Your Plan Explained
ONE FUND

The Exeter

You matter more.

Contents

This document, along with your plan schedule, will provide you with the information you need on your One Fund plan. If you would like a copy of the full Terms and Conditions then please contact us or your company representative.

Introducing One Fund

Welcome to your One Fund Corporate Health Cash Plan from The Exeter.

Your employer has chosen to offer you One Fund, at no cost to you. The plan gives you access to one annual pot of money giving you cashback for some common healthcare treatments.

Unlike other health cash plans that have a limit on every benefit type, One Fund is unique in giving you more flexibility in how you choose to use the fund.

It also gives you the flexibility to use the annual fund in a way you feel you will benefit from most without the limitations of some other plans.

Seven key benefits (benefit limits apply)

1. Consultation and diagnostics

- Including investigative tests and diagnostic scans.

2. Counselling and advice helpline

- Free of charge access to a mental health support telephone service between 08:00 – 19:00, Monday - Friday. Using this member benefits helpline does not reduce your overall benefit pot.
- Access to BACP accredited counsellors for face-to-face sessions where deemed clinically appropriate and referred by the advice helpline or your GP. These sessions are covered up to the annual limit for the relevant cover level.

3. Complementary therapies

- Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy.

4. PMI excess cover

- Payment of a plan holder's private medical insurance excess.

5. Dental

- Including NHS and private dentistry
- Cash towards most non cosmetic dental treatment.

6. Optical

- Including cashback on eye tests, prescription glasses and contact lenses.

7. Health screening

- Because prevention is better than cure.

You can find full details of what is and isn't covered on page 9.

How your plan works

Your employer will pay a monthly premium on your behalf, as stated in your plan schedule. This entitles you to a maximum annual allowance which you can look up on page 7 ‘One Fund cover levels’.

When you need treatment you simply pay for it as normal, keep the receipts and then claim cashback. For guidance, please see page 16.

The overall benefit limit is an annual one. You can claim up to the overall limit in one benefit, or across two or more benefits. You can only claim specified capped amounts within your overall limit in any plan year for optical benefit (glasses, contact lenses etc), dental benefit, or for health screenings.

The other benefits can be claimed up to the full annual limit. But the maximum we will pay in any plan year is limited by your overall maximum.

You can claim back 100% of whatever you spend, up to your annual limit, except for optical and dental benefits. An excess applies to these two benefits and this is explained on page 6.

Cashback on everyday healthcare bills

Claim for NHS and private healthcare treatment

Add children to share your allowance at no extra cost
(excluding health screening and the counselling and advice helpline)

Flexibility to choose how to spend your annual allowance.

Every claim you make will reduce the overall amount left available for you to claim across all benefits in that plan year. The start of your plan year is stated in your plan schedule. At the start of the following plan year, the amount you can claim returns to the overall maximum.

If your employer chose to provide a separate plan for your partner, your partner will have access to their own annual allowance each year.

You may have chosen to share either your allowance or your partner's allowance with a child(ren), and if so this will be stated on the plan schedule. Any claim made on behalf of the child will reduce the maximum available to claim on that plan. A child, must be under 18 years old (or 21 years if in full-time education). Children aren't able to claim on health screening or counselling benefits.

Below is an example of how the plan works. It is used for illustrative purposes only and isn't a real case.

Claim example:

Jenny, Personal Assistant (PA)

Jenny's employer has awarded her a Level 4 cover One Fund Corporate Health Cash Plan as part of her benefits package. This gives her an annual fund of £830 to claim from.

Jenny suffers an injury to her back so she goes to see a physiotherapist. A course of ten sessions is recommended to try and ease the pain. Jenny has all ten sessions and feels much better. She pays £50 for each session and keeps all her receipts.

She now fills out a claims form and sends it into The Exeter, together with her receipts. There is no excess to pay on physiotherapy so £500 is paid straight into her bank account.

This is the first time Jenny has made a claim this plan year so £500 is deducted from her total fund of £830.

How the excess works

When claiming for optical or dental treatment, there is a £50 excess per benefit, per plan year (excluding eye tests).

This means the first £50 of treatments costs in each of these benefit categories cannot be reclaimed.

Any amount above this will be paid by us, up to your maximum limit in any plan year. If you make another claim for the same benefit in the same plan year, you will not have to pay another excess in that plan year – we will cover the full amount, up to your remaining level of cover.

A new excess will also be payable (for dental and optical benefits only) from the date of your plan anniversary.

Below is an example of how the plan works. It is used for illustrative purposes only and isn't a real case.

Claim example:

Paul, Deputy Manager

Paul's employer provides him with the Level 3 cover One Fund Corporate Health Cash Plan. In January Paul goes to the dentist for his regular routine check-up and the bill is £50.

Paul knows that there is a £50 excess on dental treatment with his One Fund Health Cash Plan so he pays the bill as normal and keeps his receipt.

On Paul's next visit to the dentist in June he needs a crown fitted which will cost £300. This time after he pays the bill he submits a claim form and receipts to The Exeter for both the £50 check-up and £300 crown.

The claims team validate the claim and then pay £300 (£350 less the £50 excess) straight into Paul's bank account. Paul has not made another claim this plan year so £300 is deducted from his total annual fund of £730, leaving him £430 to claim in that plan year. £65 of this can be used for dental which has an annual cap of £365.

One Fund cover levels

The table below shows the different cover levels available.
Your plan schedule will confirm which level you are entitled to.

Cover levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
For a total annual fund of	£520	£625	£730	£830	£935	£1,040	£1,600
Consultation & diagnostics **No excess**	✓	✓	✓	✓	✓	✓	✓
Counselling & advice helpline **No excess**	✓	✓	✓	✓	✓	✓	✓
Complementary therapies† **No excess**	✓	✓	✓	✓	✓	✓	✓
PMI excess cover **No excess**	**£200** per person per year	**£250** per person per year	**£300** per person per year	**£350** per person per year	**£400** per person per year	**£450** per person per year	**£500** per person per year
Dental **£50 excess**	**£260** per year	**£315** per year	**£365** per year	**£415** per year	**£470** per year	**£520** per year	**£800** per year
Optical* **£50 excess**	**£120** per year	**£140** per year	**£165** per year	**£200** per year	**£235** per year	**£260** per year	**£350** per year
Health screening **No excess**	**£120** per year	**£140** per year	**£165** per year	**£200** per year	**£235** per year	**£260** per year	**£350** per year

† Complementary therapies (Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy)
* Eye tests are not subject to the excess

Important:

- Any claim is subject to the amount of total Annual Fund remaining after payment of any other claim(s)
- The benefit limits for PMI excess cover, Dental, Optical and Health Screening are included in the total annual fund and are not in addition to it
- Partners can also be covered should you choose to pay a separate plan for them at the same cover level
- With the exception of PMI excess cover, children will share the allowance of the adult on whose plan they are named. Children have a separate allowance for PMI excess cover, but they remain subject to the Annual Fund shared with the plan holder.
- Children are not entitled to money towards health screening or the counselling and advice helpline
- Partners can also be covered on a separate plan for an extra premium at the discretion of your employer.

A guide to claiming

Here's a list of what we do and don't pay for under this plan for each type of claim.

Partners can be provided with a separate plan at an equivalent premium with benefits that mirror yours. Children can share the cover limits available to their named adult where applicable. See our general exclusions on page 14.

Dental cover

What's covered under the plan?

Plan holders can claim for the following up to the annual dental benefit limit for their cover level:

- **Check-ups**
- **Dental x-rays**
- **Hygienist fees**
- **Extractions**
- **Fillings**
- **Dentures, whether partial, or complete, plus denture repairs**
- **Dental operations including anaesthetic**
- **Crowns, bridges or inlays**
- **Dental braces for adults.**

All treatments to be carried out by a member of the General Dental Council. Each claim is paid subject to the claimant having paid the first £50 under this benefit in each plan year.

What's NOT covered?

Any other dental treatment or expense not listed in 'what's covered' above, including but not limited to:

- **Teeth whitening or any other cosmetic treatment**
- **Dental veneers**
- **Dental braces for children**
- **Dental implants (other than attachments to implants such as a crown or bridge)**
- **Treatments for gum disease**
- **Mouth guards or mouth splints**
- **Prescription charges or anything which does not constitute treatment, such as missed appointment fees**
- **Dental consumables such as toothbrushes, mouthwash and dental floss**
- **Dental treatment where you cannot provide evidence of being clinically necessary.**

Optical cover

What's covered under the plan?

Plan holders can claim for the following up to the annual optical benefit limit for their cover level:

- **Prescription glasses**
- **Prescription contact lenses, including monthly prescribed**
- **Repairs to, or replacement of, frames or prescription lenses**
- **Sunglasses or goggles issued under prescription**
- **Eye tests***
- **Laser eye treatment – subject to the employee's plan being held and paid for 2 years minimum**
- **Other eye operations to improve eyesight, e.g. cataracts, astigmatisms.**

We only pay for treatment, goods and services received in the United Kingdom. Goods (e.g. spectacles or prescription contact lenses, including those purchased over the internet) must be provided by a UK based and UK registered company, and you must be invoiced in pounds sterling.

Each claim is paid subject to the claimant having paid the first £50 under this benefit in each plan year, *with exception of eye tests where no excess applies.

What's NOT covered?

Any other optical treatment or expense not listed in 'what's covered' above, including but not limited to:

- **Any cosmetic eye treatment or operation**
- **Non-prescription glasses, sunglasses, contact lenses or goggles**
- **Charges for anything which does not directly improve eyesight, such as missed appointment fees**
- **Optical consumables, such as contact lens/glasses cases, lens solutions or other cleaning agents.**

Health screening

What's covered under the plan?

Plan holders can claim 100% of the receipt up to the maximum annual health screening benefit limits for their cover level for the following:

A full health screen, well man or well woman screen with no requirement for a GP recommendation.

- **Heart, breast and bone density screening recommended by a GP as part of a general health check**
- **These should be carried out by medically qualified staff at a recognised hospital or clinic**
- **If the plan holder is unsure what qualifies as a health screen they can contact us in advance of their appointment.**

What's NOT covered?

Any treatment or expense not listed above including but not limited to:

- **Any other screenings for specific complaints, e.g. genetic disorders**
- **Routine screenings requested by outside sources such as the employer, the courts or an insurance company**
- **Any supplementary charges not directly linked to improved health, such as missed appointment fees**
- **Children are not covered for this benefit.**

PMI excess cover

What's covered under the plan?

We will pay the private medical insurance excess for anyone covered by this plan up the PMI excess cover limit for their cover level

- **We can only pay the benefit if we receive a statement from the PMI provider showing the amount of excess deducted from the PMI claim**
- **The PMI claim must be in respect of someone covered by this plan**
- **Excess payments will be refunded back to plan holders only.**

What's NOT covered?

- **PMI claims that are unpaid for any reason other than deduction of excess.**

Consultations & diagnostics

What's covered under the plan?

Plan holders can claim 100% of the receipt up to the maximum annual fund limits for their cover level for the following:

- Any fee for a diagnostic consultation with a Specialist Consultant, Consultant Physician or Surgeon which is referred by a GP
- Medical tests, such as ECG, EEC and lung function tests undertaken as part of Consultant's diagnosis
- Investigative tests, such as needle biopsies, audiograms and patch tests undertaken as part of the Consultant's diagnosis
- Blood tests undertaken as part of the Consultant's diagnosis
- X-rays and diagnostic scans, such as mammograms, CT scans, ultrasounds, MRI scans undertaken as part of the Consultant's diagnosis.

What's NOT covered?

- Medical or surgical treatment for any purpose other than to diagnose a condition
- Consultations or treatments for obesity or eating disorders
- Health screening – covered under separate allowance
- Speech therapy and dyslexia services
- Cosmetic treatments, surgery or advice other than consultations or tests needed in respect of reconstruction work to restore appearance after illness, injury or an accident
- Vasectomy, sterilisation or other fertility/infertility treatments or family planning
- Invasive investigative procedures such as colonoscopy or endoscopy
- Costs associated with medical reports for work
- Other charges for anything which does not directly improve the claimant's health, such as missed appointment fees or sundry fees for staffing or room hire passed on by a consultant.

Complementary therapies – physiotherapy, osteopathy, chiropractic, acupuncture and homeopathy

What's covered under the plan?

Plan holders can claim 100% of the receipt up to the maximum annual fund limits for their cover level for the following:

- **Rehabilitation treatment paid for and received from registered practitioners of Physiotherapy, Osteopathy or Chiropractic. See Glossary for definitions of practitioners on page 20**
- **Treatments paid for and received from registered practitioners of Acupuncture and Homeopathy**
- **Homeopathic medicines prescribed by a registered homeopath and purchased through him or her**
- **All treatment paid up to the annual limit upon proof of purchase in the form of a receipted account. Appointments include initial assessment appointments and all treatments must be carried out by qualified practitioners**
- **After six sessions of treatment we may request medical evidence to check that treatment is for Rehabilitation and not Maintenance or Prevention.**

What's NOT covered?

Any treatment or expense not listed above including but not limited to:

- **Any medical appliances or pharmacy items**
- **Scans or x-rays (these may be available under Consultations allowance)**
- **Other charges for anything which does not directly improve the claimant's health, such as missed appointment fees or sundry fees for staffing or room hire passed on by the treatment provider**
- **Treatment which falls outside of the named categories even if they are of a similar nature**
- **Treatment administered by members not affiliated to bodies recognised by us as specified in the Glossary**
- **Maintenance or Preventative Treatment paid for and received from registered practitioners of Physiotherapy, Osteopathy or Chiropractic**
- **Spa treatments.**

Counselling & advice helpline

What's covered under the plan?

Plan holders have free access to a mental health support telephone service and can claim 100% of the amount paid up to the annual fund limit for face-to-face counselling where deemed clinically appropriate and referred by the helpline or your GP.

- **Free of charge access to a mental health support telephone service between 08:00 – 19:00, Monday - Friday. Plan holders using the telephone service will be booked in with a trained mental health expert who can assess and treat a range of mental health conditions including anxiety and depression, as well as offering emotional and behavioural support. Using this member benefits helpline does not reduce the overall benefit pot.**
- **Access to BACP accredited counsellors for face-to-face sessions where deemed clinically appropriate and referred by the advice helpline or by a GP. These sessions are covered up to the annual limit for the relevant cover level.**
- **To access these services, please call 01753 440366**

This member benefits service is provided by Square Health. Member benefits don't form part of the policy terms and may be varied or withdrawn, without notice, by us.

What's NOT covered?

- **Any treatment not listed above.**
- **Children are not covered for this benefit.**

General exclusions

- **We won't pay a claim for treatment administered, or for items purchased, outside of the United Kingdom**
- **We won't pay a claim if treatment had taken place before the start date of the policy**
- **We won't pay a claim if treatment is needed as a result of abuse of, or dependency upon, drugs, alcohol, solvents or other addictive substances**
- **We won't pay a claim for injuries sustained as a result of reckless endangerment either through participation in dangerous sports, professional sports (in which the claimant is being paid or compensated for playing) or through their involvement in criminal activity in which they are not an innocent victim**
- **We won't pay a claim if we don't receive the information we ask for**
- **We won't pay a claim if plan holder ceases to be a UK resident. We won't pay a claim until after the first payment has been received for your plan or if the company has unpaid premiums outstanding**
- **We won't pay any amounts which have already been claimed from another source such as another insurance plan, a dental/optical cover scheme or dental practice premiums.**

A full list of exclusions is set out in the Terms & Conditions document provided to your Employer, which is available on request.

Making a claim

Three simple steps to making a claim

Step 1

Pay for your treatment and keep your receipt(s).

Step 2

Either:

Login to the claim portal at **www.the-exeter.com/claim** with your reference number to hand and simply attach a picture or scan of your receipt(s).

Or:

Send your completed claim form and original receipt(s) to:

The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ

Step 3

The money will be paid directly into your bank account (less any applicable excess), usually within three days of the claim being assessed.

Sample receipt

Physiotherapy Clinic

HPC REGISTERED
7 ANY PLACE AVENUE,
ANYTOWN AN1 2BG

Name, address and qualifications of practitioner

MR JOHN SMITH, 11 HIGH STREET,
ANYTOWN, A1 2MS

Details of recipient of treatment

03/04/17 FULL DESCRIPTION £45.00
12/04/17 FULL DESCRIPTION £45.00
19/04/17 FULL DESCRIPTION £45.00

Details of treatment including date, description of treatment and cost

RECEIPT PAID IN FULL
19/04/17

Confirmation that the practitioner has been paid for the treatment

Where to find a claim form

Call us:
0300 123 3256 Lines open: Monday - Friday 9am to 5pm.

Download a copy from:
www.the-exeter.com

Email us:
cashplan@the-exeter.com

When we receive a claim

- When we receive a claim, we check that the receipt tells us everything we need to know to pay the claim, this includes:
    - Full details (name, address and qualifications) of the treatment provider, so we can contact them
    - The name of the person who received treatment
    - A receipt should be itemised, or if this is not possible, a separate breakdown should be provided by the practitioner
    - The treatment is covered under the plan
    - You have not exceeded your annual limit for this type of claim
    - The appropriate excess has been paid
    - We are not paying any amounts which have already been claimed from another source such as another insurance or optical/dental care scheme.
- We will keep hold of any receipts. So you should take a copy if, for any reason, you need a record of the details. We will never pay a treatment provider directly. We will only reimburse a paid receipt.
- We will be unable to pay any claim which does not have sufficient supporting evidence, as listed above.
- All receipts must be original, we will not accept amended receipts, credit or debit card receipts or estimated bills.
- Receipts in respect of claims should be submitted within three months of the treatment being administered.
- Receipts relating to payment of the excess only can be submitted to support a claim at any time during the plan year – you may wish to hold on to these receipts until you make a claim, to save postage.
- The date treatment was received will determine which plan year we use to calculate the benefit allowance to pay the claim.
- You will need to complete your bank details so we can pay money straight into your account, which will remove any need for you to bank a cheque. This will ensure that money reaches your account much quicker, usually within three working days of us paying it.

If you have any queries about how to make a claim

Call us:

0300 123 3256 Lines open: Monday - Friday 9am to 5pm.

We will pay claims in accordance with the terms outlined in this document.

We regret we cannot pay for charges incurred in claiming.

When we won't pay

We will not pay a claim when:

- The treatment claimed for is not covered under the terms outlined in this document
- The cost of the claim falls within the excess
- The amount claimed causes you to exceed the annual limit of your plan. In this case we would reimburse you up to your annual limit.

Integrity

We trust that you will operate within the spirit of the plan and will make claims for genuine dental, optical and medical benefits. Should we discover, upon checking with treatment providers, that you have made a claim which is fraudulent or otherwise lacks integrity, we reserve the right not only to decline the claim, but also to cancel the plan.

Further information

If you leave the company

If the leave the company your cover and the cover of a child or partner will cease.

Feedback and complaints

We aim to provide our members with quality products complemented by a simple and efficient service. When we exceed your expectations it's nice to receive that feedback, so please let us know.

Whilst we hope you won't ever have cause to complain, if for any reason you are unhappy with our products or service please contact us:

Email us:

cashplan@the-exeter.com

Call us:

0300 123 3256 Lines open: Monday - Friday 9am to 5pm.

Write to us:

The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ

We will investigate your complaint and respond to you, and if you remain unhappy we will escalate your concerns to an impartial complaints handler. If we remain unable to resolve your complaint to your satisfaction, or we do not respond within 8 weeks, you have the option of asking the independent Financial Ombudsman Service to investigate on your behalf. You can visit their website at **www.financial-ombudsman.org.uk** or you can contact them on **0800 023 4567** or **0300 123 9 123**.

Financial Services Compensation Scheme (FSCS)

The Exeter is covered by the FSCS, which was established under the Financial Services and Markets Act 2000. This means that you may be entitled to compensation if we become insolvent and are unable to meet our obligations. Further details are available from the FSCS at **www.fscs.org.uk** or you can telephone them on **0800 678 1100** or **020 7741 4100.**

Glossary words and phrases explained

Acupuncture/chiropractic homeopathy/osteopathy/physiotherapy
Treatment given by a Practitioner who is qualified, and registered with an approved professional organisation recognised by Us in the appropriate field.

Acupuncturist
A doctor who is also a Medical Member or an Accredited Member of the British Medical Acupuncturist Society and recognised by us as being fit to carry out such Treatment.

Annual entitlement/claims entitlement/ annual limit/annual allowance
The maximum amount which can be claimed on a One Fund Plan in a Corporate Plan Year.

Chiropractor
A practitioner on the Register of Chiropractors kept by the General Chiropractic Council as required as part of the Chiropractors Act 1994, and recognised and agreed by Us.

Company
The organisation which pays the premiums for the Corporate Plan.

Company representative
The person within the Company responsible for signing the application form on behalf of the Company, and acting as the named contact for the Company's Corporate Plan.

Consultation
A meeting with a medical Specialist to find out more about a medical condition and decide how to treat it.

Corporate plan
The contract of insurance with the Company to provide the Plan for the Plan Holders.

Corporate plan anniversary
The anniversary of the date on which the Plan started.

Corporate plan year
The annual period commencing on the start date, or the anniversary of the start date as shown on your Employees' Plan Schedules.

Cosmetic treatment
Treatment received to change appearance and not to cure or alleviate a medical condition.

Dangerous or hazardous sports/pursuits
Dangerous (hazardous) pursuits and sports include, but are not limited to, canyoning, gorge walking, hang-gliding, high diving, horse jumping, microlighting, mountain boarding, parasailing and rock climbing.

Dependant children
Born to You or your Partner, or legally adopted by You or your Partner, and under the age of 18 years, or 21 if in full time education and residing with You.

Employee(s)
Any person employed by, or working in some capacity for, the Company which pays the premiums for the One Fund Corporate Plan.

Excess(es)
A fixed contribution that must be paid by the Plan Holder in each Corporate Plan Year if a claim is made.

GP
A general medical practitioner (doctor) who has a Certificate of General Practice Training and is registered with the General Medical Council in the UK.

Homeopath
A practitioner whose name appears on the register of the Homeopathic Medical Association, The Society of Homeopathy, The Faculty of Homeopathy or The Alliance of Registered Homeopaths.

Hospital
Either a private hospital registered under the UK Care Standards Act 2000 or a hospital run by the National Health Service which provides specialist facilities for treatment.

Maintenance treatment
Treatment with the intent of stopping the original causes of an injury or illness from reoccurring. This is usually a monthly or periodic treatment.

Member
One Fund Plan Holders will automatically be members of The Exeter unless they have refused the offer of membership.

Osteopath
A practitioner on the Register of Osteopaths kept by the General Osteopathic Council as required as part of the Osteopaths Act 1993, and recognised and agreed by Us.

Our/us/we
The Exeter is a trading name of The Exeter Cash Plan, which is authorised by the Prudential Regulatory Authority and regulated by the Financial Conduct Authority and the Prudential Regulatory Authority.

Partner
A person who lives with you on a permanent basis, as a domestic Partner.

Physiotherapist
A physiotherapist regulated by and registered as practising with the Health Professions Council and recognised by Us.

Plan
The benefits and Annual Entitlement available to a Plan Holder.

Plan holder(s)
The first named person on the Plan Schedule, who will receive benefits paid under the Corporate Plan.

Plan schedule
The document containing details of an individual Plan Holder's limits of cover at the start of their plan. If the details change or are amended, we will issue an amended schedule.

Preventative treatment
Treatment to prevent an injury or illness from occurring. This is usually a monthly or periodic treatment.

Rehabilitation treatment
Treatment to help You recover from an injury or illness and is usually evidenced by multiple claims over a short period of time.

Specialist
A medical practitioner, who is registered under the Medical Acts and is a specialist in the Treatment referred for. Registered as a specialist under the General Medical Council. They will be or will have been, a National Health Service Consultant and must be recognised as a specialist by Our claims team.

Treatment
Surgical or medical services (including diagnostic tests) to diagnose, relieve or cure a disease, illness or injury.

United Kingdom
This means England, Scotland, Wales, and Northern Ireland, plus the Channel Islands and the Isle of Man.

UK resident
A person who is ordinarily resident in the UK.

You
The Plan Holder.

The Exeter

You matter more.

The friendly specialists in income protection, life cover, health insurance and cash plans.

Contact us

Members:

Enquiries and claims:

0300 123 3256

cashplan@the-exeter.com

Financial Advisers:

Enquiries: 0300 123 3257

cashplan.adviser@the-exeter.com

Opening times:

Monday to Friday 9am – 5pm

Calls may be recorded and monitored.

Postal address:

The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ

Website:

the-exeter.com

The Exeter

You matter more.