

Table of Benefits – One Plan Complete


Applicable to new registrations or renewals on/or after 2nd March, 2019.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

| | Benefit Provision | Benefit |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| | Section 1 - Hospital charges | |
| A | Public 1 & 2 hospitals <ul style="list-style-type: none"> • Day care, side room, semi-private & private accommodation | Full cover |
| B | Private hospitals and treatment centres | |
| | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d) <ul style="list-style-type: none"> • Day care, side room & semi-private accommodation • Private accommodation <ul style="list-style-type: none"> - Private 1 hospitals - Private 2 & 3 hospitals • Radiotherapy (day care & out-patient) | Full cover Full cover Semi-private rate Full cover |
| | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d) <ul style="list-style-type: none"> • Day care & side room • Semi-private accommodation • Private accommodation • Radiotherapy (day care & out-patient) | Full cover 55% 35% Full cover |
| C | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details) | |
| | Private 3 & 4 hospitals <ul style="list-style-type: none"> • Day care & in-patient cardiac FPPs Level 1 • Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B) • In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B) • In-patient cardiac FPPs Level 2 | Full cover Full cover 90% 0% |
| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these | |
| | Private 1, 2 & 3 hospitals <ul style="list-style-type: none"> • Day care, side room & semi-private accommodation • Private accommodation | 80% 80% Semi-private rate |

H Denotes benefit changes to this plan since the last renewal date. If you have moved to or purchased this plan for the first time, benefit differences with your old plan, if applicable, are not highlighted.

One Plan Complete

| | | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Private 4 hospitals</p> <ul style="list-style-type: none"> • Day care & side room • Semi-private accommodation • Private accommodation | <p>80%</p> <p>55%</p> <p>35%</p> |
| | <p>When carried out as a Fixed Price Procedure (contact us for details)</p> <ul style="list-style-type: none"> • Private 3 & 4 hospitals | <p>80%</p> |
| | <p>Section 2 - Consultants' fees/GP procedures</p> | |
| A | <p>In-patient treatment, day-care/side room/out-patient & GP procedures</p> <ul style="list-style-type: none"> • Participating consultant/GP • Non-participating consultant/GP | <p>Full cover</p> <p>Standard benefit</p> |
| | <p>Section 3 - Psychiatric cover (read in conjunction with Section 1)</p> | |
| A | <p>In-patient psychiatric cover</p> | <p>180 days</p> |
| B | <p>Day care psychiatric treatment for approved day care programmes</p> | <p>Contact us for further details</p> |
| C | <p>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</p> | <p>91 days</p> |
| | <p>Section 4 - Maternity</p> | |
| A | <p>Normal confinement</p> <ul style="list-style-type: none"> • Public hospital benefit (up to 3 days) Caesarean delivery (as per hospital benefits listed) <p>Home birth benefit</p> | <p>Full cover</p> <p>Refer Section 1</p> <p>€3,500</p> |
| B | <p>In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)</p> | <p>Agreed charges</p> |
| C | <p>Vhi Fertility Programme </p> | |
| | <p>Fertility benefit - benefit per member, towards the cost of specified fertility tests and treatments carried out in a Vhi Participating Fertility Treatment Centre</p> <ul style="list-style-type: none"> • Initial consultation • AMH & Semen Analysis tests • Egg freezing - once per lifetime • Sperm freezing - once per lifetime • IUI - up to 2 treatments per lifetime, female members only • IVF or ICSI - up to 2 treatments per lifetime, female members only | <p>€100 discount at point of sale</p> <p>€100 discount at point of sale</p> <p>€1000</p> <p>€125</p> <p>€450 per treatment*</p> <p>€1,000 per treatment*</p> |

One Plan Complete

| | | |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> Fertility counselling - 4 sessions per treatment carried out in a Vhi Participating Fertility Treatment Centre Fertility support services - Acupuncturists & Dieticians visits <p>* These benefits are co-funded by Vhi and the Vhi Participating Fertility Treatment Centre</p> | <p>€40 per session Refer Section 9</p> |
| <p>Section 5 - Cancer care and other benefits</p> | | |
| A | <p>Genetic testing for cancer H</p> <ul style="list-style-type: none"> Initial consultation for genetic testing for cancer * Genetic test - for specified genetic mutations to be carried out in an approved clinic * Preventative (Prophylactic) treatment following on from the genetic test <p>* These benefits are available immediately for existing Vhi customers with no waiting periods. There is a 26 week new conditions waiting period for new joiners.</p> | <p>€125 Full cover</p> <p>Covered up to the levels for hospital treatment listed in Section 1</p> |
| B | Mammograms in an approved mammogram centre in each 24 month period, covered in accordance with our rules (contact us for details) | Full cover |
| C | Cancer care support - one night's accommodation for each treatment | €100 per night |
| D | Manual lymph drainage following cancer treatment - 10 visits | €50 per visit |
| E | Clinical psychology counselling for oncology treatment (psycho oncology counselling) - 10 visits | Refer section 9 |
| F | <p>Additional cancer support benefits</p> <ul style="list-style-type: none"> Wig/ hairpiece, post-mastectomy bra, swimsuit, surgical prosthesis following cancer treatment <p>No excess applies, but subject to the benefit maximum for medical and surgical appliances set out below</p> | Full cover |
| G | Other benefits in Section 5 | |
| | Convalescent care - first 14 nights | €51 per night |
| | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances) | €6,400 per member year |
| | Vhi Hospital@Home | Full cover |
| | Child home nursing - 14 days per calendar year | €100 per day |
| | Parent accompanying child - 14 days per calendar year, following a stay in excess of 3 days in hospital | €40 per day |
| | <p>Vhi VisionCare</p> <ul style="list-style-type: none"> Vhi VisionCare E-Screen (available through Vhi.ie/myvhi) Comprehensive eye exam carried out by a VSP eye-care professional in each 24 month period - subject to Vhi VisionCare E-Screen referral | <p>Full cover Full cover</p> |
| <p>Section 6 - Transport costs</p> | | |

One Plan Complete

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| A | Transport costs (covered in accordance with our rules) | Agreed charges |
| Section 7 - Cover outside Ireland | | |
| A | Emergency treatment abroad | €100,000 |
| B | Elective treatment abroad (subject to prior approval) <ul style="list-style-type: none"> • Surgical procedures available in Ireland (as per level of cover in Ireland) • Treatment not available in Ireland | €100,000 €100,000 |
| Section 8 - Out-patient scans, covered in accordance with our rules (refer to the Directory of Approved Out-patient Scan Centres) | | |
| A | MRI scans <ul style="list-style-type: none"> • Centres with direct pay arrangements (Vhi pay directly) • Pay & claim back centres (subject to an excess of €125 per scan) | Full cover Covered |
| B | PET-CT scans (covered in accordance with our rules) | Full cover |
| C | CT scans <ul style="list-style-type: none"> • Non-oncology direct pay centres (Vhi pay directly) • Oncology direct pay centres (Vhi pay directly) | Full cover Full cover |
| Section 9 – Out-patient medical expenses (benefits are per visit, per member, unless otherwise indicated) | | |
| A | General practitioner | €25 |
| B | Consultant consultation | €60 |
| C | Pathology - consultants' fees (per referral) | €60 |
| D | Radiology - consultants' fees for professional services (per procedure) | €60 |
| E | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €500 per year |
| F | Pre- and post-natal care (combined visits) | €385 |
| G | Dental practitioner - 1 visits | €20 |
| H | Physiotherapist | €25 |
| I | Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists* - 12 combined visits | €20 |
| J | Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Clinical Psychology* - 12 combined visits | €20 |
| K | Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) *H <ul style="list-style-type: none"> • Lifestage screening programme in a Vhi Healthcare Medical Centre • Dexa scans in an approved dexa scan centre | €335 per screen 50% cover |

One Plan Complete

| | | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| L | Optical – eye tests and glasses/contact lenses – in each 24 month period (^Payment will be made directly to the provider if attending a VSP network provider, and will not be subject to the annual excess or the annual maximum) | €55^ |
| M | Accident & emergency cover - 1 visit | €75 |
| N | Out-patient mental health therapy - 12 visits in an approved out-patient mental health centre | €40 |
| O | Clinical psychology counselling for oncology treatment (psycho oncology counselling)* - 10 visits | €50 per visit |
| P | Strength & Conditioning Coach – 3 visits | €25 |
| Q | Vhi Online Doctor – 6 visits (available through the Vhi App)* | Full cover |
| R | Vhi SwiftCare exclusive benefit to Vhi customers* <ul style="list-style-type: none"> Initial consultation (charge is €125 – you pay €50) Follow-up treatment package after this consultation for x-rays, tests & medical aids (maximum you will pay is €100 for this follow-up treatment) | €75 50% of total costs |
| | Vhi SwiftCare appointment services* H <ul style="list-style-type: none"> Consultant consultation (orthopaedic, oral maxillofacial & sports medicine) Dental practitioner – 7 visits Physiotherapist – 7 visits | 50% €20 €25 |
| | Annual excess - per member, per year | €100 |
| | Annual maximum - per member, per year | €4,000 |
| | * These benefits are not subject to the annual excess or annual maximum | |
| | Section 10 | |
| A | Fitness screening and Personalised Exercise Programme, carried out in the Sports Surgery Clinic, Santry(1 visit per 3 year period) *subject to an excess of €50 per visit | *Full cover |

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.

TOBOPC V31 Mar19