

# The Co-op Healthcare Scheme

Welcome to the Co-op Healthcare *Scheme*, administered by WPA Protocol Plc (known as *Protocol*). We hope that you never have cause to use us, but if you do, the wide range of benefits could prove invaluable. This document provides a summary of your benefits, however medical healthcare schemes have complex rules and these are detailed in "A Guide to your Healthcare Scheme" (your Guide). The most up to date version of your Guide is available on your intranet or on the Co-op pages at wpa.org.uk

### Co-op Helpdesk

If you have any questions regarding your rules, benefits or any other aspect of your Scheme, then please telephone the Healthcare Scheme Helpdesk on 0345 129 5450.

We can let you know in advance whether the Scheme provides benefits for your condition or treatment before you incur any costs. Please note: every claim/invoice must be submitted within 6 months of the date of treatment.

### Claim form free

The Co-op Healthcare *Scheme* operates without claim forms. Please remember to call the Helpdesk before arranging any *treatment*, pre-authorisation is required in all cases. To ensure *we* have the information necessary to process *your claim*, we may write to *you* requesting some basic information. As soon as we receive this information, we will process *your claim* without delay. We would encourage *you* to call the Helpdesk on 0345 129 5450 prior to making a *claim*, or if *you* have any queries.

# wpa.org.uk

A website is also available where *you* can access *your Scheme* 24 hours a day, 365 days a year. Take a look at all the things it can do for *you*, such as viewing or downloading literature and keeping track of *your claim* every step of the way.

## **Shared Responsibility**

A Shared Responsibility applies per *Scheme Year* to all benefits. Unlike an excess, the cost of *your* medical *treatment* is shared on a co-payment basis, as a 25/75 split. The Co-op Healthcare *Scheme* pays 75% and *you* pay 25% until *your* contribution reaches *your* maximum annual liability of £150. Thereafter, the Co-op Healthcare *Scheme* will pay 100% of *eligible treatment* costs until *your* next renewal date.

## **Underwriting Terms**

The underwriting term which applies to your Scheme is Moratorium (sometimes referred to as Mori). This means that you cannot claim for any pre-existing conditions (including related conditions) that existed prior to the commencement date of your Scheme membership. Benefit may be considered for pre-existing conditions after you have completed two consecutive years of membership on the Scheme symptom free. Please refer to your Guide for further guidance.

# **Exceptions to benefits**

As with any medical healthcare scheme, there are exceptions to the benefits which are provided. They are listed in full within *your Guide*. Please check before *you* start any course of *treatment*, to ensure that *we* will meet *your claim*. The Helpdesk will be happy to write to *you* with confirmation of benefit for *your* peace of mind.

The Co-op Healthcare Scheme Helpdesk is available 8.00am to 7.00pm, Monday to Friday and 9.00am to 12.00pm, Saturday.

0345 129 5450

# **Benefit Schedule**

For the period 01 January 2019 to 31 December 2019 (known as your 'Scheme Year')

# The Co-op Healthcare Scheme: Benefits

This *Benefit Schedule* is intended only as a summary of what is and is not available under *your Scheme* and should be read in conjunction with 'A Guide to Your Scheme' (*your Guide*). *You* should refer to the corresponding Section of *your Guide* when using this *Benefit Schedule* as each Section contains important information about each benefit.

The benefit amounts shown are the maximum amounts payable per person per *Scheme Year* unless otherwise stated. Where no benefit limit is stated, *claims* will be paid subject to a level *we* consider to be a *Customary and Reasonable Cost* and in accordance with the terms and conditions of *your Scheme*. Please see Section 3.4 of *your Guide* (*Your Treatment* Provider's Fees).

Remember all claims need to be pre-authorised by us. Please see Section 3 of your Guide (Claims).

When reading this Benefit Schedule the following applies:

In-patient and Day-patient Treatment - Section 4.1

- lt is a condition of *Scheme* membership that *your* personal data will be processed in accordance with the WPA Group privacy policy available in *your Guide* or at <u>wpa.org.uk/privacy</u>
- This benefit is eligible subject to the terms and conditions of *your Scheme*.
- All Scheme Members: an overall maximum annual benefit limit of £100,000 applies.
- A Shared Responsibility limit of 25% capped at £150 per person per *Scheme Year* applies to all benefits except for *NHS Hospital* Cash Benefit and Hospice Donation.

# Hospital Treatment (excluding Critical Care) Critical Care Levels 2 and 3 - Up to 28 days Specialists' Fees Diagnostic Tests Complex Diagnostic Scans In-patient and Day-patient Therapy Post-operative Consultation and Tests Psychiatric Treatment - Up to 28 days/nights Prostheses: Passive and Active Out-patient Treatment - Section 4.2 Consultations with a Specialist Simple Diagnostic Tests Complex Diagnostic Scans **Out-patient Procedures** Pre-admission Tests Therapy - (Please see therapy benefits overleaf) Consultations with a Psychiatrist - Up to 6 consecutive months for each episode of psychiatric illness Virtual and telephone/digital consultations

Continues overleaf

# Therapy - Section 4.3

| When referred by your GP or Specialist and deducted from the £1,000 out-patient/therapy limit   |            |
|---|------------|
| Acupuncture • Chiropody/Podiatry • Chiropractic • Dietary Services • Homeopathy • Occupational Therapy • Osteopathy • Physiotherapy • Speech and Language Therapy   | $\bigcirc$ |
| Self-referred therapy - Physiotherapy via the Nuffield Rapid Access Service   | $\bigcirc$ |
| Psychotherapy/Psychology - 6 consecutive months for each episode of psychiatric illness   | $\bigcirc$ |
| Cancer Care – Section 4.4   |            |
| Cancer Care - Benefit only available for investigations leading to diagnosis  | $\bigcirc$ |
| Please refer to the <i>Cancer</i> Care Section of <i>your Guide</i> for full details  | $\bigcirc$ |
| NHS Hospital Cash Benefit - Section 4.5   |            |
| Non-Cancer - overall combined maximum annual benefit £4,500   |            |
| NHS In-patient (less than 3 nights) or NHS Day-patient – £150 per night/day NHS In-patient (3 nights or more) – £200 per night NHS Out-patient Complex Diagnostic Scans or NHS Out-patient Procedures – £150 per day                            | $\bigcirc$ |
| Cancer - overall combined maximum annual benefit £6,000   |            |
| NHS In-patient or NHS Day-patient - £200 per night/day NHS Out-patient Complex Diagnostic Scans or NHS Out-patient Cancer Treatment - £150 per day  | $\bigcirc$ |
| Additional Benefits - Section 5.1   |            |
| Nursing at Home   | $\bigcirc$ |
| Private Ambulance Transport   | $\bigcirc$ |
| Parent and Child - One parent staying in a <i>hospital</i> with a child under 12 years old (who is a <i>Scheme Member</i> ) while the child is receiving eligible private <i>treatment</i> (up to a maximum of 30 days per <i>Scheme Year</i> ) | $\bigcirc$ |
| Oral Surgery - For the removal of impacted or unerupted teeth. <i>Customary and reasonable costs</i> under a <i>Specialist</i> we recognise or a maximum of £350 if carried out by your <i>dentist</i>  | $\bigcirc$ |
| Value Added Discounts - For more information log on at wpa.org.uk   | $\bigcirc$ |
| Cash Benefits - Section 5.2   |            |
| Out of Pocket Expenses - Up to £10 per day  | $\bigcirc$ |
| Hospice Donation - £70 per day/night up to £700   | $\bigcirc$ |
| NHS Hospital Cash Benefit - (Please see NHS Hospital Cash Benefit above)  | $\bigcirc$ |
| Overseas Emergency <i>Treatment</i> - Section 5.3   |            |
| Overseas Emergency <i>Treatment</i> - Up to £250,000 for trips up to 35 days, subject to an annual maximum of 90 days   | $\bigcirc$ |

# How to make a claim

### 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.

### 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.
- (1) If you have any queries, please contact the helpdesk.
- (I) 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 Co-op Healthcare Scheme is administered by WPA Protocol Plc

Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE wpa.org.uk

Email protocol@wpa.org.uk

Registered in England and Wales No. 275 5175 VAT No. 634 5420 54

WPA Protocol Plc is a wholly owned subsidiary and Appointed Representative of WPA. WPA is a registered trade mark of Western Provident Association Limited.

Telephone conversations are recorded for the purpose of ensuring an accurate record of discussions.

## © WPA Protocol Plc 2018

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of WPA Protocol Plc. 12/181300