

Table of Benefits – One+ Plan

Applicable to new registrations or renewals on/or after 22nd March 2010.

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| | Benefit Provision | Benefit Limit |
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| | 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 & Galway Clinic – non cardiac FPPs (other than for certain procedures referred to in Section 1d) | 90% |
| | Hospital excess (per claim – except maternity & certain cancer treatments) | €125 |

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| D | Specified hip, knee & shoulder joint replacement procedures – herein referred to as Orthopaedic Procedures (contact us for details of these) | |
| | 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 |
| | 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 Up to €4,000 |

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| | 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 | Up to €4,000 |
| D | Post natal home nursing | |
| | <ul style="list-style-type: none"> • Following 1 nights stay • Following 2 nights stay | <p style="text-align: center;">€600 €300</p> |
| | 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) |
| | 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 | <p style="text-align: center;">*Up to €65,000 *Up to €65,000</p> |
| | Section 8 | |

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| 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 €300 |
| F | Out-patient mental health treatment | |
| | Mental health therapy, maximum of 12 visits per member per year, in an approved out-patient mental health centre | Up to €20 per visit |
| | Annual excess - per member per year | €250 |
| | Annual maximum - per member per year | €1,500 |
| Section 10 – Child benefits | | |
| A | Child nursing * | |
| | Up to 14 days per calendar year | Up to €100 per day |
| B | Parent accompanying child * | |
| | Up to 14 days per child per calendar year following a stay in excess of 3 days in hospital | Up to €40 per day |

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| C | Vhi SwiftCare benefit * | |
| | Up to 2 visits per child per year | Up to €75 per visit |
| | * These benefits are not subject to an excess | |

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