



Plan Benefits

Plan type	RED	GREEN	GOLD	FAMILY
Weekly subscription	£1.07	£1.86	£3.30	£4.40
Monthly subscription	£4.63	£8.06	£14.30	£19.06
Annual subscription	£55.64	£96.72	£171.60	£228.80

BENEFITS	Contribution to the cost of treatment	Benefit period	BENEFITS PAYABLE			
DENTAL	50% of the cost of treatment	12 Months	£70.00	£120.00	£150.00	£120.00 £50 child
OPTICAL	Actual cost of treatment	12 Months	£40.00	£70.00	£100.00	£70.00 £30 child
HEARING AIDS	50% of the cost of treatment	24 Months	£75.00	£100.00	£115.00	£100.00
SURGICAL APPLIANCES	50% of the cost of treatment	24 Months	£90.00	£100.00	£150.00	£100.00
PHYSIOTHERAPY, OSTEOPATHY, ACUPUNCTURE etc.	50% of the cost of treatment	24 Months	£250.00	£500.00	£550.00	£500.00
CHIROPODY & PODIATRY	50% of the cost of treatment	24 Months	£90.00	£160.00	£250.00	£160.00
COMPLIMENTARY THERAPIES	50% of the cost of treatment	24 Months	N/A	N/A	£150.00	N/A
SPECIALIST CONSULTATION FEE	50% of the cost of consultation	12 Months	£135.00	£175.00	£225.00	£175.00 £50 child
HEALTH SCREENING	50% of the cost of treatment	24 Months	£45.00	£100.00	£125.00	£100.00
OCCUPATIONAL HEALTH SCREENING	50% of the cost of treatment	12 Months	N/A	N/A	£100.00	N/A
DIAGNOSTIC PROCEDURES	50% of the cost of consultation	24 Months	N/A	N/A	£200.00	N/A
DAY SURGERY	Payment in full for 2 one day cases	12 Months	£15.00	£25.00	£35.00	£25.00 £10 child
HOSPITAL IN-PATIENT GRANT	Amount payable for each night in hospital	12 Months	£13.00	£20.00	£25.00	£20.00 £10 child
HOSPITAL PARENTAL STAY	Amount payable for each night in hospital	12 Months	N/A	N/A	N/A	£20.00
RECUPERATION GRANT	Payable after 14 consecutive nights in hospital	12 Months	£60.00	£100.00	£125.00	£100.00 £50 child
MATERNITY / PATERNITY GRANT	Payable for the birth of each child (to a maximum of triplets)	12 Months	£65.00	£95.00	£100.00	£100.00