

Table of Benefits – PMI 60 10

Applicable to new registrations or renewals on/or after 1st March, 2023.

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 & Chemotherapy The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) <ul style="list-style-type: none"> Day care & side room - €125 per claim In-patient admissions - €125 per claim | 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 & Chemotherapy The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) <ul style="list-style-type: none"> Day care & side room - €125 per claim In-patient admissions - €125 per claim | Full cover 45% 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 & in-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B) In-patient cardiac FPPs Level 2 The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) <ul style="list-style-type: none"> Day care & side room - €250 per claim In-patient admissions - €250 per claim | Full cover Full cover 0% |

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| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these | |
| | <p>Private 1, 2 & 3 hospitals</p> <ul style="list-style-type: none"> • Day care, side room & semi-private accommodation • Private accommodation • The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) <ul style="list-style-type: none"> - Day care & side room - €125 per claim - In-patient admissions - €125 per claim | <p>80%</p> <p>80% Semi-private rate</p> |
| | <p>Private 4 hospitals</p> <ul style="list-style-type: none"> • Day care & side room • Semi-private accommodation • Private accommodation • The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) <ul style="list-style-type: none"> - Day care & side room - €125 per claim - In-patient admissions - €125 per claim | <p>80%</p> <p>45%</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 • The following hospital excesses are payable by the member (except for maternity & certain cancer treatments) <ul style="list-style-type: none"> - Day care & side room - €125 per claim - In-patient admissions - €125 per claim | <p>80%</p> |
| E | <p>Day Hospitals & Centres (refer to the Directory of Approved Day Hospitals & Centres)</p> <ul style="list-style-type: none"> • Level 1 approved day hospitals & centres - €125 excess per claim • Specified orthopaedic & ophthalmic procedures (contact us for details of these) - €125 excess per claim • Level 2 approved day hospitals & centres • Specified orthopaedic & ophthalmic procedures (contact us for details of these) | <p>Full Cover</p> <p>80%</p> <p>75%</p> <p>75%</p> |
| Section 2 - Consultants' fees/GP procedures | | |
| 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> |
| Section 3 - Mental Health cover (read in conjunction with Section 1) | | |
| A | Benefit towards annual subscription for Meditation Apps – (details available at Vhi.ie/emotional-wellbeing) | €30 per year |

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| B | Psychologist / Counsellor / Psychotherapist - combined visits | Refer Section 9 |
| C | Neurodiversity assessment | Refer Section 9 |
| D | Out-patient mental health treatment <ul style="list-style-type: none"> Mental health assessment in every 24 month period in an approved out-patient mental health centre Out-patient mental health therapy - 12 visits in an approved out-patient mental health centre | €100 €75 per visit |
| E | Day care psychiatric treatment for approved day care programmes | Contact us for further details |
| F | In-patient psychiatric treatment | 100 days |
| G | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period | 91 days |
| Section 4 - Maternity & Baby | | |
| A | Normal confinement <ul style="list-style-type: none"> Public hospital benefit (up to 3 days) Caesarean delivery (as per hospital benefits listed) Home birth benefit | Full cover Refer Section 1 €3,200 |
| 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 | |
| | Fertility benefit - benefit per member, towards the cost of specified fertility tests and treatments carried out in a Vhi Participating Fertility Treatment Centre. Benefits listed are once per lifetime unless otherwise specified. <ul style="list-style-type: none"> Initial consultation Fertility tests Egg freezing Sperm freezing IUI - up to 2 treatments per lifetime, female members only IVF or ICSI - up to 2 treatments per lifetime, female members only Preimplantation Genetic Testing (PGT) Frozen Embryo Transfer – up to 2 treatments per lifetime | €100 €100 €1,000 €125 50% up to €1,000 per treatment 50% up to €1,000 per treatment €500 50% up to €500 per treatment |

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| | <ul style="list-style-type: none"> Fertility counselling - 5 sessions per treatment carried out in a Vhi Participating Fertility Treatment Centre Fertility support services - Acupuncturists & Dietitians visits | €50 per session Refer Section 9 |
| 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 * 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> | €125 Full cover Covered up to the levels for hospital treatment listed in Section 1 |
| B | Mammogram in an approved mammogram centre | Full cover (one per renewal year) |
| C | Cancer Care Support - Accommodation, travel & parking costs | Up to €100 per treatment |
| D | Manual lymph drainage - 10 visits | €50 per visit |
| E | Additional cancer support benefits <ul style="list-style-type: none"> Wig/ hairpiece, sleeping cap, post-mastectomy bra, swimsuit, surgical prosthesis following cancer treatment No excess applies, but subject to the benefit maximum for medical and surgical appliances set out below | Full cover |
| F | 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) | €6,500 per member year |
| | Convalescent care - first 14 nights towards the cost of semi-private or private room accommodation | €30 per night |
| | Vhi Hospital@Home | Full cover |
| | Child home nursing - 28 days per calendar year | €100 per day |

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| | Parent accompanying child - 14 days per calendar year, following a stay in excess of 3 days in hospital | €100 per day |
| | Return home benefit | €100 per claim |
| | 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 per calendar year |
| B | Elective treatment abroad including gender affirmation surgery (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 per calendar year €100,000 per calendar year |
| | 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"> • Oncology direct pay centres (Vhi pay directly) • Cardiac direct pay centres (Vhi pay directly) • CT Scans other than Oncology and Cardiac - direct pay centres (Vhi pay directly) For CT scans not covered under this section - please refer to section 9 | Full cover No cover Full cover |
| D | Dexa scans in an approved direct pay dexa scan centre | 50% cover (one per renewal year) |
| | 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 (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) in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements* | 50% of agreed charges |

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| F | Pre- and post-natal care (combined visits) | €500 |
| G | Practice nurse - unlimited visits | 50% |
| H | STI screening | up to €100 per year |
| I | Dental practitioner - 7 visits | €25 |
| J | Physiotherapist - 7 visits | €25 |
| K | Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists - unlimited visits** | 50% |
| L | Chiropodists/Podiatrists, Dietitians, Occupational therapists, Speech therapists, Orthoptists - unlimited visits** | 50% |
| M | Optical <ul style="list-style-type: none"> • Eye test • Glasses/contact lenses | €30 in each 24 month period 75% of charges up to €100 in each 24 month period |
| N | Hearing test in each 2 year period | €25 |
| O | Accident & emergency cover - 2 visits | €75 |
| P | Psychologist / Counsellor / Psychotherapist - 12 combined visits | €30 per visit |
| Q | Neurodiversity assessment | Up to €250 per lifetime |
| R | Foetal screening (per renewal year) | €100 |
| S | Galway Clinic Emergency Department (minor injuries only)** | Full cover, subject to an excess of €75 per visit |
| T | Travel vaccinations | €60 per year |
| U | Strength & Conditioning Coach – 3 visits | €25 |
| V | Paediatrician benefit in addition to the Vhi paediatric clinic benefit - 1 visit in the year of the birth | €60 |
| | The annual excess payable by the member – per member, per year is €100 | |
| | The annual maximum – per member, per year is €3,200 | |
| | * These benefits are not subject to the annual maximum | |
| | **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) | Full cover |

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| | Section 11 - Vhi Digital Health Services (available through the Vhi App) | |
| A | Vhi Online Physiotherapy, Speech & Language Therapy and Dietitian - 12 combined visits | Full cover |
| | Section 12 - Vhi Clinical Services (including Vhi SwiftCare & Vhi 360 Health Centres, benefit is per visit unless otherwise indicated) | |
| A | Vhi Core Services, subject to an excess of €75 per visit <ul style="list-style-type: none"> • Paediatric Clinic • 360 Health Clinics | Full cover Full cover |
| B | Vhi Personalised follow up package following referral from a Vhi Core Service – 4 visits per referral. Details available at Vhi.ie/360health | Full cover |
| C | Additional follow on visits/care in a Vhi 360 Health Centre. Details available at Vhi.ie/360health <ul style="list-style-type: none"> • Consultant and Specialist led care, subject to an excess of €75 per visit • Primary care practitioners, subject to an excess of €25 per visit | Full cover Full cover |
| D | Vhi 360 Health Centre diagnostics (X-ray & ultrasound) following GP referral, subject to an excess of €75 per visit | 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.