

# Westfield Mosaic Health Cash Plan



Company name

Date x<sup>st</sup> 2023 to x<sup>st</sup> Date 2024

		Level 1	Level 2	Level 3
<b>Employee monthly premium</b>		Corporate paid	£ per month	£ per month
<b>Additional Adult monthly premium</b>		£ per month	£ per month	£ per month
<b>Core benefits (100% reimbursement, up to your maximum allowance)</b>				
<b>Optical</b> One year benefit period.	Policyholder Dependent children*	Up to £ Up to £	Up to £ Up to £	Up to £ Up to £
<b>Specialist Consultations and Diagnostics</b> One year benefit period.	Policyholder Dependent children*	Up to £ Up to £	Up to £ Up to £	Up to £ Up to £
<b>Therapy Treatments**</b> One year benefit period. Physiotherapy, Acupuncture, Chiropractic, Homeopathy and Osteopathy	Policyholder Dependent children*	Up to £ Up to £	Up to £ Up to £	Up to £ Up to £
<b>Dental</b> One year benefit period.	Policyholder Dependent children*	Up to £ Up to £	Up to £ Up to £	Up to £ Up to £
<b>Additional benefits</b>				
<b>Dental Accident</b> One year benefit period.	Policyholder	Up to £	Up to £	Up to £
<b>In-patient</b> Allowance per night. Up to 30 nights in a one year benefit period.	Policyholder	£	£	£
<b>Day Surgery</b> Allowance per day. Up to 10 days in a one year benefit period.	Policyholder	£	£	£
<b>Maternity/Paternity/Adoption</b> Per child.***	Policyholder	£	£	£
<b>Chiropody</b> One year benefit period.	Policyholder	Up to £	Up to £	Up to £
<b>Health Screening/Assessment</b> One year benefit period.	Policyholder	Up to £	Up to £	Up to £
<b>Scanning Services - MRI, CT and PET scans</b> This is not a cash benefit. We will arrange your scan for you.	Policyholder	Yes	Yes	Yes
<b>Private Health Insurance</b> NHS benefit payable to the XXXXXXXX. If Additional Adult cover is purchased, NHS benefit will be paid to the policyholder.	Policyholder	* Add Underwriting & Level of cover* (Additional Adult cover if purchased is on a Moratorium basis)	* Add Underwriting & Level of cover* (Additional Adult cover if purchased is on a Moratorium basis)	* Add Underwriting & Level of cover* (Additional Adult cover if purchased is on a Moratorium basis)
<b>Health and Wellbeing Services</b>				
<b>Wellbeing &amp; Alternative Therapies</b> One year benefit period. Acupressure, Allergy Testing / Food Intolerance Testing, Aromatherapy, Hypnotherapy, Indian Head Massage, Nutritional Therapy, Reflexology, Reiki and Sports Massage	Policyholder	Up to £	Up to £	Up to £
<b>24hr Advice and Information Line including the Wisdom app ****</b>	Policyholder, partner and dependent children	Yes	Yes	Yes
<b>Up to 6 Structured Counselling Sessions</b>	Policyholder	Yes	Yes	Yes
<b>DoctorLine****</b>	Policyholder, partner and dependent children	Yes	Yes	Yes
<b>Gym Discounts</b>	Policyholder	Yes	Yes	Yes
<b>Flu Jab &amp; Vaccinations</b>	Policyholder	£xx	£xx	£xx
<b>Prescription Charges</b>	Policyholder	x item	x items	x items
<b>Togetherall</b>	Policyholder	Yes	Yes	Yes
<b>Westfield Rewards</b>	Policyholder	Yes	Yes	Yes
<b>Personal Accident Cover</b>	Policyholder	£	£	£

### Important Information

The featured premiums include Insurance Premium Tax at the current rate and are subject to review in respect of any changes in taxation. This benefit table is designed to be used with your plan guide. Your plan guide tells you everything you need to help get the most from your cover.

\* Benefit shared between dependent children

\*\* In the case of Therapy Treatments, the amount shown represents a combined total for all the treatments. This amount can be used for any one or combination of treatments.

This also applies to Wellbeing & Alternative Therapies.

\*\*\* Payable once in a one-year benefit period (Subject to a 10 month qualifying period)

\*\*\*\* Available to the policyholder, partner and dependent children. Full details on how to access these services can be found within the Benefit Rules section of the Policy Document, which will be included in your Welcome Pack.

**More information on each healthcare benefit, including details of limitations and exclusions, can be found in the Benefit Rules section of the Policy Document, which will be included in your Welcome Pack.**

Westfield Health is a trading name of Westfield Contributory Health Scheme and is registered in England & Wales Company Number 303523. Westfield Health is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our financial services registration number is 202609. Westfield Health is a registered trademark. Registered Office: Westfield Health, Westfield House, 60 Charter Row, Sheffield, S1 3FZ.

MBTUPG24V1