



Table of Benefits – Family Plan Level 2

Applicable to new registrations or renewals on/or after 1st May, 2010.

This Table of Benefits must be read in conjunction with your LifeStage Plan Rules – Terms and Conditions, including the Directory of Hospitals (and Treatment Centres) and the Directory of approved MRI Centres.

	Benefit Provision	Benefit Limit
	Section 1 - Hospital charges in participating hospitals	% of hospital charges
A	Public hospitals	
	Day care & side room	Full cover
	Semi-private accommodation	Full cover
	Private accommodation	Full cover
B	Private hospitals and treatment centres 	
	Group 1 (other than for certain investigations & treatments referred to in Section 1c)	
	Day care & side room	60%
	Semi-private accommodation	50%
	Private accommodation	50% Semi-private rate 50% of technical charges
	Radiotherapy (day care & out-patient)	60%
	Hospital excess (per claim - except maternity & certain cancer treatments)	Nil
	Group 2 (other than for certain investigations & treatments referred to in Section 1c)	
	Day care & side room	0%
	Semi-private accommodation	0%
	Private accommodation	0%
	Radiotherapy (day care & out-patient)	0%
	Hospital excess (per claim - except maternity & certain cancer treatments)	Nil
C	Certain investigations and treatments – herein referred to as Fixed Price Procedures (FPPs) (contact us if you have a question as to whether a procedure falls within this category)	
	Blackrock Clinic, Mater Private Hospital, Beacon Hospital, Hermitage Medical Clinic & Galway Clinic	0%
	Hospital excess (per claim)	Nil
	Section 2 - Consultants' fees/GP procedures	
A	In-patient treatment, Day-care procedures, Side room procedures & Out-patient procedures	
	Participating consultant As set out in the Vhi Healthcare Schedule of Benefits for Professional Fees	Refer to rule 6(b)

 Denotes benefit changes

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	Non-participating consultant As set out in the Vhi Healthcare Schedule of Benefits for Professional Fees	Refer to rule 6(b)
B	GP procedures	
	Participating GP As set out in the Schedule of Benefits for General Practitioners	Full cover
	Non-participating GP As set out in the Schedule of Benefits for General Practitioners	Standard benefit
	Section 3 – Psychiatric cover	
A	In-patient psychiatric cover	
	100 days – in accordance with level of cover in admitting hospital	Refer to Section 1
B	Day care psychiatric treatment	
	Day care psychiatric treatment for approved day care programmes	Please contact us for further details
C	In-patient treatment for alcoholism, drug or other substance abuse	
	91 in-patient days in any 5 year period, in accordance with level of cover in admitting hospital	Refer to Section 1
D	Out-patient mental health treatment	
	<ul style="list-style-type: none"> • Mental health assessment in every 2 year period, in an approved out-patient mental health centre • Mental health therapy, maximum of 7 visits per member per year, in an approved out-patient mental health centre 	Up to €100 per member Up to €35 per visit
	Section 4 - Maternity	
A	Hospital charges	
	Normal confinement <ul style="list-style-type: none"> • Public hospital benefit (up to 3 days) • Private hospital benefit (up to 3 days) 	Full cover Up to €3,400
	Caesarean delivery (as per hospital benefits listed)	Refer Section 1
B	Consultants' fees	
	Normal delivery fee (part payment)	Per Schedule of Benefits for Professional Fees
	Caesarean delivery fee (part payment)	Per Schedule of Benefits for Professional Fees
	We also pay benefits towards <ul style="list-style-type: none"> • the anaesthetist's fee for giving an epidural; • consultants' fees for in-patient pathology tests; and • a paediatric consultation 	Per Schedule of Benefits for Professional Fees
C	Home births	

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	Medical expenses up to 3 days following the birth	Up to €3,400
D	Post-natal home nursing	
	<ul style="list-style-type: none"> Following 1 nights stay Following 2 nights stay 	€1,200 €600
	Section 5	
A	Convalescent care	
	For the first 14 nights only in single room accommodation	Up to €30 per night
B	Cancer care support	
	One night's accommodation up to €100, for each treatment	Up to €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 to find out whether a particular appliance is eligible for benefit	Up to €6,500 per member per year
	Section 6 – Transport costs	
A	Ambulance costs	Refer to rule 6 (q)
B	Taxi costs	Refer to rule 6 (q)
	Section 7 – Cover outside Ireland	
A	Treatment outside Ireland	
	Emergency treatment abroad	Up to €100,000
	Elective treatment abroad <ul style="list-style-type: none"> Surgical procedures available in Ireland (as per level of cover in Ireland) Treatment not available in Ireland * Subject to prior approval and satisfaction in full of specified criteria	*Up to €100,000 *Up to €100,000
	Section 8	
A	In-patient MRI scans	
	<ul style="list-style-type: none"> MRI charges – in accordance with the level of cover in the admitting hospital (Refer to the Directory of approved MRI Centres) 	Refer Section 1
B	Out-patient MRI scans	
	<ul style="list-style-type: none"> Category 1 - approved MRI centres Category 2 - approved MRI centres (subject to an excess of €125 per scan) 	Full cover Agreed MRI charges & Consultant's fees
C	Out-patient CT scans	
	<ul style="list-style-type: none"> Advanced Radiology Centre (subject to GP or consultant referral) 	Full cover
	<ul style="list-style-type: none"> Approved out-patient centres 	Refer Section 9e
D	PET-CT scans	Refer to rule 6 (aa)
	Section 9 - Day-to-day medical expenses	

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A	General practitioner visits 	
	Up to 7 visits per member per year	Up to €35 per visit
B	Consultant consultations 	
	Up to 7 visits per member per year	Up to €75 per visit
C	Pathology - consultants' fees	
	In an approved out-patient centre	Up to €75 per referral
D	Radiology – consultants' fees for professional services	
	Per procedure	Up to €75
E	Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI & CT benefits) 	
	Up to 75% of agreed charges in an approved out-patient centre	Up to €750 per member per year
F	Pre- and post-natal care 	
	In the year of the birth	Up to €400
G	Dental practitioner visits 	
	Up to 7 visits per member per year	Up to €35 per visit
H	Physiotherapist visits 	
	Up to 7 visits per member per year	Up to €35 per visit
I	Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Orthoptists visits 	
	Up to 7 combined visits per member per year	Up to €35 per visit
J	Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists visits 	
	Up to 7 combined visits per member per year	Up to €35 per visit
K	Optical – eye tests and glasses/contact lenses 	
	Up to 75% of charges in each 2 year period	Up to €100 per member
L	Hearing test 	
	In each 2 year period	Up to €35 per member
M	Vhi screening * 	

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	Cardiovascular risk assessment & Type 2 Diabetes screening	
	In each 2 year period in a Vhi Screening Centre (contact us for details)	Full cover
	Colon cancer screening	
	In each 2 year period in a Vhi Screening Centre (contact us for details)	Full cover
N	Accident & emergency cover	
	Up to 2 visits per member per year	Up to €75 per visit
O	Clinical psychologist 	
	Up to 7 visits per member per year	Up to €35 per visit
P	Vhi SwiftCare benefit *	
	Up to 5 visits per member per year	Up to €75 per visit
	Annual maximum - per member per year	€4,000
	Section 10 - LifeStage benefits	
A	Child counselling 	
	Up to 7 visits per child per year	Up to €35 per visit
B	Child home nursing*	
	Up to 28 days per calendar year	Up to €100 per day
C	Parent accompanying child*	
	Up to 14 days per child per calendar year following a stay in excess of 3 days in hospital	Up to €100 per day
D	Paediatrician benefit	
	Up to 1 visit in the year of the birth	Up to €75
E	Baby massage classes	
	In the year of the birth	Up to €100 per child
	Annual Excess - per member per year, for Section 9 and Section 10 combined 	€25
	* These benefits are not subject to the combined annual excess or annual maximum	

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