



## Table of Benefits - Parents & Kids Option Plan


Applicable to new registrations or renewals on/or after 1<sup>st</sup> September, 2010.

This Table of Benefits must be read in conjunction with your Plans A-E and Plans A-C Option Rules – Terms and Conditions, including the Directory of Hospitals (and Treatment Centres) and the Directory of approved MRI Centres. For the purposes of these documents, Parents & Kids Option Plan information is listed under the same heading as Plan B.

	Benefit Provision	Benefit Limit
	<b>Section 1 - Hospital charges in participating hospitals</b>	<b>% of hospital charges</b>
<b>A</b>	<b>Public hospitals</b>	
	Day care & side room	Full cover
	Semi-private accommodation	Full cover
	Private accommodation	Full cover
<b>B</b>	<b>Private hospitals and treatment centres</b>	
	<b>Group 1</b> (other than for certain investigations & treatments referred to in Section 1c)	
	Day care & side room	Full cover
	Semi-private accommodation	Full cover
	Private accommodation	Semi-private rate, 100% of technical charges
	Radiotherapy (day care & out-patient)	Full cover
	Hospital excess (per claim - except maternity & certain cancer treatments)	Nil
	<b>Group 2</b> (other than for certain investigations & treatments referred to in Section 1c)	
	Day care & side room	Full cover
	Semi-private accommodation 	55%
	Private accommodation	35%
	Radiotherapy (day care & out-patient)	Full cover
	Hospital excess (per claim - except maternity & certain cancer treatments)	Nil
<b>C</b>	<b>Certain investigations and treatments</b> – herein referred to as Fixed Price Procedures (FPPs) (contact us if you have a question as to whether a procedure falls within this category) 	
	Blackrock Clinic, Mater Private Hospital, Beacon Hospital, Hermitage Medical Clinic & Galway Clinic – cardiac FPPs	100%
	Blackrock Clinic, Mater Private Hospital, Beacon Hospital, Hermitage Medical Clinic & Galway Clinic – non cardiac FPPs	90%
	Hospital excess (per claim)	Nil
	<b>Section 2 - Consultants' fees/GP procedures</b>	
<b>A</b>	<b>In-patient treatment, Day-care procedures, Side room procedures &amp; Out-patient procedures</b>	

 Denotes benefit changes

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	Participating consultant As set out in the Vhi Healthcare Schedule of Benefits for Professional Fees	Full cover
	Non-participating consultant As set out in the Vhi Healthcare Schedule of Benefits for Professional Fees	Standard benefit
<b>B</b>	<b>GP procedures</b>	
	Participating GP As set out in the Schedule of Benefits for General Practitioners	Full cover
	Non-participating GP As set out in the Schedule of Benefits for General Practitioners	Standard benefit
	<b>Section 3 – Psychiatric cover</b>	
<b>A</b>	<b>In-patient psychiatric cover</b>	
	180 days – in accordance with level of cover in admitting hospital.	Refer to Section 1
<b>B</b>	<b>Day care psychiatric treatment</b>	
	Day care psychiatric treatment for approved day care programmes	Please contact us for further details
<b>C</b>	<b>In-patient treatment for alcoholism, drug or other substance abuse</b>	
	91 in-patient days in any 5 year period, in accordance with level of cover in admitting hospital	Refer to Section 1
	<b>Section 4 - Maternity </b>	
<b>A</b>	<b>Hospital charges</b>	
	Normal confinement <ul style="list-style-type: none"> <li>Public hospital benefit (up to 3 days)</li> <li>Private hospital benefit (up to 3 days)</li> </ul>	Full cover Up to €4,000
	Caesarean delivery (as per hospital benefits listed)	Refer Section 1
<b>B</b>	<b>Consultants' fees</b>	
	Normal delivery fee (part payment)	Per Schedule of Benefits for Professional Fees
	Caesarean delivery fee (part payment)	Per Schedule of Benefits for Professional Fees
	We also pay benefits towards <ul style="list-style-type: none"> <li>the anaesthetist's fee for giving an epidural;</li> <li>consultants' fees for in-patient pathology tests; and</li> <li>a paediatric consultation</li> </ul>	Per Schedule of Benefits for Professional Fees
<b>C</b>	<b>Home births</b>	
	Medical expenses up to 3 days following the birth	Up to €4,000

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<b>D</b>	<b>Post natal home nursing</b>	
	<ul style="list-style-type: none"> <li>Following 1 nights stay</li> <li>Following 2 nights stay</li> </ul>	<p>€1,200 €600</p>
	<b>Section 5</b>	
<b>A</b>	<b>Convalescent care</b>	
	For the first 14 nights only in single room accommodation	Up to €51 per night
<b>B</b>	<b>Cancer care support</b>	
	One night's accommodation up to €100, for each treatment	Up to €1,500 per calendar year
<b>C</b>	<b>Vhi Healthcare approved medical and surgical appliances</b>	
	Subject to an excess of €300 per member per year - contact us to find out whether a particular appliance is eligible for benefit	Up to €6,400 per member per year
<b>D</b>	<b>Vhi Homecare</b>	
	Agreed charges for out-patient procedures provided by Vhi Homecare in accordance with rule 6	Full cover
	<b>Section 6 – Transport costs</b>	
<b>A</b>	<b>Ambulance costs</b>	Refer to rule 6 (q)
<b>B</b>	<b>Taxi costs</b>	Refer to rule 6 (q)
	<b>Section 7 – Cover outside Ireland</b>	
<b>A</b>	<b>Treatment outside Ireland</b>	
	Emergency treatment abroad	Up to €100,000
	Elective treatment abroad <ul style="list-style-type: none"> <li>Surgical procedures available in Ireland (as per level of cover in Ireland)</li> <li>Treatment not available in Ireland</li> </ul> * Subject to prior approval and satisfaction in full of specified criteria	<p>*Up to €100,000 *Up to €100,000</p>
	<b>Section 8</b>	
<b>A</b>	<b>In-patient MRI scans</b>	
	<ul style="list-style-type: none"> <li>MRI charges – in accordance with the level of cover in the admitting hospital (Refer to the Directory of approved MRI Centres)</li> </ul>	Refer Section 1
<b>B</b>	<b>Out-patient MRI scans</b>	
	<ul style="list-style-type: none"> <li>Category 1 - approved MRI centres</li> <li>Category 2 - approved MRI centres (subject to an excess of €125 per scan)</li> </ul>	Full cover Agreed MRI charges & Consultant Radiologists fees
<b>C</b>	<b>Out-patient CT scans</b>	
	Approved out-patient centres	Refer Section 9e

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<b>D</b>	<b>PET-CT scans</b>	Refer to rule 6(t)
	<b>Section 9 – Out-patient medical expenses</b>	
<b>A</b>	<b>General practitioner visits</b>	
	Per member per year	Up to €20 per visit
<b>B</b>	<b>Consultant consultations</b>	
	Per member per year	Up to €51 per visit
<b>C</b>	<b>Pathology - consultants' fees</b>	
	In an approved out-patient centre	Up to €20 per referral
<b>D</b>	<b>Radiology – consultants' fees for professional services</b>	
	Per procedure	Up to €60
<b>E</b>	<b>Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits)</b>	
	Up to 50% of agreed charges in an approved out-patient centre	Up to €500 per member per year
<b>F</b>	<b>Physiotherapist visits</b>	
	Per member per year	Up to €13 per visit
<b>G</b>	<b>Pre- and post-natal care </b>	
	In the year of the birth	Up to €400
<b>H</b>	<b>Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists visits (as defined in the Rules - Terms and Conditions)</b>	
	Up to 12 combined visits per member per year	Up to €20 per visit
<b>I</b>	<b>Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Clinical Psychology visits (as defined in the Rules - Terms and Conditions)</b>	
	Up to 12 combined visits per member per year	Up to €20 per visit
<b>J</b>	<b>Public hospital out-patient A &amp; E levy</b>	
	Per episode of care	Up to €20
<b>K</b>	<b>Out-patient mental health treatment</b>	
	Mental health therapy, maximum of 12 visits per member per year, in an approved out-patient mental health centre	Up to €20 per visit
<b>L</b>	<b>Eye testing</b>	
	Per member every 24 months	Up to €20
<b>M</b>	<b>Dental check-up</b>	

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	Per member per 12 month period (in excess of any social welfare benefit paid)	Up to €20
<b>N</b>	<b>Child counselling</b>	
	Up to 8 visits per child per year	Up to €20 per visit
<b>O</b>	<b>Paediatrician benefit</b>	
	Up to 1 visit in the year of the birth	Up to €51
	<b>Annual excess</b> - per member per year <b>H</b>	€250
	<b>Annual maximum</b> - per member per year	€4,000
	<b>Section 10 – Child benefits</b>	
<b>A</b>	<b>Child nursing</b>	
	Up to 28 days per calendar year	Up to €100 per day
<b>B</b>	<b>Parent accompanying child</b>	
	Up to 14 days per child per calendar year following a stay in excess of 3 days in hospital	Up to €100 per day
<b>C</b>	<b>Vhi SwiftCare benefit</b>	
	Up to 2 visits per child per year	Up to €75 per visit

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