

| IFL SIGNATURE | | | | |
|---|--|-----------------------|-----------------------|-----------------------|
| | NEW Starter | NEW Mini | NEW Midi | NEW Max |
| Monthly Premiums | £14.00 | £22.00 | £36.00 | £40.00 |
| | 100% bill payment to the maximums shown below | | | |
| BENEFITS | | | | |
| Optical | £80.00 | £100.00 | £150.00 | £200.00 |
| Dental - general routine treatments | £100.00 | £100.00 | £150.00 | £200.00 |
| Dental - accidental damage treatments | £160.00 | £160.00 | £240.00 | £320.00 |
| Specialist Consultations / tests | £250.00 | £250.00 | £600.00 | £600.00 |
| Therapies | £150.00 | £150.00 | £300.00 | £300.00 |
| Hospital Cash - In-patients * | £20x 50 nights | £20x 50 nights | £25x 50 nights | £25x 50 nights |
| Hospital Cash -Day-patient * | £20x10 days | £20x10 days | £25x10 days | £25x10 days |
| Recuperation (after 14 nights in hospital) * | £100 | £100 | £125 | £125 |
| Home help * ** | £300 | £300 | £400 | £400 |
| Maternity / paternity / adoption** | £200 | £200 | £300 | £300 |
| Hearing aids and repairs | £100 | £100 | £150 | £150 |
| Surgical Appliances | £100 | £100 | £150 | £150 |
| Accident Cover ** | £5,000 | £8,000 | £10,000 | £10,000 |
| Accidental death ** | £5,000 | £8,000 | £10,000 | £10,000 |
| Help Line | yes | yes | yes | yes |
| Period of cover per benefit | 24 mths | 12 mths | 12 mths | 12 mths |
| Policy Code | ITSG1 | ITSG2 | ITSG3 | ITSG4 |

Pre-existing medical conditions are covered for Specialist Consultations / Tests and Therapies

Child benefit levels are 100% of adult levels when both parents are covered and 50% if one parent is covered, with claims paid at 100% of bill.

* This Benefit is applicable for new conditions after joining ** This benefit is not applicable to dependent children.