

WHA Healthcare Cash Plans

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Level of cover	Level 1	Level 2	Level 3
Individual	PL145 £6.28/month	PL235 £10.18/month	PL325 £14.08/month
For double the personal rate, you AND your partner are each entitled to claim the same level of cash benefits EACH			
Partner	PT290 £12.56/month	PT470 £20.36/month	PT650 £28.16/month
Benefit	Your cash benefits	- maximum benefits in	a two year period
Optical	£80	£125	£175
Dental	£80	£125	£175
Physiotherapy	£150	£200	£250
Osteopathy	£150	£200	£250
Chiropractic	£150	£200	£250
Chiropody	£75	£100	£125
Specialist Consultation	£200	£300	£400
Inpatient - 90 day max	£18 per day	£24 per day	£35 per day
Outpatient	£50	£70	£90
Maternity	£120	£175	£225
Personal Accident	N/A	£10,000*	£10,000*
Inpatient - Child*	£630	£900	£1,170
Inpatient - Child (daily)*	£7	£10	£13
Outpatient - Child*	£50	£70	£90
Consultation - Child* *Maximum cash benefits in a two-ye	£100 ear-period - per child.	£150	£200