

# Level 1 Everyday

## Table of Cover effective from January 1st 2017

This table of cover must be read in conjunction with your member certificate and Health Plans membership handbook effective from January 2017. The hospitals and treatment centres covered on this plan are set out in List 1 in Part 12 of your Health Plans membership handbook.

| In Patient Benefits                         |   |
|---|---|
| Hospital Cover                              |   |
| Consultant fees                             | Covered   |
| Inpatient Scans                             | Covered   |
| Public Hospital                             |   |
| Semi Private Room                           | Covered   |
| Private Room                                | Semi-Private Rate   |
| Day Case                                    | Covered   |
| Private Hospital                            |   |
| Semi Private Room                           | 65% Cover   |
| Private Room                                | 65% of Semi-Private Rate  |
| Day Case                                    | 60% Cover   |
| High Tech Hospital                          |   |
| Semi Private Room                           | 25% Cover   |
| Private Room                                | 25% of Semi-Private Rate  |
| Day Case                                    | 60% Cover   |
| Listed Cardiac Procedures <sup>(1)</sup>    | 35% Cover   |
| Listed Special Procedures <sup>(1)</sup>    | 35% Cover   |
| Maternity Benefits                          |   |
| Public hospital cover for maternity         | 3 nights accommodation  |
| Home birth                                  | Covered up to €3,000  |
| Inpatient maternity consultant fees         | As per schedule of benefits for professional fees <sup>(2)</sup>                          |
| Newborn free till next renewal              | Yes   |
| Post Natal Home Help (PNHH)                 | Covered for up to 2 days domestic home help   |
| Alternative amount for post natal home help | €120  |
| Cord blood stem cell preservation           | €800 contribution single child & identical twins or €900 contribution non identical twins |
| A&E Abroad                                  |   |
| Hospital bill for inpatient treatment       | Covered up to €100,000  |
| Repatriation expenses                       | Covered up to €1 million  |
| Expenses for companion who remains with you | Covered up to €1,000  |
| Companion repatriation expenses             | Covered up to €1,000  |
| 24 hour telephone assistance                | Covered   |

| Elective Overseas Referral   |   |
|--|---|
| Benefit abroad for surgical procedures that are not available in Ireland           | Yes - up to the amount for the most similar surgical procedure to treat the same condition in Ireland |
| Psychiatric Treatment  |   |
| Not related to substance abuse   | 100 days (up to the level of Hospital Cover provided under your plan)                                 |
| Related to substance abuse   | 91 days per 5 years (up to the level of Hospital Cover provided under your plan)                      |
| Other Benefits   |   |
| Oncotype DX  | Covered   |
| Health in the Home   | Covered (Immediately following an inpatient stay)   |
| Convalescence benefits   | €50 x 14 days   |
| Cancer Support Benefit (for accommodation expenses when travelling more than 50km) | Up to €100 per day up to a maximum of €1500 per calendar year   |
| Medical ambulance costs  | Covered (refer to Membership Handbook)  |

| Outpatient Benefits (not subject to excess) |  |
|---|--|
| Nurse on call                               | Covered  |
| Digital Doctor                              | Unlimited. See <a href="http://irishlifehealth.ie">irishlifehealth.ie</a> for further information. |
| Health screen at any centre                 | Covered up to €100 per annum   |
| MRI Scan: approved centre                   | Covered  |
| CT Scan: approved centre                    | Covered  |
| PET-CT Scan: approved centre                | Covered  |

| Outpatient Benefits (subject to excess)                          |                                      |
|--|--------------------------------------|
| Outpatient excess per person                                     | €1                                   |
| Maximum amount of outpatient benefits per member per policy year | €4000                                |
| Manual Lymph Drainage  | €50 x 5 visits                       |
| Emergency Dental Care  | €450                                 |
| Consultant fees  | €80 per visit                        |
| Pre/Post natal medical expenses                                  | €300                                 |
| Public A&E Cover   | €80 x 3 visits                       |
| Home Nursing   | €40 x 20 days                        |
| Medical and surgical appliances                                  | As per specified list <sup>(2)</sup> |
| MRI Scan: non approved centre                                    | Not covered on this plan             |
| CT Scan: non approved centre                                     | Not covered on this plan             |
| PET-CT Scan: non approved centre                                 | Not covered on this plan             |

| Day-to-day Benefits (subject to excess) |       |
|---|-------|
| Individual Day-to-day excess            | €1    |
| Maximum limits per policy               | €4000 |
| Day-to-day Practitioners                |       |

|   |  |
|---|--|
| GP Visits   | €30 x 25 visits  |
| Dentist Visits  | €30 x 25 visits  |
| Physiotherapy visits  | €30 x 25 visits  |
| <b>Alternative Practitioners</b>  |  |
| Podiatrist  | €30 x 25 visits  |
| Voice coaching  | €30 x 5 visits   |
| <b>Other Day-to-day Benefits</b>  |  |
| Optical (eye test and/or glasses/lenses combined)   | €30 per annum  |
| Emergency dental care   | €450   |
| Pathology: Cost of test   | 50% Cover  |
| Pathology: Consultant fees  | 50% as per schedule of benefits for professional fees <sup>(2)</sup> |
| Radiology: Cost of test   | 50% Cover  |
| Radiology: Consultant fees  | 50% as per schedule of benefits for professional fees <sup>(2)</sup> |
| Please note that certain eligible benefits can be claimed either as a day to day benefit or as an outpatient benefit.<br>The level of benefit payable will be the greater of either day to day or outpatient. |  |

|   |                              |
|---|------------------------------|
| <b>Member Benefits</b>  |                              |
| Allen Carr Smoking Cessation  | Back Up                      |
| Laser Eye Surgery   | Smiles Dental Access Package |
| For full details on the above and more please visit the 'Member Benefits' section on <a href="http://www.irishlifehealth.ie">www.irishlifehealth.ie</a> |                              |

*As a member on this Plan, if you have your treatment carried out in a private or high tech hospital, Irish Life Health will pay up to a maximum of 66% of your total hospital treatment charge, not exceeding the total benefit listed on your table of cover.*

|  |
|--|
| <b>Footnotes</b>   |
| <p>(1) All procedure lists are available on <a href="http://www.irishlifehealth.ie">www.irishlifehealth.ie</a> or available on request by calling Irish Life Health on 1890 717 717.</p> <p>(2) The schedule of benefits is available on <a href="http://www.irishlifehealth.ie">www.irishlifehealth.ie</a> or available on request by calling Irish Life Health on 1890 717 717.</p> <p>(3) The medical and surgical appliances list is available on <a href="http://www.irishlifehealth.ie">www.irishlifehealth.ie</a> or available on request by calling Irish Life Health on 1890 717 717.</p> |