



Table of Benefits - Parents & Kids Option Plan

Applicable to new registrations or renewals on/or after 1st February, 2011.

This Table of Benefits must be read in conjunction with your Plans A-E and Plans A-C Option Rules – Terms and Conditions, including the Directory of Hospitals (and Treatment Centres) and the Directory of approved MRI Centres. For the purposes of these documents, Parents & Kids Option Plan information is listed under the same heading as Plan B.

	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)	Nil
	Group 2 (other than for certain investigations & treatments referred to in Section 1c)	
	Day care & side room	Full cover
	Semi-private accommodation	55%
	Private accommodation	35%
	Radiotherapy (day care & out-patient)	Full cover
	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 – cardiac FPPs	100%
	Blackrock Clinic, Mater Private Hospital, Beacon Hospital, Hermitage Medical Clinic & Galway Clinic – non cardiac FPPs	90%
	Hospital excess (per claim)	Nil
D	Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & Ophthalmic procedures - contact us for details of these 	
	Group 1 Private hospitals	

 Denotes benefit changes

Parents & Kids Option Plan

	<ul style="list-style-type: none"> Semi-private accommodation Private accommodation Day care & side room 	<p>80%</p> <p>80%</p> <p>Semi-private rate 80%</p>
	Hospital excess (per claim)	Nil
	Group 2 Private hospitals <ul style="list-style-type: none"> Semi-private accommodation Private accommodation Day care & side room 	<p>55%</p> <p>35%</p> <p>80%</p>
	Hospital excess (per claim)	Nil
	Blackrock Clinic, Mater Private Hospital, Hermitage Medical Clinic, Beacon Hospital & Galway Clinic – (when carried out as a Fixed Price Procedure)	80%
	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	Full cover
	Non-participating consultant As set out in the Vhi Healthcare Schedule of Benefits for Professional Fees	Standard benefit
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	
	180 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
	Section 4 - Maternity	
A	Hospital charges	
	Normal confinement <ul style="list-style-type: none"> Public hospital benefit (up to 3 days) 	<p>Full cover</p> <p>Up to €4,000</p>

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Parents & Kids Option Plan

	<ul style="list-style-type: none"> Private hospital benefit (up to 3 days) 	
	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	Up to €4,000
D	Post natal home nursing	
	<ul style="list-style-type: none"> Following 1 nights stay Following 2 nights stay 	€1,200 €600
	Section 5	
A	Convalescent care	
	For the first 14 nights only in single room accommodation	Up to €51 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 €6,400 per member per year
D	Vhi Homecare	
	Agreed charges for out-patient procedures provided by Vhi Homecare in accordance with rule 6	Full cover
	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 €100,000

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Parents & Kids Option Plan

	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 €100,000 *Up to €100,000
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 Radiologists fees
C	Out-patient CT scans	
	Approved out-patient centres	Refer Section 9e
D	PET-CT scans	Refer to rule 6(t)
Section 9 – Out-patient medical expenses		
A	General practitioner visits	
	Per member per year	Up to €20 per visit
B	Consultant consultations	
	Per member per year	Up to €51 per visit
C	Pathology - consultants' fees	
	In an approved out-patient centre	Up to €20 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 benefits)	
	Up to 50% of agreed charges in an approved out-patient centre	Up to €500 per member per year
F	Physiotherapist visits	
	Per member per year	Up to €13 per visit
G	Pre- and post-natal care 	
	In the year of the birth	Up to €400
H	Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists visits	

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Parents & Kids Option Plan

	(as defined in the Rules - Terms and Conditions)	
	Up to 12 combined visits per member per year	Up to €20 per visit
I	Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Clinical Psychology visits (as defined in the Rules - Terms and Conditions)	
	Up to 12 combined visits per member per year	Up to €20 per visit
J	Public hospital out-patient A & E levy	
	Per episode of care	Up to €20
K	Out-patient mental health treatment	
	Mental health therapy, maximum of 12 visits per member per year, in an approved out-patient mental health centre	Up to €20 per visit
L	Eye testing	
	Per member every 24 months	Up to €20
M	Dental check-up	
	Per member per 12 month period (in excess of any social welfare benefit paid)	Up to €20
N	Child counselling	
	Up to 8 visits per child per year	Up to €20 per visit
O	Paediatrician benefit	
	Up to 1 visit in the year of the birth	Up to €51
	Annual excess - per member per year	€250
	Annual maximum - per member per year	€4,000
	Section 10 – Child benefits	
A	Child nursing	
	Up to 28 days per calendar year	Up to €100 per day
B	Parent accompanying child	
	Up to 14 days per child per calendar year following a stay in excess of 3 days in hospital	Up to €100 per day
C	Vhi SwiftCare benefit	
	Up to 2 visits per child per year	Up to €75 per visit

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