Table of Benefits – One Plan

Applicable to new registrations or renewals on/or after 1st November, 2014.

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 www.vhi.ie or phone us on 1890 44 44 44 if you are planning treatment.

	Benefit Provision	Benefit
	Section 1 - Hospital charges	
Α	Public 1 & 2 hospitals	
	 Day care, side room, semi-private & private accommodation 	Full cover
В	Private hospitals and treatment centres	
	Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)	
	Day care, side room & semi-private accommodation	Full cover
	Private accommodation	Semi-private
		rate Full cover
	Radiotherapy (day care & out-patient)	€125
	Hospital excess (per claim - except maternity & certain cancer treatments)	6125
	Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)	
	Day care & side room	Full cover
	Semi-private accommodation	45%
	Private accommodation	35%
	 Radiotherapy (day care & out-patient) 	Full cover
	Hospital excess (per claim - except maternity & certain cancer treatments)	€125
С	Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)	
	Private 3 & 4 hospitals	
	Day care cardiac FPPs Level 1	Full cover
	In-patient cardiac FPPs Level 1	90%
	 Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B) 	Full cover
	 In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B) 	90%
	In-patient cardiac FPPs Level 2	0%
	Hospital excess (per claim - except maternity & certain cancer treatments)	€125
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	

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.

	Day care, side room & semi-private accommodation	80%
	 Private accommodation 	80% Semi-
		private rate
	Hospital excess (per claim)	€125
	Private 4 hospitals	
	Day care & side room	80%
	Semi-private accommodation	45%
	Private accommodation	35%
	Hospital excess (per claim)	€125
	When carried out as a Fixed Price Procedure (contact us for details)	
	Private 3 & 4 hospitals	80%
	Hospital excess (per claim)	€125
	Section 2 - Consultants' fees/GP procedures	
А	In-patient treatment, day-care/side room/out-patient & GP procedures	
	Participating consultant/GP	Full cover
	Non-participating consultant/GP	Standard benefit
	Section 3 - Psychiatric cover (read in conjunction with Section 1)	
А	In-patient psychiatric cover	100 days
В	Day care psychiatric treatment for approved day care programmes	Contact us for further details
С	In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period	91 days
D	Out-patient mental health treatment (in an approved out-patient mental health centre)	
	Mental health assessment in every 2 year period	€100 per member
	Mental health therapy, 12 visits	€25 per visit
	Section 4 - Maternity	
А	Normal confinement	
	Public hospital benefit (up to 3 days)	Full cover
	Caesarean delivery (as per hospital benefits listed)	Refer Section 1
В	In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)	Agreed charges
	Section 5	
Α	Convalescent care - first 14 nights	€30 per night
В	Cancer care support - one night's accommodation up to €100, for each treatment	€1,500 per calendar year

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С	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
D	Vhi Homecare	Full cover
	Section 6 - Transport costs	
A	Transport costs (covered in accordance with our rules)	Agreed charges
	Section 7 - Cover outside Ireland	
Α	Emergency treatment abroad	€65,000
В	Elective treatment abroad (subject to prior approval)	
	• Surgical procedures available in Ireland (as per level of cover in Ireland)	€65,000
	Treatment not available in Ireland	€65,000
	Section 8	
A	In-patient MRI scans (covered in accordance with Section 1)	Agreed charges
В	Out-patient MRI scans	
	Category 1 - approved MRI centres	Full cover
	 Category 2 - approved MRI centres, agreed MRI charges & consultant Radiologists fees (subject to an excess of €125 per scan) 	Full cover
С	PET-CT scans (covered in accordance with our rules)	Agreed charges
	Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)	
А	Consultant consultation - 7 visits	€60
В	Pathology - consultants' fees (per referral)	€60
С	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	€300 per year
Е	Pre- and post-natal care (combined visits in the year of the birth)	€250
F	Vhi SwiftCare benefit* - 2 visits	€75
G	Travel vaccinations	€60
	Annual excess - per member, per year	€250
	Annual maximum - per member, per year	€1,500
	* This benefit is not subject to the annual excess or annual maximum	
	Additional notes	
A	The definition of Student as set out in the Hospital Plan Rules - Terms and Conditions is amended as follows:	
	 Student: A person who is a dependant of the subscriber/policyholder and is of or over the age of 18 years and under 22 years of age at renewal date (or at the time of joining) and is receiving full time education. 	

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