

## Table of Benefits – One Plan Sport

Applicable to new registrations or renewals on/or after 1<sup>st</sup> 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](http://www.vhi.ie) or phone us on 1890 44 44 44 if you are planning treatment.

	Benefit Provision	Benefit
	<b>Section 1 - Hospital charges</b>	
A	Public 1 & 2 hospitals <ul style="list-style-type: none"> <li>Day care, side room &amp; semi-private accommodation</li> <li>Private accommodation</li> </ul>	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"> <li>Day care, side room &amp; semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>Hospital excess (per claim)</li> </ul>	Full cover Semi-private rate Full cover €125
	Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d) <ul style="list-style-type: none"> <li>Day care, side room, semi-private &amp; private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> </ul>	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"> <li>Day care cardiac FPPs Level 1 <ul style="list-style-type: none"> <li>Blackrock Clinic &amp; Mater Private Hospital, Dublin</li> <li>Beacon Hospital, Hermitage Medical Clinic &amp; Galway Clinic</li> </ul> </li> <li>In-patient cardiac FPPs Level 1 <ul style="list-style-type: none"> <li>Blackrock Clinic &amp; Mater Private Hospital, Dublin</li> <li>Beacon Hospital, Hermitage Medical Clinic &amp; Galway Clinic (subject to a maximum co-payment of €2,000 per claim)</li> </ul> </li> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B) <ul style="list-style-type: none"> <li>Blackrock Clinic &amp; Mater Private Hospital, Dublin</li> <li>Beacon Hospital, Hermitage Medical Clinic &amp; Galway Clinic</li> </ul> </li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B) <ul style="list-style-type: none"> <li>Blackrock Clinic &amp; Mater Private Hospital, Dublin</li> </ul> </li> </ul>	0% Full cover  0% 75%  0% Full cover  0%

**H** 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>- Beacon Hospital, Hermitage Medical Clinic &amp; Galway Clinic (subject to a maximum co-payment of €2,000 per claim)</li> <li>• In-patient cardiac FPPs Level 2</li> <li>• Hospital excess (per claim)</li> </ul>	75%  0% €125
D	Specified Ophthalmic procedures - contact us for details of these	
	Private 1, 2 & 3 hospitals <ul style="list-style-type: none"> <li>• Day care, side room &amp; semi-private accommodation</li> <li>• Private accommodation</li> <li>• Hospital excess (per claim)</li> </ul>	80% 80% Semi-private rate €125
	Private 4 hospitals <ul style="list-style-type: none"> <li>• Day care, side room, semi-private &amp; private accommodation</li> </ul>	0%
	<b>Section 2 - Consultants' fees/GP procedures</b>	
A	In-patient treatment, day-care/side room/out-patient & GP procedures <ul style="list-style-type: none"> <li>• Participating consultant/GP</li> <li>• Non-participating consultant/GP</li> </ul>	Full cover Standard benefit
	<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
C	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) <ul style="list-style-type: none"> <li>• Mental health assessment in every 2 year period</li> <li>• Mental health therapy, 12 visits</li> </ul>	€100 per member €25 per visit
	<b>Section 4 - Maternity</b>	
A	Normal confinement <ul style="list-style-type: none"> <li>• Public hospital benefit (up to 3 days)</li> </ul> Caesarean delivery (as per hospital benefits listed)	Full cover Refer Section 1
B	In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)	Agreed charges
	<b>Section 5</b>	
A	Convalescent care - first 14 nights	€30 per night
B	Cancer care support - one night's accommodation up to €100, for each treatment	€1,500 per calendar year

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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)	€3,200 per member year
D	Vhi Homecare	Full cover
	<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	€65,000
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>	€65,000 €65,000
	<b>Section 8</b>	
A	In-patient MRI scans (covered in accordance with Section 1)	Agreed charges
B	Out-patient MRI scans <ul style="list-style-type: none"> <li>Category 1 - approved MRI centres</li> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant Radiologists fees (subject to an excess of €125 per scan)</li> </ul>	Full cover Full cover
C	PET-CT scans (covered in accordance with our rules)	Agreed charges
	<b>Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)</b>	
A	Consultant consultation - 7 visits	€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	€300 per year
E	Pre- and post-natal care (combined visits in the year of the birth)	€250
F	Physiotherapist - 7 visits	€25
G	Accident & emergency cover - 2 visits	€75
H	Vhi SwiftCare benefit* - 2 visits	€75
I	Sports physician consultations – 2 visits	€75
J	Emergency dental treatment involving an external impact	€300
	Annual excess - per member, per year	€150
	Annual maximum - per member, per year	€1,500
	* This benefit is not subject to the annual excess or annual maximum	
	<b>Section 10 - LifeStage benefits</b>	

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A	Fitness screening, carried out in the Sports Surgery Clinic, Santry (1 visit per 2 year period)	Full cover
<b>Section 11 - Sports injury cover</b>		
A	Emergency care treatment in an approved Vhi Swiftcare Clinic for a sports injury - 2 visits per member per year	Full cover (subject to €75 excess per claim)
B	<p>Approved treatment programmes for a sports injury in the Sports Surgery Clinic, Santry, subject to referral by a GP, Consultant or Physiotherapist (contact us for details of these).</p> <ul style="list-style-type: none"> <li>• Surgical procedures</li> <li>• Non-surgical procedures – up to a maximum of 2 claims per member per year.</li> </ul>	<p>Full cover (subject to €75 excess per claim)</p> <p>Full cover (subject to €75 excess per claim)</p>