		LEVEL 1	LEVEL 2	LEVEL 3
YOUR QUOTE				
MONTHLY EMPLOYER PAID PREMIUM (per employee)		£11.80	-	-
MONTHLY EMPLOYEE UPGRADE PREMIUM		-	£10.05	£20.10
MONTHLY ADDITIONAL ADULT PREMIUM		£18.66	£29.08	£34.04
CORE BENEFITS				
OPTICAL One year benefit period.	Policyholder Dependent Children*	£125 £125	£175 £175	£250 £250
SPECIALIST CONSULTATIONS AND DIAGNOSTICS One year benefit period.	Policyholder Dependent Children*	£450 £450	£500 £500	£600 £600
THERAPY TREATMENTS One year benefit period. The amount shown represents a	Policyholder Dependent Children*	£275 £275	£350 £350	£500 £500

combined total for Physiotherapy, Acupuncture, Osteopathy, Homeopathy and Chiropractic treatment and can be used for any one, or combination of treatments.				
DENTAL One year benefit period.	Policyholder Dependent Children*	£125 £125	£175 £175	£250 £250
ADDITIONAL BENEFITS				
DENTAL ACCIDENT One year benefit period.	Policyholder	£250	£350	£500
IN PATIENT Allowance per night. Up to 30 nights in a one year benefit period.	Policyholder	£20	£20	£20
DAY SURGERY Allowance per day. Up to 10 days in a one year benefit period.	Policyholder	£20	£20	£20

MATERNITY/PATERNITY/ADOPTION Per child payable once in a one year benefit period (subject to a 10 month qualifying period)	Policyholder	£200	£200	£200
CHIROPODY One year benefit period.	Policyholder	£75	£100	£150
HEALTH SCREENING/ASSESSMENT One year benefit period.	Policyholder	£250	£250	£250
HEALTH AND WELLBEING SERVICES				
DOCTORLINE	Policyholder, partner and dependent children	Yes	Yes	Yes
HEALTH CLUB CONCESSION/ GYM DISCOUNTS	Policyholder	Yes	Yes	Yes
FLU JAB & VACCINATION	Policyholder	£ 75	£ 75	£ 75
PRESCRIPTION CHARGES	Policyholder	3	3	3
WESTFIELD REWARDS	Policyholder	Yes	Yes	Yes