

## Table of Benefits – PMI 03 10


Applicable to new registrations or renewals on/or after 1<sup>st</sup> October, 2019.

This Table of Benefits must be read in conjunction with your Company 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.

|   | <b>Benefit Provision</b>  | <b>Benefit</b>  |
|---|---|---|
|   | <b>Section 1 - Hospital charges</b>   |   |
| A | Public 1 & 2 hospitals <ul style="list-style-type: none"> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>  | Full cover  |
| B | Private hospitals and treatment centres   |   |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c) <ul style="list-style-type: none"> <li>Day care, side room, semi-private &amp; private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> </ul>  | Full cover<br>Full cover  |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c) <ul style="list-style-type: none"> <li>Day care, side room &amp; semi-private accommodation</li> <li>Private accommodation <ul style="list-style-type: none"> <li>Mater Private Hospital, Dublin</li> <li>Blackrock Clinic</li> </ul> </li> <li>Radiotherapy (day care &amp; out-patient)</li> </ul> | Full cover<br><br>Semi-private rate, 100% technical charges<br>80% private rate, 100% technical charges<br>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"> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> </ul>   | Full cover<br>Full cover<br>Full cover  |
|   | <b>Section 2 - Consultants' fees/GP procedures</b>  |   |
| A | In-patient treatment, day-care/side room/out-patient & GP procedures <ul style="list-style-type: none"> <li>Participating consultant/GP</li> <li>Non-participating consultant/GP</li> </ul>   | Full cover<br>Standard benefit  |

**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.

|   |   |   |
|---|---|---|
|   | <b>Section 3 - Psychiatric cover (read in conjunction with Section 1)</b>   |   |
| A | In-patient psychiatric cover  | 100 days                                |
| B | Day care psychiatric treatment for approved day care programmes   | Contact us for further details          |
| C | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period   | 91 days                                 |
| D | Out-patient mental health therapy - 12 visits in an approved out-patient mental health centre   | €100 per visit                          |
|   | <b>Section 4 - Maternity</b>  |   |
| A | Normal confinement <ul style="list-style-type: none"> <li>Public hospital benefit (up to 3 days)</li> <li>Caesarean delivery (as per hospital benefits listed)</li> <li>Home birth benefit</li> </ul>                                     | Full cover<br>Refer Section 1<br>€3,500 |
| B | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)   | Agreed charges                          |
| C | Post-natal home nursing <ul style="list-style-type: none"> <li>Following 1 nights stay</li> <li>Following 2 nights stay</li> </ul>  | €1,300<br>€650                          |
|   | <b>Section 5</b>  |   |
| A | Convalescent care - first 14 nights   | €70 per night                           |
| B | Cancer care support - one night's accommodation up to €100, for each treatment  | €1,500 per calendar year                |
| C | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)  | €6,500 per member year                  |
| D | Vhi Hospital@Home   | Full cover                              |
| E | Child home nursing - 28 days per calendar year  | €100 per day                            |
| F | Parent accompanying child - 14 days per calendar year, following a stay in excess of 3 days in hospital   | €100 per day                            |
| G | Return home benefit   | €100 per claim                          |
| H | Vhi VisionCare <sup>H</sup> <ul style="list-style-type: none"> <li>Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)</li> <li>Comprehensive eye exam carried out by a VSP eye-care professional in each 12 month period</li> </ul> | Full cover<br>Full cover                |
|   | <b>Section 6 - Transport costs</b>  |   |
| A | Transport costs (covered in accordance with our rules)  | Agreed charges                          |
|   | <b>Section 7 - Cover outside Ireland</b>  |   |

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|--|---|--|
| A  | Emergency treatment abroad  | €100,000                               |
| B  | Elective treatment abroad (subject to prior approval) <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>   | €100,000<br>€100,000                   |
| <b>Section 8 - Out-patient scans, covered in accordance with our rules (refer to the Directory of Approved Out-patient Scan Centres)</b> |   |  |
| A  | MRI scans <ul style="list-style-type: none"> <li>• Centres with direct pay arrangements (Vhi pay directly)</li> <li>• Pay &amp; claim back centres (subject to an excess of €125 per scan)</li> </ul>   | Full cover<br>Covered                  |
| B  | PET-CT scans (covered in accordance with our rules)   | Full cover                             |
| C  | CT scans <ul style="list-style-type: none"> <li>• Non-oncology direct pay centres (Vhi pay directly)</li> <li>• Oncology direct pay centres (Vhi pay directly)</li> </ul>   | Full cover<br>Full cover               |
| <b>Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)</b>                          |   |  |
| A  | General practitioner - 20 visits  | €80                                    |
| B  | Consultant consultation - 20 visits   | €150                                   |
| C  | Pathology - consultants' fees (per referral)  | €150                                   |
| D  | Radiology - consultants' fees for professional services (per procedure)   | €150                                   |
| E  | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 100% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements  | €1,000 per year                        |
| F  | Pre- and post-natal care (combined visits)  | €2,500                                 |
| G  | Physiotherapist - 20 visits   | €80                                    |
| H  | Optical – eye tests and glasses/contact lenses – 100% of charges in each 12 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)   | €150^                                  |
| I  | Clinical Psychologist – 20 visits   | €120                                   |
| J  | Hearing test in each 12 month period  | Full cover                             |
| K  | Health screening - in each 12 month period, covered in accordance with our rules (contact us for details) * <ul style="list-style-type: none"> <li>• Lifestage screening programme in a Vhi Medical Centre</li> <li>• DEXA scans in an approved dEXA scan centre</li> <li>• Mammograms in an approved mammogram centre</li> </ul> | Full cover<br>Full cover<br>Full cover |
| L  | Accident & emergency cover - 10 visits  | €100                                   |
| M  | Child counselling - 8 visits  | €30                                    |
| N  | Baby massage classes, in the year of the birth  | €100 per child                         |
| O  | Foetal screening (per renewal year)    | €200                                   |

|   |   |                            |
|---|---|----------------------------|
| P | Antenatal course, in the year of the birth  | €75                        |
| Q | Breastfeeding consultations, 2 visits in the year of the birth  | €30                        |
| R | Travel vaccinations   | €100 per year              |
| S | Prescription costs – per individual or per family, subject to an excess of €10 per month  | €134 per month             |
| T | Strength & Conditioning Coach – 3 visits  | €80                        |
| U | Vhi SwiftCare exclusive benefit to Vhi customers* <ul style="list-style-type: none"> <li>Initial consultation (charge is €125 – you pay €25)</li> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical aids (maximum you will pay is €100 for this follow-up treatment)</li> </ul>   | €100<br>50% of total costs |
|   | Vhi SwiftCare appointment services* <ul style="list-style-type: none"> <li>Consultant consultation (orthopaedic, oral maxillofacial &amp; sports medicine)</li> <li>Physiotherapist – 20 visits</li> </ul>  | 75%<br>€80                 |
| V | Vhi paediatric clinic* <ul style="list-style-type: none"> <li>Initial Consultant consultation</li> <li>Follow up paediatric treatment and services after this consultation including lactation consultant, dietician, ultrasound, blood tests and x-ray</li> </ul>  | 75%<br>50% of total costs  |
| W | Paediatrician benefit in addition to the Vhi paediatric clinic benefit listed above - 1 visit in the year of the birth  | €150                       |
|   | Annual excess - per member, per year  | €1                         |
|   | Annual maximum - per member, per year   | €5,500                     |
|   | * These benefits are not subject to the annual excess or annual maximum   |                            |
|   | <b>Section 10</b>   |                            |
| A | Fitness screening and Personalised Exercise Programme, carried out in the Sports Surgery Clinic, Santry (1 visit per 3 year period)   | Full cover                 |
|   | <b>Additional notes</b>   |                            |
| A | You have the option to change your cover at your renewal date and in certain additional circumstances (as determined by us) during your contract year. This is subject to Terms and Conditions and waiting periods may apply. Further information is available on our website at <a href="http://www.vhi.ie/midterm-planchanges.pdf">www.vhi.ie/midterm-planchanges.pdf</a> or you can contact us if you would like to discuss this option. |                            |

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.