

## Table of Benefits – Teachers' Plan Select

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

|   | <b>Benefit Provision</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Benefit</b>                                |
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|   | <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 & 1d) <ul style="list-style-type: none"> <li>● Day care, side room &amp; semi-private accommodation</li> <li>● Private accommodation</li> <li>● Radiotherapy (day care &amp; out-patient)</li> <li>● The following hospital excesses are payable by the member (except for maternity &amp; certain cancer treatments)               <ul style="list-style-type: none"> <li>- Day care &amp; side room - €125 per claim</li> <li>- In-patient admissions - €125 per claim</li> </ul> </li> </ul>    | Full cover<br>Semi-private rate<br>Full cover |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d) <ul style="list-style-type: none"> <li>● Day care &amp; side room</li> <li>● Semi-private accommodation</li> <li>● Private accommodation</li> <li>● Radiotherapy (day care &amp; out-patient)</li> <li>● The following hospital excesses are payable by the member (except for maternity &amp; certain cancer treatments)               <ul style="list-style-type: none"> <li>- Day care &amp; side room - €125 per claim</li> <li>- In-patient admissions - €125 per claim</li> </ul> </li> </ul> | Full cover<br>50%<br>40%<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               <ul style="list-style-type: none"> <li>- Hermitage Medical Clinic, Blackrock Clinic &amp; Mater Private Hospital, Dublin</li> <li>- Beacon Hospital &amp; Galway Clinic</li> </ul> </li> <li>● Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> </ul>                                                                                                                                                                   | 0%<br><br>Full cover<br>Full cover            |

**■** 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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|                                                                           | <ul style="list-style-type: none"> <li>• 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> <li>• The following hospital excesses are payable by the member (except for maternity &amp; certain cancer treatments) <ul style="list-style-type: none"> <li>- In-patient admissions - €250 per claim</li> <li>- Day care &amp; side room - €250 per claim</li> </ul> </li> </ul> | <p>90%</p> <p>0%</p>                      |
| 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 &amp; 3 hospitals</p> <ul style="list-style-type: none"> <li>• Day care, side room &amp; semi-private accommodation</li> <li>• Private accommodation</li> <li>• The following hospital excesses are payable by the member (except for maternity &amp; certain cancer treatments) <ul style="list-style-type: none"> <li>- In-patient admissions - €125 per claim</li> <li>- Day care &amp; side room - €125 per claim</li> </ul> </li> </ul>                    | <p>80%</p> <p>80% Semi-private rate</p>   |
|                                                                           | <p>Private 4 hospitals</p> <ul style="list-style-type: none"> <li>• Day care &amp; side room</li> <li>• Semi-private accommodation</li> <li>• Private accommodation</li> <li>• The following hospital excesses are payable by the member (except for maternity &amp; certain cancer treatments) <ul style="list-style-type: none"> <li>- Day care &amp; side room - €125 per claim</li> <li>- In-patient admissions - €125 per claim</li> </ul> </li> </ul>                     | <p>80%</p> <p>50%</p> <p>40%</p>          |
|                                                                           | <p>When carried out as a Fixed Price Procedure (contact us for details)</p> <ul style="list-style-type: none"> <li>• Private 3 &amp; 4 hospitals</li> <li>• The following hospital excesses are payable by the member (except for maternity &amp; certain cancer treatments) <ul style="list-style-type: none"> <li>- In-patient admissions - €250 per claim</li> <li>- Day care &amp; side room - €250 per claim</li> </ul> </li> </ul>                                        | <p>80%</p>                                |
| <b>Section 2 - Consultants' fees/GP procedures</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |
| A                                                                         | <p>In-patient treatment, day-care/side room/out-patient &amp; GP procedures</p> <ul style="list-style-type: none"> <li>• Participating consultant/GP</li> <li>• Non-participating consultant/GP</li> </ul>                                                                                                                                                                                                                                                                      | <p>Full cover</p> <p>Standard benefit</p> |
| <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            |


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| 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                                                                                                                                                                                                                                                      |
| <b>Section 4 - Maternity &amp; Baby</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                    |
| A                                       | <p>Normal confinement</p> <ul style="list-style-type: none"> <li>Public hospital benefit (up to 3 days)</li> <li>Caesarean delivery (as per hospital benefits listed)</li> </ul> <p>Home birth benefit</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Full cover</p> <p>Refer Section 1</p> <p>€4,000</p>                                                                                                                                                                                                             |
| B                                       | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agreed charges                                                                                                                                                                                                                                                     |
| C                                       | <p>Post-natal home nursing</p> <ul style="list-style-type: none"> <li>Following 1 nights stay</li> <li>Following 2 nights stay</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>€1,200</p> <p>€600</p>                                                                                                                                                                                                                                          |
| 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"> <li>Initial consultation</li> <li>Fertility tests</li> <li>Egg freezing</li> <li>Sperm freezing</li> <li>IUI - up to 2 treatments per lifetime, female members only</li> <li>IVF or ICSI - up to 2 treatments per lifetime, female members only</li> <li>Preimplantation Genetic Testing (PGT)</li> <li>Frozen Embryo Transfer – up to 2 treatments per lifetime</li> <li>Fertility counselling - 5 sessions per treatment carried out in a Vhi Participating Fertility Treatment Centre</li> <li>Fertility support services - Acupuncturists &amp; Dieticians visits</li> </ul> | <p>€100</p> <p>€100</p> <p>€1,000 per lifetime</p> <p>€125 per lifetime</p> <p>50% up to €1,000 per treatment</p> <p>50% up to €1,000 per treatment</p> <p>€500 per lifetime</p> <p>50% up to €500 per treatment</p> <p>€50 per session</p> <p>Refer Section 9</p> |
| E                                       | <p>Maternity &amp; Baby Bundle</p> <ul style="list-style-type: none"> <li>Maternity Yoga and Pilates classes</li> <li>One maternity scan</li> <li>Breast-feeding consultations</li> <li>Baby massage classes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>75% cover up to a combined limit of €400 and</p>                                                                                                                                                                                                                |

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|                                                          | <ul style="list-style-type: none"> <li>Baby swim classes</li> <li>Ante natal course</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                      | no excess                                                                                                                             |
| F                                                        | <p>Additional Maternity &amp; Baby Benefits</p> <ul style="list-style-type: none"> <li>Foetal screening (per renewal year)</li> <li>Paediatrician benefit</li> <li>Vaccinations for Meningitis B and Chicken Pox - up to two inoculations for each per lifetime</li> <li>Female and male mental health counselling - 10 sessions</li> <li>New parents food pack - 10 nutritional dinners delivered to your door</li> <li>Paediatric first aid course</li> <li>Pre- and post-natal care (combined visits)</li> </ul> | <p>€100<br/>€60<br/>€50 per inoculation<br/>€40 per session<br/>Full cover<br/>€50<br/>€400<br/>No excess applies to this section</p> |
| <p><b>Section 5 - Cancer care and other benefits</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |
| A                                                        | <p>Genetic testing for cancer</p> <ul style="list-style-type: none"> <li>Initial visit for genetic testing for cancer *</li> <li>Genetic test - for specified genetic mutations to be carried out in an approved clinic *</li> <li>Preventative (Prophylactic) treatment following on from the genetic test</li> </ul> <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<br/>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 - 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"> <li>Wig/ hairpiece, post-mastectomy bra, swimsuit, surgical prosthesis following cancer treatment</li> </ul> <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)                                                                                                                                                                                                                                                                                                                                                          | €3,200 per member year                                                                                                                |
|                                                          | Convalescent care - first 16 nights towards the cost of semi-private or private room accommodation                                                                                                                                                                                                                                                                                                                                                                                                                  | €30 per night                                                                                                                         |

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|   | 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                 |
|   | <b>Section 6 - Transport costs</b>                                                                                                                                                                                                  |                             |
| A | Transport costs (covered in accordance with our rules)                                                                                                                                                                              | Agreed charges              |
|   | <b>Section 7 - Cover outside Ireland</b>                                                                                                                                                                                            |                             |
| 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 | 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 | Acupuncturists, Dieticians* - 5 combined visits                                                                                                                                                                                     | €40                         |
| F | Voice coaching – 5 visits                                                                                                                                                                                                           | €30                         |
| G | Optical  <ul style="list-style-type: none"> <li>• Eye test</li> </ul>                                                                            | €30 in each 24 month period |
| H | Health screening - in each 24 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> </ul>               | €135 per screen             |

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|   | <ul style="list-style-type: none"> <li>Dexa scans in an approved dexa scan centre</li> </ul>                                                                                                                                                                                                                                                                                                                                                       | 50% cover                             |
| I | Accident & emergency cover - 2 visits                                                                                                                                                                                                                                                                                                                                                                                                              | €75                                   |
| J | Travel vaccinations                                                                                                                                                                                                                                                                                                                                                                                                                                | €60 per year                          |
| K | Child counselling - 8 visits                                                                                                                                                                                                                                                                                                                                                                                                                       | €30                                   |
| L | Post natal home help, within 6 weeks of the birth                                                                                                                                                                                                                                                                                                                                                                                                  | €100                                  |
| M | Clinical psychology counselling for oncology treatment (psycho oncology counselling)* - 10 visits                                                                                                                                                                                                                                                                                                                                                  | €50 per visit                         |
| N | Vhi Online Doctor – 6 visits (available through the Vhi App)*                                                                                                                                                                                                                                                                                                                                                                                      | Full cover                            |
| O | <p>Vhi SwiftCare minor injury clinic*</p> <ul style="list-style-type: none"> <li>Initial consultation (unlimited visits) (subject to an excess of €50 per visit)</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>                                                                                                          | <p>100%</p> <p>50% of total costs</p> |
|   | <p>Vhi SwiftCare appointment services*</p> <ul style="list-style-type: none"> <li>Consultant consultation (orthopaedic, oral maxillofacial &amp; sports medicine)</li> </ul>                                                                                                                                                                                                                                                                       | 50%                                   |
| P | <p>Vhi paediatric clinic*</p> <ul style="list-style-type: none"> <li>Initial Consultant consultation (in addition to your paediatric benefit in section 4)</li> <li>Follow up paediatric treatment and services after this consultation including lactation consultant, dietician, ultrasound, blood tests and x-ray</li> </ul>                                                                                                                    | <p>50%</p> <p>50% of total costs</p>  |
|   | The annual excess payable by the member – per member, per year is €125                                                                                                                                                                                                                                                                                                                                                                             |                                       |
|   | The annual maximum – per member, per year is €3,200                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|   | * These benefits are not subject to the annual excess or annual maximum                                                                                                                                                                                                                                                                                                                                                                            |                                       |
|   | <b>Section 10 - Workplace benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |
| A | <p>Specialist Information Service</p> <ul style="list-style-type: none"> <li>Telephone information line</li> </ul>                                                                                                                                                                                                                                                                                                                                 | Full cover                            |
|   | <b>Additional notes</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |
| A | <p>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.</p> |                                       |

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.

TOBTPS V38 Apr21