the trustees pursuant to an Administration Agreement.

## 7.7 What you should do if you are unhappy and want to complain

If *you* are unhappy and want to make a complaint *you* should contact *us* using any of the contact methods in this *Guide* and detail *your* complaint. *Your* complaint will then be escalated to an appropriate line manager to deal with. The appropriate line manager will investigate the complaint and following the conclusion of the investigation issue *you* with a response.

This process is overseen by *our* Head of Complaints.

In the event of any dispute the trustees have absolute discretion and their decision is final.

## 7.8 Enforcing your Scheme membership

### 7.8.1 Who can Enforce your Scheme?

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

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

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

### 7.8.2 Terms and Conditions

If for any reason, any terms and conditions or provisions within this *Guide* are deemed unenforceable, invalid or illegal, in any respect under law or regulation,

the validity, legality and enforceability of the remaining terms and conditions or provisions in this *Guide* will not, as a result, be in any way affected or impaired.

Any failure to exercise, or delay in exercising, any terms and conditions or provisions within this *Guide* by *us*, will not operate as any waiver by *us*.

If *we* pay any benefit outside the terms and conditions of *your Scheme*, it does not mean that *we* are liable to continue to make payment in the future.

## 7.9 What to do if you have healthcare with another provider

It is a condition of this *Scheme* that if, at the time of making any *claim* (or at the time of any *eligible treatment* for which a *claim* has been made) there is any other healthcare arrangement or insurance and/or cash benefit Scheme covering all or part of the costs which are the subject of the *claim*, liability under this *Scheme* shall be limited to a rateable proportion of any such *claim*.

For the avoidance of doubt, this includes any benefit provided by *your* credit card provider or similar.

If *you* have the benefit of membership of a healthcare arrangement or insurance and/or cash benefit scheme with an insurer *you* must tell *us* and agree to *us* contacting them. This is a condition of *your Scheme* because neither *we* in administering the *Scheme*, nor the other party are liable to pay more than a rateable proportion of any *claim* for *eligible treatment*.

If *you* fail to provide *us* with details of any other healthcare arrangement or insurance from which *you* are eligible to *claim* benefit then *we* reserve the right to recover the rateable proportion from *you*.

The amount of any *claim* that *you* make must not exceed the cost actually incurred by *you* for the *eligible treatment* *you* have received.

It is a general legal principle that *you* are not permitted to make a profit from *claims*.

*You* may not be paid more than once in respect of the same expense.

## 7.10 What to do if you have a Personal Injury or Clinical Negligence Claim

It is a condition of *your Scheme* that if *you* have a personal injury or clinical negligence claim *you* agree to comply with *our*: "Claims Cooperation Procedure" which can be viewed on *our* website at: [wpa.org.uk/injury](http://wpa.org.uk/injury)

It is important that *you* understand the legal implications of the Claims Cooperation Procedure. If *you* are in any doubt as to the meaning, *you* must contact *us* or take independent legal advice as soon as possible.

If *we* fund any *eligible treatment* costs which were attributable to the fault or negligence of a third party and *you* make a *claim*, *you* must include the eligible *treatment* costs within *your* legal action.

*We* have a contractual subrogated right to take legal action on *your* behalf (and in *you* and/or where applicable *your family member(s)* name(s)) and *you* must cooperate with *us* in the exercise of that right.

## 7.11 Personal Information, Financial Crime and Fraud

### 7.11.1 How we use information about you

*We* will hold and process personal data in accordance with the Data Protection Act, the General Data Protection Regulation (Regulation (EU) 2016/679) and any other applicable laws and regulations relating to the processing of personal data and privacy, including any applicable guidance and codes of practice issued by the Information Commissioner's Office or any other relevant supervisory authority.

*We* undertake checks for the purposes of preventing financial crime, fraud, money laundering and to verify *your* identity. These checks require *us* to process the personal data *you* have provided or that *we* have received from third parties and may include but is not limited to *your*: name, address and address history, date of birth, contact details, financial information, employment details, medical and lifestyle information and device identifiers including IP addresses. Further, *we* use your personal data to administer *your Scheme* including underwriting, *claims* processing, assessment and statistical analysis and to improve our products and services. *We* take great care in the safe custody and use of personal data. *We* are one of the few insurance companies to hold the ISO 27001 Standard - the International and British Standard for Information Security.

*We* do not share information about *you* with third parties other than to a limited number of essential people necessary to perform *our* obligations to *you*, including:

- *Your treatment* providers;
- *Our* trusted third party service providers;
- Other companies within the WPA Group including: WPA Protocol Plc; WPA Healthcare Practice Plc; WPA Insurance Services Limited; WPA World Class Services (India) Private Limited and any others as notified from time to time.

In certain circumstances, when *we* are legally obliged to, it may be necessary for *us* to share information with HMRC and/or *our* Regulators.

*We* may also share medical information with someone acting on behalf of *you*, if incapacitated.

*We* never share information with third parties for marketing purposes.

For further details, including an up to date list of *our* Service Providers, please visit *our* website at: [wpa.org.uk/privacy](http://wpa.org.uk/privacy)



Alternatively, please contact the Data Protection Officer for the WPA Group in writing or email: [dataprotection@wpa.org.uk](mailto:dataprotection@wpa.org.uk)

### 7.11.2 Financial Crime and Fraud

To detect and prevent fraud, financial crime or improper *claims* *we* check details with fraud prevention agencies. Additionally, *we* work with other organisations including other insurers to pool information about applications or *claims*. When *we* and fraud prevention agencies process *your* personal data, *we* do so on the basis that *we* have a legitimate interest in preventing financial crime, fraud, money laundering and to verify identity, in order to protect *our* business and to comply with laws that apply to *us*. Such processing is a contractual requirement of the services *you* have requested.

*We*, and fraud prevention agencies, may also enable law enforcement agencies to access and use *your* personal data to detect, investigate and prevent crime.

Fraud prevention agencies can hold *your* personal data for different periods of time, and if *you* are considered to pose a financial crime, fraud or money laundering risk, *your* data can be held for up to six years.

Where any potential financial crime, fraud or improper *claim* is suspected by *us*, notified to *us*, or identified by *us*, *we* will investigate. If *we*, or a fraud prevention agency, determine that *you* pose a financial crime, fraud or money laundering risk, *we* may refuse to provide the services *you* have requested or *we* may stop providing existing services to *you*.

A record of any financial crime, fraud or money laundering risk will be retained by the fraud prevention agencies and may result in others refusing to provide services, financing or employment to *you*.

If *we* conclude *you* have or any *family member* has committed fraud, financial crime or submitted an improper *claim* (or attempted to do so) then *we* reserve the right to notify the person who pays the premium which may include an employer or *family member*.

If *we* obtain evidence of fraud, financial crime or reckless or deliberate misrepresentation in relation to *your Scheme* membership *we* will avoid the contract and refuse all *claims* and will not refund any premiums paid. Further, *we* will take legal action to recover all losses to *us* including any *claims* *we* have paid, the interest on these sums and all associated costs.

Whenever fraud prevention agencies transfer *your* personal data outside of the European Economic Area, they impose contractual obligations on the recipients of that data to protect *your* personal data to the standard required in the European Economic Area. They may also require the recipient to subscribe to 'international frameworks' intended to enable secure data sharing.

### 7.11.3 Your Data Protection Rights

*Your* personal data is protected by legal rights, which may include *your* right to:

- object to *our* processing of *your* personal data;
- request that *your* personal data is erased or corrected;
- request access to *your* personal data.

For more information or to exercise *your* data protection rights please contact *us* in writing or email: [dataprotection@wpa.org.uk](mailto:dataprotection@wpa.org.uk)

*You* also have a right to complain to the Information Commissioner's Office which regulates the processing of personal data. For more information please visit: [www.ico.org.uk](http://www.ico.org.uk)

Please note that *our* processing of *your* personal data is an essential requirement in order for *us* to provide services to *you* under the terms and conditions of *your Scheme*.

#### 7.11.4 Giving you information

We may advise *you* by letter, telephone, electronic mail or otherwise of *our* services or products which *we* believe *you* may be interested in. If *you* do not wish to receive such information please tell *us* at any time.

*You* have a right to know what information *we* hold about *you*. *We* may request an administration fee for supplying a copy of any personal information.

*You* must notify *us* of any changes to *your* personal information such as a change to *your* name, address or email to ensure *your* personal information is correct and up to date.

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

Email is a useful way for *you* to contact *us* and for *us* to communicate with *you* - but please remember that the email address *you* give *us* must be secure and not accessible by anyone else.

By providing *your* email address *you* are consenting to its use for services which may include the provision and/or receipt of *claim* and medical information as well as the administration of *your Scheme*.

#### 7.11.5 Our Personal Data Retention Policy

*We* will hold and process *your* personal data whilst *you* are a *Scheme Member* so that *we* may administer *your Scheme*. Following termination of *your Scheme* membership *we* will be entitled to continue to hold and process *your* personal data for legal, regulatory and statutory reporting purposes such as:

- fraud detection and prevention;
- as required by *our* Regulators;
- monitoring and improving *our* services;
- data analytics, market trends and benchmarking;
- calculating premiums; and
- such other purposes as may be agreed between *us*.

How long *we* will retain and process your personal data depends upon the reason for processing. Where *we* carry out processing following termination *we* will use reasonable endeavours to ensure the anonymisation or pseudonymisation of personal data in so far as such processing can be carried out in that form.

#### 7.12 Terminating or Cancelling your Scheme membership

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

##### 7.12.1 Terminating or Voiding your Scheme membership

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

- Act dishonestly or fraudulently in relation to *your Scheme* membership 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 the *Scheme Holder* accepts *you* as a *Scheme Member*, 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 Scheme* membership; or
- *You* are abusive or threatening towards *our* staff.

In any of these circumstances *you* must return any benefit *we* have paid.

*Your Scheme* membership will automatically become void and no *claims* will be paid if:

- *You* leave the *Scheme*; or
- *You* leave the *UK* to live elsewhere for over 6 months.
- The administrative agreement between *us* and the *Scheme Holder* is terminated.

### 7.12.2 Cancelling *your Scheme* Membership

The cancellation rights in relation to the *Scheme* are detailed in the Administration Agreement between *us* and the *Scheme Holder*.

If you wish to cancel *your Scheme* membership you must contact the *Scheme Holder*.

## 8. Definitions

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Some words and phrases used in this *Guide* have a particular meaning and this is explained below. These definitions may not all apply to *your* particular *Scheme*, depending on the benefit it offers.

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

### Active Treatment

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

### Acute Condition

A symptom, disease, illness or injury that is likely to respond quickly to *treatment* which aims to return *you* to the state of health *you* were in immediately before suffering the disease, illness or injury, or which leads to *your* full recovery.

### A&E

Accident and Emergency.

### Application Form

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

### Benefit Schedule

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

### Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

### CCSD Code

Operations/*procedures* carried out by *your* *Specialist* are classified using the industry standard CCSD (Clinical Coding and Schedule Development) codes. For information visit [www.ccsd.org.uk](http://www.ccsd.org.uk)

### Certificate of Participation

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

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

### Claim

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

### Critical Care

The Intensive Care Society provide 'Classification of Critical Care' guidance. For information visit [www.ics.ac.uk](http://www.ics.ac.uk)

### Curative Intent

*Curative intent* applies to *treatment* that is administered with a reasonable expectation both that it will restore the patient close to the state of health enjoyed prior to the disease being diagnosed, and expect the patient to be disease free 5 years after commencement of the *treatment*.

### Customary and Reasonable Cost

The level of fees that *we* deem to be a *customary and reasonable cost* are set to reflect the complexity of a *procedure*, the time and skill involved in its performance and that which is a *customary and reasonable cost* and a fair return for services rendered. The benefit levels for each *procedure* are regularly reviewed by the WPA Group Medical Advisory and Clinical Governance Committee, whose medical members have both private and *NHS* consultant experience. *We* take professional advice from *our* *Specialist* advisers and through continuing dialogue with both the medical profession and professional *Specialist* bodies.

### Day-patient

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

### Dentist

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

### Diagnostic Tests

Investigations, such as x-rays or blood tests, to find or to help to find the cause of *your* symptoms. For the purposes of this *Scheme*, *diagnostic tests* also include ultrasound scans.

### EHIC

European Health Insurance Card or any future equivalent reciprocal health funding agreements.

### Eligible Treatment

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

### EMA

The European Medicines Agency or any future successor statutory body.

### Employee

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

### End of Life Care

*Treatment* which concentrates on controlling pain and other symptoms when the patient is near or approaching the end of life and *active treatment* for the causative disease is no longer considered effective or appropriate.

### Established Treatment

*Treatment* that is considered to be acceptable recognised clinical practice by *our* medical advisers and:

- It is approved by *NICE* for routine use in the *NHS* without restriction; and

- If it involves the use of drugs, they are used within their licensed indication for use in the *UK* (e.g. *EMA*).

### Family Member

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

### GMC

General Medical Council.

### GP

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

### Guide

This *Scheme* document.

### HCPC

Health and Care Professions Council.

### Hospital

A *hospital* included in *our* list of recognised *hospitals* that is:

- A private *hospital* which charges fees for its services with facilities for providing private medical and surgical *treatment*; or
- An *NHS hospital* in the *UK* which is registered in accordance with United Kingdom legislation which is not a nursing home which provides convalescence or geriatric care;
- Or overseas is locally recognised.

### In-patient

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

### Long Term (chronic) Condition

A symptom, disease, illness, or injury that has one or more of the following characteristics:

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

- It requires *your* rehabilitation or for *you* to be specially trained to cope with it;
- It continues indefinitely;
- It has no known cure;
- It comes back or is likely to come back.

### NHS

National Health Service.

### NICE

National Institute for Health & Care Excellence.

### Nurse

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

### Out-patient

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

### Personal Exclusion(s)

Specific term(s) that *we* may, in *our* discretion, apply to *your Scheme* based on either *your* lifestyle, *your* medical history or *your* family's medical history. These will be applied either when *you* take out *your Scheme* or on *transfer* and will appear on *your Certificate of Participation*.

If *you* are joining on a moratorium underwriting basis *you* will see *your* moratorium terms outlined in the personal exclusions section on *your Certificate of Participation*.



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

### Procedure

A *procedure* that includes any of the following:

- Making an incision to gain access to the inside of a patient's body;
- Using an instrument (such as an endoscope) to gain access to and view the inside of a patient's body;

- Using electromagnetic energy to treat a condition for example lithotripsy to treat kidney stones.

Note: these *procedures* are classified by *CCSD Codes*.

### Protocol

WPA Protocol Plc, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE and any other company within the WPA Group.

### Renewal Date

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

### Retiree

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

### Scheme

The *Scheme* is the healthcare *Scheme* provided by and in accordance with the terms and conditions of the Healthcare Trust. The *Scheme* is administered by *Protocol* as set out in the terms and conditions contained in this *Guide*, the *Benefit Schedule*, *Certificate of Participation* and where applicable any other endorsement or memorandum issued by *Protocol*.

### Scheme Holder

The Trustees of the Healthcare Trust that entered into the Administration Agreement with *Protocol*.

### Scheme Member

Any eligible individual actively involved in the business of the *Scheme Holder* as an *Employee* or *Retiree* and registered on the *Scheme*.

### Scheme Member's Address

The *UK* address *you* provided to *us*. If *you* have one or more addresses, *you* should provide *us* with *your* usual residence where *you* and *your family member(s)* live for at least 6 months of the year. The *Scheme Member's Address* and the address *you* register with *your NHS GP* must be the same.

### **Scheme Year**

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

### **Specialist**

A medical practitioner holding a licence to practise whose name appears on the current ***GMC Specialist Register*** and is certified as a ***Specialist*** by the appropriate college or specialty body providing a regulatory function.

### **Targeted/Biological Therapies**

These are therapeutic/biological drugs that stop cells from multiplying and spreading or developing a blood supply to sustain themselves. ***Targeted/biological therapies*** also include immunotherapies which use ***your*** own immunological system to treat the underlying condition.

### **Therapist**

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

### **Transfer**

When a ***Scheme Member*** or ***family member(s)*** changes benefit level or moves from one ***Scheme*** to another.

### **Treatment**

Surgical or medical services (including ***diagnostic tests***) that are needed to investigate, relieve and/or cure a symptom, disease, illness or injury. This includes any form of medical care.

### **UK**

When reading this ***Guide*** references to the ***UK*** include England, Wales, Scotland, Northern Ireland, the Channel Islands and the Isle of Man.

### **Us/We/Our**

WPA Protocol Plc, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE and any other company within the WPA Group.

### **WPA Worldwide Coordination Centre**

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

### **You/Your**

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

## Our standards are high

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

### Quality Management : ISO 9001

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

### Business Continuity Management : ISO 22301

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

### Environmental Management : ISO 14001

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

### Information Security Management : ISO 27001

The benchmark for protecting valuable and sensitive customer information.

# PROTOCOL



### WPA Protocol Plc

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

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