

Select

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 4 in Part 12 of your Health Plans membership handbook.

In Patient Benefits	
Hospital Cover	
Consultants fees (In selected hospitals only)	Covered
Inpatient Scans (In selected hospitals only)	Covered
Public Hospital (in selected hospitals only)	
Semi Private Room	Covered
Private Room	Covered
Day Case	Covered
Private Hospital (in selected hospitals only)	
Semi Private Room	Not covered on this plan
Private Room	Not covered on this plan
Day Case	Not covered on this plan
High Tech Hospital (in selected hospitals only)	
Semi Private Room	Not covered on this plan
Private Room	Not covered on this plan
Day Case	Not covered on this plan
Listed Cardiac Procedures ⁽¹⁾	Not covered on this plan
Listed Special Procedures ⁽¹⁾	Not covered on this plan
Maternity Benefits	
Public hospital cover for maternity	€400 public hospital only
Inpatient maternity consultant fees	Covered up to €300
Newborn free till next renewal	Yes
Post Natal Home Help (PNHH)	Not covered on this plan
A&E Abroad	
Hospital bill for inpatient treatment	Covered up to €55,000
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
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	€26 x 14 days
Public Hospital Levy	€75 x 10 nights (subject to €1 excess)
Inpatient Support Benefit (for travel expenses when travelling more than 50km)	€50 x 10 visits (subject to €1 excess)
Medical ambulance costs	Covered (refer to Membership Handbook)

Outpatient Benefits (not subject to excess)	
Nurse on call	Covered
Digital Doctor	Unlimited. See irishlifehealth.ie for further information.

Scans & X-Rays Pack	
MRI, CT and PET-CT scans in approved centres	Covered
Cardiac Screening	50% Cover
Pathology: Cost of test	50% Cover
Pathology: Consultant fees	50% as per schedule of benefits for professional fees ⁽²⁾
Radiology: cost of test	50% Cover
Radiology: Consultant fees	50% as per schedule of benefits for professional fees ⁽²⁾

Outpatient Benefits (subject to excess)	
Outpatient excess per person	€200
Maximum amount of outpatient benefits per member per policy year	€2500
Consultant fees	€50 per visit
Home Nursing	€40 x 20 days
Medical and surgical appliances	As per specified list ⁽³⁾
Manual Lymph Drainage	€50 x 5 visits
Emergency Dental Care	€250
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

Member Benefits	
Back Up	
For full details on the above and more please visit the 'Member Benefits' section on www.irishlifehealth.ie	

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.

Footnotes

- (1) All procedure lists are available on www.irishlifehealth.ie or available on request by calling Irish Life Health on 1890 717 717.
- (2) The schedule of benefits is available on www.irishlifehealth.ie or available on request by calling Irish Life Health on 1890 717 717.
- (3) The medical and surgical appliances list is available on www.irishlifehealth.ie or available on request by calling Irish Life Health on 1890 717 717.