

# BeneFit 1

## Table of Cover effective from January 1st 2019

This table of cover must be read in conjunction with your member certificate and Health Plans membership handbook effective from January 2019. The hospitals and treatment centres covered on this plan are set out in List 3 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	Covered subject to €500 excess (first two claims per policy) subject to €2,000 co-payment on certain cardiac & orthopedic procedures <sup>(1)</sup>
Private Room	Semi-Private Rate subject to €500 excess (first two claims per policy) subject to €2,000 co-payment on certain cardiac & orthopedic 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>
High Tech Hospital (in selected hospitals only)	
Semi Private Room	Covered subject to €500 excess (first two claims per policy) subject to €2,000 co-payment on certain cardiac & orthopedic procedures <sup>(1)</sup>
Private Room	Semi-Private Rate subject to €500 excess (first two claims per policy) subject to €2,000 co-payment on certain cardiac & orthopedic 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 €500 excess (first two claims per policy) subject to €2,000 co-payment on certain cardiac procedures <sup>(1)</sup>
Listed Special Procedures <sup>(1)</sup>	Covered subject to €500 excess (first two claims per policy) subject to €2,000 co-payment on certain cardiac & orthopedic procedures <sup>(1)</sup>
Maternity Benefits	
Public hospital cover for maternity	3 nights accommodation
Inpatient maternity consultant fees	As per schedule of benefits for professional fees <sup>(2)</sup>
Newborn free till next renewal	Yes
GentleBirth App	See handbook for details
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
<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)
Minor Injury Clinic Cover	70% up to €200 per visit
Minor Injury Clinic Cover (HSE)	70% up to €200 per visit
Convalescence benefits	€30 x 16 days
Child Home Nursing	€100 x 14 days (following an inpatient stay of minimum 5 days)
Parent accompanying child	€40 x 14 days (not payable for the first 3 days)
Public Hospital Levy	€80 x 10 nights (subject to €1 excess)
Gender reassignment benefit	50% up to €10,000 per lifetime
Genetic Testing: Initial consultation	50% cover
Genetic Testing: Test for specified genetic mutations	Covered in approved clinics with our approved consultant
Healthy Minds	Online access to mental health assessments and content and up to 6 counselling sessions via phone, chat, video or face to face
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)

<b>Outpatient Benefits (not subject to excess)</b>	
<b>HEALTH &amp; LIFESTYLE BENEFITS</b>	SEE BELOW
Life Coaching Session	€30 contribution
Sports Club / Gym Membership / Classes	€30 contribution
Sports Massage	€30 contribution
Fitness Wearables	€30 contribution
Dietician or Nutritionist Consultation	€30 contribution
Cardiac Screening	50% Cover
<b>OTHER BENEFITS</b>	SEE BELOW
Digital Doctor	Unlimited. See <a href="http://irishlifehealth.ie">irishlifehealth.ie</a> for further information.
Nurse on call	Covered
HPV Vaccine	50% up to €200 per policy year
International Second Opinion Service	Covered - refer to your Membership Handbook
MRI Scan: approved centre	Covered
CT Scan: approved centre	Covered

PET-CT Scan: approved centre	Covered
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### Outpatient Benefits (subject to excess)

Outpatient excess per person	€250
Maximum amount of outpatient benefits per member per policy year	€2000
Public A&E Cover	€60 x 3 visits
Home Nursing	€40 x 20 days
Medical and surgical appliances	As per specified list <sup>(3)</sup>
Manual Lymph Drainage	€50 x 5 visits
Psycho-oncology Counselling	€40 x 5 visits
Emergency Dental Care	€250
Consultant fees	€60 per visit
Pathology: Cost of test	€20 per test
Pathology: Consultant fees	€25 per consultant fee
Radiology: Cost of test	€20 per test
Radiology: Consultant fees	€25 per consultant fee

### Member Benefits

Back Up	International Second Opinion Service
Laser Eye Surgery	Smiles Dental Access Package
For full details on the above and all member benefits available to you please visit the 'Member Benefits' section of <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 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.
- (3) 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.