

Table of Benefits – Smart Plan 500

Applicable to new registrations or renewals on/or after 1st March, 2021.

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 |
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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 accommodation • Private accommodation | Full cover Semi-private rate |
| 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 and side room - Hospital excess per claim – in-patient admissions | Full cover Semi-private rate Full cover €150 €500 |
| | 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 & private accommodation • Radiotherapy (day care & out-patient) | 0% 0% |
| 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 <ul style="list-style-type: none"> - Beacon Hospital - Blackrock Clinic, Mater Private Hospital Dublin, Hermitage Medical Clinic & Galway Clinic • Day care & in-patient non-cardiac FPPs Level 1 (other than Radiotherapy & 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 - Hospital excess per claim - in-patient admissions | Full cover 0% 0% 0% €150 €500 |

■ 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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| 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 | 60% 60% Semi-private rate |
| | Private 4 hospitals <ul style="list-style-type: none"> Day care, side room, semi-private & private accommodation | 0% |
| | When carried out as a Fixed Price Procedure (contact us for details) <ul style="list-style-type: none"> Private 3 & 4 hospitals | 0% |
| 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 |
| Section 4 - Maternity | | |
| A | Normal confinement <ul style="list-style-type: none"> Public hospital benefit Caesarean delivery (as per hospital benefits listed) | €400 Refer Section 1 |
| B | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees) | Agreed charges |
| Section 5 | | |
| A | Convalescent care - first 14 nights towards the cost of semi-private or private room accommodation | €30 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) | €1,000 per member year |
| D | Vhi Hospital@Home | Full cover |
| Section 6 - Transport costs | | |

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| A | Transport costs (covered in accordance with our rules) | Agreed charges |
| Section 7 - Cover outside Ireland | | |
| A | Emergency treatment abroad | €65,000 |
| 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 | €65,000 €65,000 |
| 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 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated) | | |
| A | Consultant consultation | €60 |
| B | Pathology - consultants' fees (per referral) | €60 |
| C | Radiology - consultants' fees for professional services (per procedure) | €60 |
| D | 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 |
| E | Optical  <ul style="list-style-type: none"> • Eye test | €30 in each 24 month period |
| | Annual excess - per member, per year | €250 |
| | Annual maximum - per member, per year | €1,000 |
| Section 10 – Care for people on the Go (benefits are per visit, per member, unless otherwise indicated) | | |
| A | Vhi Online Doctor – 6 visits (available through the Vhi App)* | Full cover |
| B | 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 €150 for this follow-up treatment) | 100% 50% of total costs |

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| C | Physiotherapy carried out by a Physiotherapist employed by The Physio Company - 3 visits. To make a booking, contact The Physio Company at (01) 518 0011 | Full cover |
| | * These benefits are not subject to the annual excess or annual maximum | |
| | Additional notes | |
| A | This plan does not provide cover for all hospitals, for details of the hospitals covered please log on to Vhi.ie or phone us on (056) 444 4444 | |

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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