



Table of Benefits – First Plan Select

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

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	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	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)	€75
	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)
	Non-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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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 4 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 (up to 3 days) 	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	

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	<ul style="list-style-type: none"> Following 1 nights stay Following 2 nights stay 	<p>0%</p> <p>0%</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 €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 €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) 	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		
A	General practitioner visits 	
	Up to 4 visits per member per year	Up to €20 per

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		visit
B	Consultant consultations 	
	Up to 4 visits per member per year	Up to €60 per visit
C	Pathology - consultants' fees	
	In an approved out-patient centre	Up to €60 per referral
D	Radiology – consultants' fees for professional services	
	Per procedure	Up to €60
E	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
F	Pre- and post-natal care	
	In the year of the birth	Up to €250
G	Dental practitioner visits 	
	Up to 4 visits per member per year	Up to €20 per visit
H	Physiotherapist visits 	
	Up to 4 visits per member per year	Up to €20 per visit
I	Accident & emergency cover	
	Up to 1 visit per member per year	Up to €75 per visit
J	Vhi Swiftcare benefit *	
	Up to 5 visits per member per year	Up to €75 per visit
	Annual excess - per member per year 	€25
	Annual maximum - per member per year	€3,200
	* These benefits are not subject to the annual excess or annual maximum	

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