

Direct Cash Plan

Insurance Product Information Document

WHA

Direct

Company: WHA Direct is a trading name of Welsh Hospitals and Health Services Association, a limited Company Registered in Wales. No. 515135. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. No 202605.

Product: WHA Direct

This document provides a summary of the key information relating to the WHA Direct Cash Plans.

Complete individual pre-contractual and contractual information is provided in your policy documentation which, we encourage you to review thoroughly.

What is this type of insurance?

Healthcare cash plans pay cash benefits towards the cost of a wide range of services and treatments, including: Optical, Dental, Physiotherapy, Osteopathy, Chiropractic, Chiropody, Specialist Consultation, Hospital Inpatient, Hospital Outpatient, Alternative Therapies, Counselling and Personal Accident.



What is insured?

The benefit table within your Benefit & General Conditions document, details the maximum benefit which can be claimed over a two-year period for the specific scheme you choose.

Who is covered?

The policy covers you and your partner (partners are covered if you choose one of our Partner schemes).

What is covered?

A payment up to the maximum benefit, could be made for fees incurred and paid by you or your partner.

You and your partner will be covered for:

- ✓ **Optical** – for new spectacles, lenses or contact lenses prescribed by a qualified optical practitioner registered with the General Optical Council. Up to £240.00.
- ✓ **Dental** - for treatment by a qualified dental practitioner registered with the General Dental Council. Up to £240.00.
- ✓ **Physiotherapy** - for treatment by a duly qualified and registered physiotherapist. Up to £320.00.
- ✓ **Osteopathy** - for treatment by a duly qualified and registered osteopath. Up to £320.00.
- ✓ **Chiropractic** - for treatment by a duly qualified and registered chiropractor. Up to £320.00.
- ✓ **Chiropody/Podiatry** - for treatment by a duly qualified and registered chiropodist/podiatrist. Up to £160.00.
- ✓ **Specialist Consultation** - for a consultation for a medical or surgical condition with a doctor registered in the Specialist Register of the General Medical Council. Up to £500.00.
- ✓ **Alternative Therapies** - for Acupuncture, Alexander Technique, Bowen Therapy and Sports Therapy/Massage by a duly qualified and registered practitioner. Up to £160.00.
- ✓ **Counselling** - for appointments with a qualified and registered counsellor, psychotherapist or psychologist. Up to £160.00.
- ✓ **Hospital Inpatient** - A payment for each day spent in a recognised hospital (excluding the day of discharge) as a formally admitted inpatient. Up to £798.00.
- ✓ **Hospital Outpatient** - A payment when the patient has attended as a National Health Service outpatient or day patient on at least three occasions in a continuous period of six months. Up to £100.00.
- ✓ **Personal Accident Benefit** - A payment made for death, disablement or for certain injuries suffered as a result of an accident. Up to £10,000 for death as a result of an accident. This benefit is not covered on PL 7 or PL 14 schemes.



What is not insured?

- ✗ Claims arising out of any medical condition which existed before your enrolment date.
- ✗ **Optical** - optical care plans, contact lens solutions, repairs or for the supply of new spectacle frames only, non-prescription glasses.
- ✗ **Dental** - regular payments made for any dental maintenance plans, consumables or prescriptions.
- ✗ **Hospital Outpatient** – if attendance is required because of pregnancy or if related to psychiatric or geriatric conditions.
- ✗ **Specialist Consultation** - benefit is not payable for consultations for pension, insurance or emigration matters, legal or industrial actions, medical examinations, pregnancy, family planning, cosmetic surgery or health screening.
- ✗ **Chiropodist/Podiatrist** - the purchase of orthotics/ orthoses equipment.
- ✗ Prescription charges.
- ✗ Illness or injury which may be self-inflicted or arising out of riot, civil commotion, terrorism or act of war.
- ✗ Surgical appliances, equipment, items supplied or for private hospital treatment which cannot be classified as minor treatment.



Are there any restrictions on cover?

- ! You can only claim the maximum benefit once over a two-year period which is calculated from your claim date.
- ! Benefit is not payable for events which arise during the first three months of your membership (except if hospital admission/attendance is required as a result of an accident), which occurred after enrolment.
- ! Benefit is not payable for claims for hospital inpatient benefit relating to pregnancy or childbirth arising in the first 12 months of your membership.
- ! **Specialist Consultation** – only one follow-up consultation can be claimed for.
- ! **Counselling** – benefit will be paid only if the practitioner is registered with British Association for Counselling and Psychotherapy, British Psychological Society, National Counselling Society or the United Kingdom Council for Psychotherapy.



Where am I covered?

- ✓ You are covered throughout the United Kingdom.
- ✓ Hospital inpatient and hospital outpatient benefits are applicable for emergency treatment during temporary absence abroad.
- ✓ Personal accident benefit is applicable during temporary absence abroad.
- ✓ No other benefits are applicable during temporary absence abroad.



What are my obligations?

- The information you provide is correct and true.
- Your subscriptions must be paid continuously at the valid rate.
- Your subscriptions must be paid up to the date before a claim can be considered.
- You must submit your claims on a properly completed and certified benefit claim form.
- Where fees have been incurred and paid, you must submit the original, dated receipt, showing the name of the patient and the total fee incurred and paid.
- Claims should be submitted within six months of the date of: the treatment or service received, the date of your hospital discharge or the third hospital attendance.
- You must not attempt to claim for reimbursement from other sources.



When and how do I pay?

Payments are made through Direct Debit on the 1st or 15th of each month.



When does the cover start and end?

Cover begins from the date that the Enrolment Form and the Direct Debit Agreement has been signed by you.

Once you have enrolled as a member, your membership is continuous until cancelled either by you or by Welsh Hospitals & Health Services Association.



How do I cancel the contract?

You may cancel your cover at any time by giving us one month's notice, in writing or via telephone.