

Table of Benefits – One Plan

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

This Table of Benefits must be read in conjunction with your LifeStage Choices Rules – Terms and Conditions, including the Directory of Hospitals (and Treatment Centres) and the Directory of approved MRI Centres. For the purposes of these documents, One Plan information is listed under the same heading as One+ Plan.

	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 & procedures referred to in Section 1d)	
	Day care & side room	Full cover
	Semi-private accommodation	Full cover
	Private accommodation	Semi-private rate, 100% of technical charges
	Radiotherapy (day care & out-patient)	Full cover
	Hospital excess (per claim – except maternity & certain cancer treatments)	€125
	Group 2 (other than for certain investigations, treatments & procedures 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
	Northern Ireland hospitals	
	Northern Ireland hospitals – non directory hospitals	40%
	Northern Ireland hospitals – directory hospitals	Full cover
	Private hospital excess (per claim – except maternity & certain cancer treatments)	€125
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 – cardiac FPPs	90%
	Blackrock Clinic, Mater Private Hospital, Beacon Hospital, Hermitage Medical Clinic &	90%

■ Denotes benefit changes



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	Galway Clinic – non cardiac FPPs (other than for certain procedures referred to in Section 1d)	
	Hospital excess (per claim – except maternity & certain cancer treatments)	€125
D	Specified hip, knee & shoulder joint replacement procedures – herein referred to as Orthopaedic Procedures (contact us for details of these) H	
	Group 1 Private hospitals <ul style="list-style-type: none"> • Semi-private accommodation • Private accommodation 	80% 80% Semi-private rate
	Hospital excess (per claim)	€125
	Group 2 Private hospitals <ul style="list-style-type: none"> • Semi-private accommodation • Private accommodation 	45% 35%
	Hospital excess (per claim)	€125
	Beacon Hospital, Blackrock Clinic, Mater Private Hospital, Hermitage Medical Clinic & Galway Clinic (when carried out as a Fixed Price Procedure)	80%
	Hospital excess (per claim)	€125
	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	Full cover
	Non-participating consultant As set out in the Vhi Healthcare Schedule of Benefits for Professional Fees	Standard benefit
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	

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	<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 12 visits per member per year, in an approved out-patient mental health centre 	Up to €100 per member Up to €25 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 	Full cover 0%
	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	
	Medical expenses up to 3 days following the birth	0%
D	Post natal home nursing	
	<ul style="list-style-type: none"> Following 1 nights stay Following 2 nights stay 	0% 0%
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 €3,200, per member per year
Section 6 – Transport costs		
A	Ambulance costs	Refer to rule 6 (o)
B	Taxi costs	Refer to rule 6 (o)

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	Section 7 – Cover outside Ireland	
A	Treatment outside Ireland	
	Emergency treatment abroad	Up to €65,000
	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 €65,000 *Up to €65,000
	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) • Approved out-patient centres 	Full cover Refer Section 9e
D	PET-CT scans	Refer to rule 6(aa)
	Section 9 – Day-to-day medical expenses	
A	Consultant consultations 	
	Up to 7 visits per member per year	Up to €60
B	Pathology - consultants' fees	
	In an approved out-patient centre	Up to €60 per referral
C	Radiology – consultants' fees for professional services	
	Per procedure	Up to €60
D	Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI & CT benefits)	
	Up to 50% of agreed charges in an approved out-patient centre	Up to €300 per member per year
E	Pre- and post-natal care	
	In the year of the birth	Up to €250
F	Travel vaccinations *	
	Per member per year	Up to €60
G	Vhi SwiftCare benefit *	
	Up to 2 visits per member per year	Up to €75 per

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		visit
	Annual excess - per member per year	€250
	Annual maximum - per member per year	€1,500
	* These benefits are not subject to an excess	

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