

Table of Benefits – PMI 52 10

Applicable to new registrations or renewals on/or after 1st May, 2020.

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.

| | Benefit Provision | Benefit |
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| | 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 • Radiotherapy (day care & out-patient) • Hospital excesses - except maternity & certain cancer treatments <ul style="list-style-type: none"> - Hospital excess per claim - day care & side room - Hospital excess per claim - in-patient admissions | Full cover Semi-private rate Full cover €75 €150 |
| | 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) • Hospital excesses - except maternity & certain cancer treatments <ul style="list-style-type: none"> - Hospital excess per claim - day care & side room - Hospital excess per claim - in-patient admissions | Full Cover 45% 35% Full cover €75 €150 |
| 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 • Hospital excesses - except maternity & certain cancer treatments <ul style="list-style-type: none"> - Hospital excess per claim - day care & side room | Full cover Full cover 90% 0% €75 |

■ 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.

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| | - Hospital excess per claim - in-patient admissions | €150 |
| 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 • Hospital excesses <ul style="list-style-type: none"> - Hospital excess per claim - day care & side room - Hospital excess per claim - in-patient admissions | 60% 60% Semi-private rate €75 €150 |
| | Private 4 hospitals <ul style="list-style-type: none"> • Day care & side room • Semi-private accommodation • Private accommodation • Hospital excesses <ul style="list-style-type: none"> - Hospital excess per claim - day care & side room - Hospital excess per claim - in-patient admissions | 60% 45% 35% €75 €150 |
| | When carried out as a Fixed Price Procedure (contact us for details) <ul style="list-style-type: none"> • Private 3 & 4 hospitals • Hospital excesses <ul style="list-style-type: none"> - Hospital excess per claim - day care & side room - Hospital excess per claim - in-patient admissions | 60% €75 €150 |
| | Section 2 - Consultants' fees/GP procedures | |
| A | In-patient treatment, day-care/side room/out-patient & GP procedures <ul style="list-style-type: none"> • Participating consultant/GP • Non-participating consultant/GP | Full cover Standard benefit |
| | Section 3 - Psychiatric cover (read in conjunction with Section 1) | |
| 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 | €75 per visit |
| | Section 4 - Maternity & Baby | |
| A | Normal confinement <ul style="list-style-type: none"> • Public hospital benefit (up to 3 days) | Full cover |

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| | Caesarean delivery (as per hospital benefits listed) Home birth benefit | Refer Section 1 €3,600 |
| 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"> • Following 1 nights stay • Following 2 nights stay | €1,200 €600 |
| D | Vhi Fertility Programme | |
| | <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 • 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>€100 discount at point of sale €100 discount at point of sale €1,000 €125 €450 per treatment* €1,000 per treatment* €40 per session Refer Section 9</p> |
| E | Maternity & Baby Bundle <ul style="list-style-type: none"> • Maternity Yoga and Pilates classes • One maternity scan • Breast-feeding consultations • Baby massage classes • Baby swim classes • Ante natal course | 75% cover up to a combined limit of €500 and no excess |
| Section 5 - Cancer care and other benefits | | |
| A | Genetic testing for cancer <ul style="list-style-type: none"> • Initial visit for genetic testing for cancer * • Genetic test - for specified genetic mutations to be carried out in an approved clinic * | €125 Full cover |

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| | <ul style="list-style-type: none"> 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> | Covered up to the levels for hospital treatment listed in Section 1 |
| 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 | |
| | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances) | €2,500 per member year |
| | Convalescent care - first 14 nights towards the cost of semi-private or private room accommodation | €60 per night |
| | Vhi Hospital@Home | Full cover |
| | Child home nursing - 28 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 | €105 per day |
| | Return home benefit | €100 per claim |
| | <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 | Full cover Full cover |
| | Section 6 - Transport costs | |
| A | Transport costs (covered in accordance with our rules) | Agreed charges |
| | Section 7 - Cover outside Ireland | |
| A | Emergency treatment abroad | €100,000 |
| B | <p>Elective treatment abroad (subject to prior approval)</p> <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 |

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| | 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 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated) | |
| A | General practitioner - unlimited visits | 50% |
| B | Consultant consultation - unlimited visits | 50% |
| C | Pathology - consultants' fees | 50% |
| D | Radiology - consultants' fees for professional services | 50% |
| 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 | €850 per year |
| F | Pre- and post-natal care (combined visits) | €400 |
| G | Dental practitioner - 7 visits | €25 |
| H | Emergency dental treatment | Up to €500 per accident |
| I | Practice nurse - unlimited visits | 50% |
| J | STI screening | Up to €100 |
| K | Physiotherapist - 7 visits | €25 |
| L | Clinical Psychologist – 10 visits | €25 |
| M | Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists - unlimited visits | 50% |
| N | Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Orthoptists - unlimited visits | 50% |
| O | Optical – eye tests and glasses/contact lenses – 75% of charges 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) | €100^ |
| P | Hearing test in each 2 year period | €50 |
| Q | Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) * <ul style="list-style-type: none"> Lifestage screening programme in a Vhi Medical Centre Dexa scans in an approved dexa scan centre | €185 per screen 50% cover |
| R | Accident & emergency cover - 2 visits | €75 |

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| S | Clinical psychology counselling for oncology treatment (psycho oncology counselling)* - 10 visits | €50 per visit |
| T | Child counselling - 7 visits | €25 |
| U | Foetal screening (per renewal year) | €100 |
| V | Travel vaccinations | €60 per year |
| W | Vhi SwiftCare minor injury clinic* <ul style="list-style-type: none"> Initial consultation (unlimited visits) (subject to an excess of €50 per visit) Follow-up treatment package after this consultation for x-rays, tests & medical aids (maximum you will pay is €100 for this follow-up treatment) | 100% 50% of total costs |
| | Vhi SwiftCare appointment services* <ul style="list-style-type: none"> Consultant consultation (orthopaedic, oral maxillofacial & sports medicine) Dental practitioner – 7 visits Physiotherapist – 7 visits | 50% €25 €25 |
| X | Vhi paediatric clinic* <ul style="list-style-type: none"> Initial Consultant consultation Follow up paediatric treatment and services after this consultation including lactation consultant, dietician, ultrasound, blood tests and x-ray | 50% 50% of total costs |
| Y | Paediatrician benefit <ul style="list-style-type: none"> Paediatrician benefit in addition to the Vhi paediatric clinic benefit listed above - 1 visit in the year of the birth | 50% |
| | Annual excess - per member, per year | €1 |
| | Annual maximum - per member, per year | €1,000 |
| | * These benefits are not subject to the annual excess or annual maximum | |
| | Section 10 - Workplace benefits | |
| A | Employee Assistance Programme <ul style="list-style-type: none"> Telephone counselling, 6 sessions per issue Face-to-face counselling, 6 visits per issue | Full cover Full cover |
| | Additional notes | |
| 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 www.vhi.ie/midterm-planchanges.pdf 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.

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