

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--------------------------|----------------|---------|---------|---------|---------|
| Employee Monthly Premium | Company Funded | £7.67 | £16.67 | £25.67 | £40.67 |
| Partner Monthly Premium | £5.50 | £12 | £21 | £30 | £45 |

| Benefit | Payback | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---------------|--|---------|---------|---------|---------|
| Dental Includes check-ups, fillings, hygienist fees, X-Rays and dentures | 100% | £60 | £110 | £150 | £200 | £275 |
| Dental Accidents For dental injury as a direct result of accidental impact | 100% | £200 | £400 | £600 | £800 | £1,000 |
| Optical Includes eye tests, glasses, contact lenses, repairs and laser eye surgery | 100% | £60 | £110 | £150 | £200 | £275 |
| Health Screening Includes well man/woman screening and all screening that helps prevent an illness | 100% | £100 | £130 | £150 | £200 | £300 |
| Specialist Consultation Covers diagnostic consultations and tests | 100% | £200 | £260 | £300 | £400 | £600 |
| Wellbeing (Physiotherapy/Osteopathy/Chiropractic/Acupuncture) Covers treatment by a registered practitioner | 100% | £150 | £280 | £370 | £500 | £750 |
| Complementary Therapies (Homeopathy/Reflexology/Aromatherapy/Remedial Massage) Covers treatment by a registered practitioner following GP referral | 100% | £50 | £100 | £150 | £200 | £250 |
| Chiropody Covers treatment by a chiropodist or podiatrist | 100% | £20 | £50 | £100 | £150 | £200 |
| Hospital In-Patient A nightly allowance for any NHS or private hospital admission | Up to 28 nts | £10 | £15 | £20 | £30 | £50 |
| Day Case A daily allowance for day case admissions | Up to 10 vsts | £10 | £15 | £20 | £30 | £50 |
| Hospital Parental Stay A nightly allowance for one parent accompanying a child covered by the policy | Up to 28 nts | £10 | £15 | £20 | £30 | £50 |
| Prescriptions The number of standard prescription items that can be claimed (excludes annual prescriptions) | | 1 | 2 | 3 | 4 | 5 |
| Discounted Gym / Spa Membership Services provided by a third party | | Access to special membership rates | | | | |
| Savings on holidays, theme parks, retail discounts and attractions Services provided by a third party | | Access to special discounted rates | | | | |
| Confidential Counselling Helplines Helpline services provided by a third party | | Anytime support for legal issues, medical problems, counselling and ID theft | | | | |
| Worldwide Cover | Up to 28 days | Cash plan benefits extend to trips abroad | | | | |

Immediate cover provided. Pre-existing conditions included.

Benefit levels are annual sums. Dependent children up to age 24 are covered free.



UK Healthcare™
A Westfield Health company

Corporate plan



Direct Debit Guarantee

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit Westfield Contributory Health Scheme Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Westfield Contributory Health Scheme Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit, by Westfield Contributory Health Scheme Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Westfield Contributory Health Scheme Ltd asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

IN ORDER TO UPGRADE, ADD A PARTNER OR INCLUDE YOUR CHILDREN, PLEASE COMPLETE THE FORM ABOVE AND E-MAIL IT BACK TO EITHER OF THE FOLLOWING E-MAIL ADDRESSES:

S.LEATHLEY@UKHEALTHCARE.ORG.UK

D.GRIMSHAW@UKHEALTHCARE.ORG.UK

PICTURE COPIES WILL ALSO BE ACCEPTED AND CAN BE DONE BY TAKING A PHOTOGRAPH OF THE COMPLETED AMENDMENT FORM VIA YOUR MOBILE