

# Teachers Complete

## 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                      |  |
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| Hospital Cover                           |  |
| Consultant fees                          | Covered  |
| Inpatient Scans                          | Covered  |
| <b>Public Hospital</b>                   |  |
| Semi Private Room                        | Covered  |
| Private Room                             | Covered  |
| Day Case                                 | Covered  |
| <b>Private Hospital</b>                  |  |
| Semi Private Room                        | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain orthopaedic procedures <sup>(1)</sup>                         |
| Private Room                             | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain orthopaedic procedures <sup>(1)</sup>                         |
| Day Case                                 | Covered subject to €150 excess per claim   |
| <b>High Tech Hospital</b>                |  |
| Semi Private Room                        | Covered (Beacon Only) subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac & orthopaedic procedures <sup>(1)</sup> |
| Private Room                             | Covered (Beacon Only) subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac & orthopaedic procedures <sup>(1)</sup> |
| Day Case                                 | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac procedures <sup>(1)</sup>                             |
| Listed Cardiac Procedures <sup>(1)</sup> | Covered subject to €150 excess per claim   |
| Listed Special Procedures <sup>(1)</sup> | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain orthopaedic procedures <sup>(1)</sup>                         |
| Maternity Benefits                       |  |
| Public hospital cover for maternity      | 3 nights accommodation   |
| Grant-in-aid amount                      | Covered up to €4,500   |
| Home birth                               | Covered up to €4,500   |
| Inpatient maternity consultant fees      | Covered up to €865   |
| Newborn free till next renewal           | Yes  |
| Post Natal Home Help (PNHH)              | €120 cash benefit for domestic home help following the birth of your baby  |
| Post Natal Counselling                   | €40 x 5 visits   |
| Doula Ireland                            | €200 discount (€120 rebate if PNHH is not availed of)  |
| Cord blood stem cell preservation        | €800 contribution single child & identical twins or €900 contribution non identical twins  |

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| Breastfeeding consultancy  | €30 x 2 sessions   |
| Partner benefit  | €50 x 2 days travel, accommodation & child minding expenses                      |
| <b>A&amp;E Abroad</b>  |  |
| 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  |
| <b>Psychiatric Treatment</b>   |  |
| 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) |
| <b>Other Benefits</b>  |  |
| Oncotype DX  | Covered  |
| Health in the Home   | Covered (Immediately following an inpatient stay)                                |
| Child Home Nursing   | €100 x 14 days (following an inpatient stay of minimum 5 days)                   |
| Convalescence benefits   | €30 x 16 days  |
| Parent accompanying child  | €40 x 14 days (not payable for the first 3 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)   |
| Medicall ambulance costs   | Covered (refer to Membership Handbook)   |
| Heads Up: Stress Management Line   | 365 days stress line   |
| Heads Up: Employee assistance program  | Covered for 6 face to face follow up counselling sessions                        |

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| <b>Outpatient Benefits (not subject to excess)</b> |  |
| Nurse on call                                      | Covered  |
| Digital Doctor                                     | Unlimited. See <a href="http://irishlifehealth.ie">irishlifehealth.ie</a> for further information.         |
| Health screening                                   | Covered up to €100 towards Specified Fertility Assessments or Sexual Health Screening once per policy year |
| Vaccinations: Travel or Flu                        | €100 per year  |
| Prescription Costs                                 | €30 towards prescribed contraceptives per year   |
| Voice Coaching                                     | €30 x 5 visits or €150 per year for a day course or seminar delivered by a trained voice coach             |
| Orthotic Insoles                                   | €40 every 2 years  |
| MRI Scan: approved centre                          | Covered  |
| CT Scan: approved centre                           | Covered  |
| PET-CT Scan: approved centre                       | Covered  |

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| <b>Outpatient Benefits (subject to excess)</b> |      |
| Outpatient excess per person                   | €200 |

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| Maximum amount of outpatient benefits per member per policy year | €5000  |
| Manual Lymph Drainage  | €50 x 5 visits   |
| Psycho-oncology Counselling                                      | €40 x 5 visits   |
| Emergency Dental Care  | €500   |
| Consultant fees  | €80 per visit  |
| Pre/Post natal medical expenses                                  | €400   |
| 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>                                 |
| Pathology: Cost of test  | 50% Cover  |
| Pathology: Consultant fees                                       | 50% as per schedule of benefits for professional fees <sup>(3)</sup> |
| Radiology: Cost of test  | 50% Cover  |
| Radiology: Consultant fees                                       | 50% as per schedule of benefits for professional fees <sup>(3)</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   |

### Member Benefits

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|---|------------------------------|
| 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> |                              |

### Footnotes

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