# Table of Benefits – First Plan Level 1

Applicable to new registrations or renewals on/or after 1<sup>st</sup> August, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit                        |
|---|--|--------------------------------|
|   | Section 1 - Hospital charges   |                                |
| Α | Public 1 & 2 hospitals   |                                |
|   | Day care, side room, semi-private & private accommodation  | Full cover                     |
| В | Private hospitals and treatment centres  |                                |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c)                                    |                                |
|   | Day care & side room   | 60%                            |
|   | Semi-private accommodation   | 50%                            |
|   | Private accommodation  | 50% semi-<br>private rate      |
|   | Radiotherapy (day care & out-patient)  | 60%                            |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c)   |                                |
|   | Day care, side room, semi-private & private accommodation  | 0%                             |
|   | Radiotherapy (day care & out-patient)  | 0%                             |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)                        |                                |
|   | Private 3 & 4 hospitals  |                                |
|   | Day care & in-patient cardiac FPPs Level 1   | 0%                             |
|   | <ul> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy &amp;<br/>Chemotherapy, refer to Section 1B)</li> </ul> | 0%                             |
|   | In-patient cardiac FPPs Level 2  | 0%                             |
|   | Section 2 - Consultants' fees/GP procedures  |                                |
| А | In-patient treatment, day-care/side room/out-patient & GP procedures   |                                |
|   | Participating consultant/GP  | Full cover                     |
|   | Non-participating consultant/GP  | Standard                       |
|   |  | benefit                        |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                                |
| А | In-patient psychiatric cover   | 100 days                       |
| В | Day care psychiatric treatment for approved day care programmes  | Contact us for further details |

| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period   | 91 days                          |
|---|---|----------------------------------|
| D | Out-patient mental health treatment (in an approved out-patient mental health centre)   |                                  |
|   | Mental health assessment in every 2 year period   | €100 per<br>member               |
|   | Mental health therapy, 7 visits   | €25 per visit                    |
|   | Section 4 - Maternity   |                                  |
| A | Normal confinement  |                                  |
|   | <ul> <li>Public hospital benefit (up to 3 days)</li> <li>Caesarean delivery (as per hospital benefits listed)</li> </ul>  | Full cover<br>Refer Section<br>1 |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)   | Agreed<br>charges                |
|   | Section 5   |                                  |
| А | Convalescent care - first 14 nights   | €30 per night                    |
| В | Cancer care support - one night's accommodation up to €100, for each treatment  | €1,500 per calendar year         |
| С | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)  | €6,500 per<br>member year        |
| D | Vhi Hospital@Home   | Full cover                       |
| Е | Return home benefit   | €100 per<br>claim                |
|   | Section 6 - Transport costs   |                                  |
| A | Transport costs (covered in accordance with our rules)  | Agreed<br>charges                |
|   | Section 7 - Cover outside Ireland   |                                  |
| Α | Emergency treatment abroad  | €100,000                         |
| В | Elective treatment abroad (subject to prior approval)   |                                  |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)   | €100,000                         |
|   | Treatment not available in Ireland  | €100,000                         |
|   | Section 8   |                                  |
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges                |
| В | Out-patient MRI scans   |                                  |
|   | Category 1 - approved MRI centres   | 66% or 100%*                     |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> <li>*Refer to the Directory of approved MRI Centres available on Vhi.ie or call us.</li> </ul> | 66% or 100%*                     |
|   |   |                                  |

|   | <ul> <li>Beacon Hospital, Blackrock Clinic, Galway Clinic, Mater Private Hospital<br/>Dublin, Whitfield Clinic and Hermitage Medical Clinic</li> </ul>  | 66%                |
|---|---|--------------------|
|   | <ul> <li>St James's Hospital, PET-CT Centre and Cork University Hospital</li> </ul>   | 100%               |
| D | CT Scans (covered in accordance with our rules) $f H$   | Full cover         |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                    |
| Α | General practitioner - 7 visits   | €25                |
| В | Consultant consultation - 7 visits  | €60                |
| С | Pathology - consultants' fees (per referral)  | €60                |
| D | Radiology - consultants' fees for professional services (per procedure)   | €60                |
| E | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year      |
| F | Pre- and post-natal care (combined visits)  | €250               |
| G | Dental practitioner - 7 visits  | €25                |
| Н | Physiotherapist - 7 visits  | €25                |
| Ι | Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists - 7 combined visits  | €25                |
| J | Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Orthoptists - 7 combined visits   | €25                |
| Κ | Clinical Psychologist – 7 visits  | €25                |
| L | Optical – eye tests and glasses/contact lenses – 75% of charges in each 24 month period   | €55                |
| М | Hearing test in each 2 year period  | €25                |
| Ν | Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) *   |                    |
|   | Lifestage screening programme in a Vhi Medical Centre   | €75 per<br>screen  |
| 0 | Accident & emergency cover - 2 visits   | €75                |
| Ρ | Travel vaccinations   | €60 per year       |
| Q | Vhi Online Doctor – 6 visits (available through the Vhi App)*   | Full cover         |
| R | Vhi SwiftCare exclusive benefit to Vhi customers*   |                    |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €150 for this follow-up treatment)</li> </ul>  | 50% of total costs |
|   | Vhi SwiftCare appointment services*   |                    |
|   | Consultant consultation (orthopaedic, oral maxillofacial & sports medicine)   | 50%                |
|   | Dental practitioner – 7 visits  | €25                |
|   | Physiotherapist – 7 visits  | €25                |
|   | Annual excess - per member, per year  | €25                |

|  | Annual maximum - per member, per year                                   | €3,200 |
|--|---|--------|
|  | * These benefits are not subject to the annual excess or annual maximum |        |

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# Table of Benefits – First Plan Plus Level 1

Applicable to new registrations or renewals on/or after 1<sup>st</sup> October, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision   | Benefit              |
|---|---|----------------------|
|   | Section 1 - Hospital charges  |                      |
| Α | Public 1 & 2 hospitals  |                      |
|   | <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>   | Full cover           |
| В | Private hospitals and treatment centres   |                      |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)              |                      |
|   | <ul> <li>Day care, side room &amp; semi-private accommodation</li> </ul>  | Full cover           |
|   | Private accommodation   | Semi-private<br>rate |
|   | Radiotherapy (day care & out-patient)   | Full cover           |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)                     |                      |
|   | Day care & side room  | Full cover           |
|   | Semi-private accommodation  | 45%                  |
|   | Private accommodation   | 35%                  |
|   | Radiotherapy (day care & out-patient)   | Full cover           |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)       |                      |
|   | Private 3 & 4 hospitals   |                      |
|   | Day care cardiac FPPs Level 1   | Full cover           |
|   | In-patient cardiac FPPs Level 1   |                      |
|   | <ul> <li>Beacon Hospital &amp; Galway Clinic (subject to a maximum co-payment of €2,000 per claim)</li> </ul>               | 75%                  |
|   | <ul> <li>Hermitage Medical Clinic, Blackrock Clinic &amp; Mater Private Hospital,<br/>Dublin</li> </ul>                     | 90%                  |
|   | <ul> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> </ul>   |                      |
|   | - Beacon Hospital & Galway Clinic   | 0%                   |
|   | <ul> <li>Hermitage Medical Clinic, Blackrock Clinic &amp; Mater Private Hospital,<br/>Dublin</li> </ul>                     | Full cover           |
|   | <ul> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> </ul> |                      |
|   | - Beacon Hospital & Galway Clinic   | 0%                   |

| 1 1         | - Hermitage Medical Clinic, Blackrock Clinic & Mater Private Hospital,   | 90%   |
|-------------|--|---|
|             | Dublin   | 0%  |
|             | In-patient cardiac FPPs Level 2  | 0%  |
| D           | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these   |   |
|             | Private 1, 2 & 3 hospitals   |   |
|             | Day care, side room & semi-private accommodation   | 80%   |
|             | Private accommodation  | 80% Semi-   |
|             | Private 4 hospitals  | private rate  |
|             | Day care & side room   | 80%   |
|             | Semi-private accommodation   | 45%   |
|             | Private accommodation  | 35%   |
|             | When carried out as a Fixed Price Procedure (contact us for details)   |   |
|             | Private 3 & 4 hospitals  |   |
|             | <ul> <li>Hermitage Medical Clinic, Blackrock Clinic &amp; Mater Private Hospital,<br/>Dublin</li> </ul>  | 80%   |
|             | - Beacon Hospital & Galway Clinic  | 0%  |
|             | Section 2 - Consultants' fees/GP procedures  |   |
| А           | In-patient treatment, day-care/side room/out-patient & GP procedures   |   |
|             | Participating consultant/GP  | Full cover  |
|             | Non-participating consultant/GP  | Standard benefit  |
|             | Section 3 - Psychiatric cover (read in conjunction with Section  |   |
|             | 1)   |   |
| A           |  | 100 days  |
| A<br>B      | 1)   | 100 days<br>Contact us for<br>further details                                       |
|             | 1)<br>In-patient psychiatric cover   | Contact us for  |
| В           | 1)         In-patient psychiatric cover         Day care psychiatric treatment for approved day care programmes         In-patient treatment for alcoholism, drug or other substance abuse in any 5 year   | Contact us for<br>further details   |
| B<br>C      | <ul> <li>1)</li> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health</li> </ul>  | Contact us for<br>further details<br>91 days<br>€100 per                            |
| B<br>C      | <ul> <li>1)</li> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> </ul>   | Contact us for<br>further details<br>91 days  |
| B<br>C      | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 7 visits</li> </ol>  | Contact us for<br>further details<br>91 days<br>€100 per<br>member                  |
| B<br>C      | <ul> <li>1)</li> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> </ul>   | Contact us for<br>further details<br>91 days<br>€100 per<br>member                  |
| B<br>C<br>D | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 7 visits</li> <li>Section 4 - Maternity</li> <li>Normal confinement</li> </ol> | Contact us for<br>further details<br>91 days<br>€100 per<br>member                  |
| B<br>C<br>D | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 7 visits</li> <li>Section 4 - Maternity</li> <li>Normal confinement</li> </ol> | Contact us for<br>further details<br>91 days<br>€100 per<br>member<br>€25 per visit |

| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed<br>charges  |
|---|--|--|
| С | Vhi Fertility Programme  |  |
|   | <ul> <li>Fertility benefit - benefit per member, towards the cost of specified fertility tests and treatments carried out in a Vhi Participating Fertility Treatment Centre</li> <li>Initial consultation</li> </ul>             | €100 discount at point of  |
|   | AMH & Semen Analysis tests   | sale<br>€100 discount<br>at point of<br>sale                                       |
|   | Egg freezing - once per lifetime   | €1000  |
|   | Sperm freezing - once per lifetime   | €125   |
|   | IUI - up to 2 treatments per lifetime, female members only   | €450 per<br>treatment*   |
|   | <ul> <li>IVF or ICSI - up to 2 treatments per lifetime, female members only</li> </ul>   | €1,000 per<br>treatment*   |
|   | <ul> <li>Fertility counselling - 4 sessions per treatment carried out in a Vhi Participating<br/>Fertility Treatment Centre</li> </ul>   | €40 per<br>session   |
|   | <ul> <li>Fertility support services - Acupuncturists &amp; Dieticians visits</li> </ul>  | Refer Section<br>9   |
|   | * These benefits are co-funded by Vhi and the Vhi Participating Fertility Treatment Centre   | Ū  |
|   | Section 5 - Cancer care and other benefits   |  |
| Α | Genetic testing for cancer   |  |
|   | <ul> <li>Initial consultation for genetic testing for cancer *</li> </ul>  | 50% cover  |
|   | <ul> <li>Genetic test - for specified genetic mutations to be carried out in an approved<br/>clinic *</li> </ul>   | Full cover   |
|   | Preventative (Prophylactic) treatment following on from the genetic test   | Covered up to<br>the levels for<br>hospital<br>treatment<br>listed in<br>Section 1 |
|   | * These benefits are available immediately for existing Vhi customers with no waiting periods. There is a 26 week new conditions waiting period for new joiners and a two year waiting period for transfers from another insurer |  |
| В | Mammograms in an approved mammogram centre in each 24 month period, covered in accordance with our rules (contact us for details)  | Full cover   |
| С | Cancer care support - one night's accommodation for each treatment   | €100 per night   |
| D | Manual lymph drainage following cancer treatment - 10 visits   | €50 per visit  |
| Е | Clinical psychology counselling for oncology treatment (psycho oncology counselling) - 10 visits   | Refer Section<br>9   |
| F | Additional cancer support benefits   |  |
|   | Wig/ hairpiece, post-mastectomy bra, swimsuit, surgical prosthesis following cancer treatment  | Full cover   |

|   | No excess applies, but subject to the benefit maximum for medical and surgical appliances set out below   |                           |
|---|---|---------------------------|
| G | Other benefits in Section 5   |                           |
|   | Convalescent care - first 14 nights   | €30 per night             |
|   | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)  | €6,500 per<br>member year |
|   | Vhi Hospital@Home   | Full cover                |
|   | Return home benefit   | €100 per<br>claim         |
|   | Section 6 - Transport costs   |                           |
| A | Transport costs (covered in accordance with our rules)  | Agreed<br>charges         |
|   | Section 7 - Cover outside Ireland   |                           |
| Α | Emergency treatment abroad  | €100,000                  |
| В | Elective treatment abroad (subject to prior approval)   |                           |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)   | €100,000                  |
|   | Treatment not available in Ireland  | €100,000                  |
|   | Section 8   |                           |
| Α | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges         |
| В | Out-patient MRI scans   |                           |
|   | Category 1 - approved MRI centres   | Full cover                |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover                |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges            |
| D | CT Scans (covered in accordance with our rules)   | Full cover                |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                           |
| А | General practitioner - 7 visits   | €25                       |
| В | Consultant consultation - 7 visits  | €60                       |
| С | Pathology - consultants' fees (per referral)  | €60                       |
| D | Radiology - consultants' fees for professional services (per procedure)   | €60                       |
| E | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year             |
| F | Pre- and post-natal care (combined visits)  | €250                      |
| G | Dental practitioner - 7 visits  | €25                       |
| Н | Physiotherapist - 7 visits  | €25                       |

| Ι         | Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists - 7 combined visits   | €25                   |
|-----------|--|-----------------------|
| J         | Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Orthoptists - 7 combined visits  | €25                   |
| κ         | Clinical Psychologist – 7 visits   | €25                   |
| L         | Optical – eye tests and glasses/contact lenses – 75% of charges in each 24 month period  | €55                   |
| М         | Hearing test in each 2 year period   | €25                   |
| Ν         | Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) *  |                       |
|           | Lifestage screening programme in a Vhi Medical Centre  | €150 per<br>screen    |
|           | Dexa scans in an approved dexa scan centre   | 50% cover             |
| 0         | Accident & emergency cover - 2 visits  | €75                   |
| Ρ         | Travel vaccinations  | €60 per year          |
| Q         | Clinical psychology counselling for oncology treatment (psycho oncology counselling)* - 10 visits  | €50 per visit         |
| R         | Vhi Online Doctor – 6 visits (available through the Vhi App)* $oldsymbol{H}$   | Full cover            |
| s         | Vhi SwiftCare exclusive benefit to Vhi customers*  |                       |
|           | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>  | €75                   |
|           | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €100 for this follow-up treatment)</li> </ul> | 50% of total<br>costs |
|           | Vhi SwiftCare appointment services*  |                       |
|           | Consultant consultation (orthopaedic, oral maxillofacial & sports medicine)  | 50%                   |
|           | Dental practitioner – 7 visits   | €25                   |
|           | Physiotherapist – 7 visits   | €25                   |
|           | Annual excess - per member, per year   | €25                   |
|           | Annual maximum - per member, per year  | €3,200                |
|           | * These benefits are not subject to the annual excess or annual maximum  |                       |
| · · · · · |  |                       |

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# Table of Benefits – Forward Plan Level 1

Applicable to new registrations or renewals on/or after 1<sup>st</sup> July, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit  |
|---|--|--|
|   | Section 1 - Hospital charges   |  |
| Α | Public 1 & 2 hospitals   |  |
|   | Day care, side room, semi-private & private accommodation  | Full cover   |
| В | Private hospitals and treatment centres  |  |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c)                                    |  |
|   | <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>  | Full cover   |
|   | Radiotherapy (day care & out-patient)  | Full cover   |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c)   |  |
|   | Day care & side room   | Full cover   |
|   | Semi-private accommodation   | 50% semi-<br>private rate,<br>100%<br>technical              |
|   | Private accommodation  | charges<br>40% private<br>rate, 100%<br>technical<br>charges |
|   | Radiotherapy (day care & out-patient)  | Full cover   |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)                        |  |
|   | Private 3 & 4 hospitals  |  |
|   | Day care & in-patient cardiac FPPs Level 1   | Full cover   |
|   | <ul> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy &amp;<br/>Chemotherapy, refer to Section 1B)</li> </ul> | Full cover   |
|   | In-patient cardiac FPPs Level 2  | Full cover   |
|   | Section 2 - Consultants' fees/GP procedures  |  |
| Α | In-patient treatment, day-care/side room/out-patient & GP procedures   |  |
|   | Participating consultant/GP  | Full cover   |
|   | Non-participating consultant/GP  | Standard benefit   |

|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |  |
|---|--|--|
| Α | In-patient psychiatric cover   | 180 days   |
| В | Day care psychiatric treatment for approved day care programmes  | Contact us for<br>further details  |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days  |
| D | Out-patient mental health treatment (in an approved out-patient mental health centre)  |  |
|   | Mental health assessment in every 2 year period  | €100 per<br>member   |
|   | Mental health therapy, 7 visits  | €25 per visit  |
|   | Section 4 - Maternity  |  |
| A | Normal confinement   |  |
|   | Public hospital benefit (up to 3 days)   | Full cover   |
|   | Caesarean delivery (as per hospital benefits listed)   | Refer Section  |
|   | Home birth benefit   | €2,275   |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed<br>charges  |
|   | Section 5 - Cancer care and other benefitsH  |  |
| Α | Genetic testing for cancer   |  |
|   | <ul> <li>Initial consultation for genetic testing for cancer *</li> </ul>  | 50% cover  |
|   | <ul> <li>Genetic test - for specified genetic mutations to be carried out in an approved<br/>clinic *</li> </ul>   | Full cover   |
|   | <ul> <li>Preventative (Prophylactic) treatment following on from the genetic test</li> </ul>   | Covered up to<br>the levels for<br>hospital<br>treatment<br>listed in<br>Section 1 |
|   | * These benefits are available immediately for existing Vhi customers with no waiting periods. There is a 26 week new conditions waiting period for new joiners and a two year waiting period for transfers from another insurer |  |
| В | Mammograms in an approved mammogram centre in each 24 month period, covered in accordance with our rules (contact us for details)  | Full cover   |
| С | Cancer care support - one night's accommodation for each treatment   | €100 per night   |
| D | Manual lymph drainage following cancer treatment - 10 visits   | €50 per visit  |
| E | Clinical psychology counselling for oncology treatment (psycho oncology<br>counselling) - 10 visits  | Refer Section<br>9   |
| F | Additional cancer support benefits   |  |
|   | <ul> <li>Wig/ hairpiece, post-mastectomy bra, swimsuit, surgical prosthesis following<br/>cancer treatment</li> </ul>  | Full cover   |

|   | No excess applies, but subject to the benefit maximum for medical and surgical appliances set out below   |                           |
|---|---|---------------------------|
| G | Other benefits in Section 5   |                           |
|   | Convalescent care - convalescent home charges and/or home nursing charges, first 14 nights  | €100 per night            |
|   | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)  | €6,500 per<br>member year |
|   | Vhi Hospital@Home   | Full cover                |
|   | Section 6 - Transport costs   |                           |
| A | Transport costs (covered in accordance with our rules)  | Agreed<br>charges         |
|   | Section 7 - Cover outside Ireland   |                           |
| Α | Emergency treatment abroad  | €100,000                  |
| В | Elective treatment abroad (subject to prior approval)   |                           |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)   | €100,000                  |
|   | Treatment not available in Ireland  | €100,000                  |
|   | Section 8   |                           |
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed charges            |
| В | Out-patient MRI scans   |                           |
|   | Category 1 - approved MRI centres   | Full cover                |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover                |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed<br>charges         |
| D | CT Scans (covered in accordance with our rules)   | Full cover                |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                           |
| Α | General practitioner - 7 visits   | €25                       |
| В | Consultant consultation - 7 visits  | €60                       |
| С | Pathology - consultants' fees (per referral)  | €60                       |
| D | Radiology - consultants' fees for professional services (per procedure)   | €60                       |
| E | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year             |
| F | Dental practitioner - 7 visits  | €25                       |
| G | Physiotherapist - 7 visits  | €25                       |
| Н | Acupuncturists, Chiropractors, Osteopaths, Physical therapists, Reflexologists - 7 combined visits  | €25                       |

| I | Chiropodists/Podiatrists, Dieticians, Occupational therapists, Speech therapists, Orthoptists - 7 combined visits  | €25                   |
|---|--|-----------------------|
| J | Clinical Psychologist – 7 visits   | €25                   |
| к | Optical – eye tests and glasses/contact lenses – 75% of charges in each 24 month period  | €55                   |
| L | Hearing test in each 2 year period   | €25                   |
| М | Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) $^{*}$   |                       |
|   | Lifestage screening programme in a Vhi Medical Centre  | €200 per<br>screen    |
|   | Dexa scans in an approved dexa scan centre   | Full cover            |
| Ν | Accident & emergency cover - 2 visits  | €75                   |
| 0 | Travel vaccinations  | €60 per year          |
| Ρ | Clinical psychology counselling for oncology treatment (psycho oncology counselling)* - 10 visits  | €50 per visit         |
| Q | Vhi Online Doctor – 12 visits (available through the Vhi App)*   | Full cover            |
| R | Vhi SwiftCare exclusive benefit to Vhi customers*  |                       |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €25)</li> </ul>  | €100                  |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €100 for this follow-up treatment)</li> </ul> | 50% of total<br>costs |
|   | Vhi SwiftCare appointment services*  |                       |
|   | Consultant consultation (orthopaedic, oral maxillofacial & sports medicine)  | 50%                   |
|   | <ul> <li>Dental practitioner – 7 visits</li> </ul>   | €25                   |
|   | <ul> <li>Physiotherapist – 7 visits</li> </ul>   | €25                   |
| S | Vhi paediatric clinic*   |                       |
|   | Initial Consultant consultation  | 50%                   |
|   | <ul> <li>Follow up paediatric treatment and services after this consultation including<br/>lactation consultant, dietician, ultrasound, blood tests and x-ray</li> </ul>     | 50% of total costs    |
|   | Annual excess - per member, per year   | €25                   |
|   | Annual maximum - per member, per year  | €3,200                |
|   | * These benefits are not subject to the annual excess or annual maximum  |                       |

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## Table of Benefits – Nurses' Plan Select

Applicable to new registrations or renewals on/or after 1<sup>st</sup> October, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit            |
|---|--|--------------------|
|   | Section 1 - Hospital charges   |                    |
| Α | Public 1 & 2 hospitals   |                    |
|   | <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>  | Full cover         |
| В | Private hospitals and treatment centres  |                    |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)   |                    |
|   | Day care, side room & semi-private accommodation   | Full cover         |
|   | Private accommodation  | Semi-private       |
|   | Radiotherapy (day care & out-patient)  | rate<br>Full cover |
|   | <ul> <li>Hospital excess (per claim - except maternity &amp; certain cancer treatments)</li> </ul>   | €125               |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)  |                    |
|   | Day care & side room   | Full cover         |
|   | Semi-private accommodation   | 50%                |
|   | Private accommodation  | 40%                |
|   | <ul> <li>Radiotherapy (day care &amp; out-patient)</li> </ul>  | Full cover         |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €125               |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)  |                    |
|   | Private 3 & 4 hospitals  |                    |
|   | Day care & in-patient cardiac FPPs Level 1   |                    |
|   | <ul> <li>Hermitage Medical Clinic, Blackrock Clinic &amp; Mater Private Hospital,<br/>Dublin</li> </ul>  | 0%                 |
|   | - Beacon Hosptial & Galway Clinic  | Full cover         |
|   | <ul> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> </ul>  | Full cover         |
|   | <ul> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> </ul>  | 90%                |
|   | In-patient cardiac FPPs Level 2  | 0%                 |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €250               |
| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these |                    |
|   | Denotes benefit changes to this plan since the last renewal date. If you have mo   | word to or         |

|                            | Private 1, 2 & 3 hospitals   |  |
|----------------------------|--|--|
|                            | Day care, side room & semi-private accommodation   | 80%  |
|                            | Private accommodation  | 80% Semi-  |
|                            | Hospital excess (per claim)  | private rate<br>€125   |
|                            | Private 4 hospitals  |  |
|                            | Day care & side room   | 80%  |
|                            | Semi-private accommodation   | 50%  |
|                            | Private accommodation  | 40%  |
|                            | Hospital excess (per claim)  | €125   |
|                            | When carried out as a Fixed Price Procedure (contact us for details)   |  |
|                            | Private 3 & 4 hospitals  | 80%  |
|                            | Hospital excess (per claim)  | €250   |
|                            | Section 2 - Consultants' fees/GP procedures  |  |
| Α                          | In-patient treatment, day-care/side room/out-patient & GP procedures   |  |
|                            | Participating consultant/GP  | Full cover   |
|                            | Non-participating consultant/GP  | Standard   |
|                            |  | benefit  |
|                            | Section 3 - Psychiatric cover (read in conjunction with Section 1)   | Denent   |
| A                          |  | 100 days   |
| A<br>B                     | 1)   |  |
|                            | 1)<br>In-patient psychiatric cover   | 100 days<br>Contact us for   |
| В                          | <ul> <li>1)</li> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year</li> </ul>  | 100 days<br>Contact us for<br>further details  |
| B<br>C                     | <ul> <li>1)</li> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health</li> </ul>  | 100 days<br>Contact us for<br>further details<br>91 days<br>€100 per   |
| B<br>C                     | <ul> <li>1)</li> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> </ul>   | 100 days<br>Contact us for<br>further details<br>91 days<br>€100 per<br>member   |
| B<br>C                     | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> </ol>   | 100 days<br>Contact us for<br>further details<br>91 days<br>€100 per   |
| B<br>C<br>D                | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> <li>Section 4 - Maternity &amp; BabyH</li> </ol>  | 100 days<br>Contact us for<br>further details<br>91 days<br>€100 per<br>member<br>€30 per visit  |
| B<br>C<br>D                | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> <li>Section 4 - Maternity &amp; BabyH</li> <li>Home birth benefit</li> </ol>  | 100 days<br>Contact us for<br>further details<br>91 days<br>€100 per<br>member   |
| B<br>C<br>D                | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> <li>Section 4 - Maternity &amp; BabyH</li> <li>Home birth benefit</li> <li>Normal confinement</li> </ol>  | 100 days<br>Contact us for<br>further details<br>91 days<br>€100 per<br>member<br>€30 per visit<br>€4,000  |
| B<br>C<br>D                | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> <li>Section 4 - Maternity &amp; BabyH</li> <li>Home birth benefit</li> <li>Normal confinement</li> <li>Public hospital benefit (up to 3 days)</li> </ol>  | 100 days         Contact us for         further details         91 days         €100 per         member         €30 per visit         €4,000         Full cover  |
| B<br>C<br>D                | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> <li>Section 4 - Maternity &amp; BabyH</li> <li>Home birth benefit</li> <li>Normal confinement</li> </ol>  | 100 days<br>Contact us for<br>further details<br>91 days<br>€100 per<br>member<br>€30 per visit<br>€4,000  |
| B<br>C<br>D                | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> <li>Section 4 - Maternity &amp; BabyH</li> <li>Home birth benefit</li> <li>Normal confinement</li> <li>Public hospital benefit (up to 3 days)</li> </ol>  | 100 days<br>Contact us for<br>further details<br>91 days<br>€100 per<br>member<br>€30 per visit<br>€4,000<br>Full cover<br>Refer Section   |
| B<br>C<br>D<br>A<br>B      | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> <li>Section 4 - Maternity &amp; BabyH</li> <li>Home birth benefit</li> <li>Normal confinement</li> <li>Public hospital benefit (up to 3 days)</li> <li>Caesarean delivery (as per hospital benefits listed)</li> <li>In-patient maternity consultant fees (per Schedule of Benefits for Professional</li> </ol>       | 100 days         Contact us for         further details         91 days         €100 per         member         €30 per visit         €4,000         Full cover         Refer Section         1         Agreed |
| B<br>C<br>D<br>A<br>B<br>C | <ol> <li>In-patient psychiatric cover</li> <li>Day care psychiatric treatment for approved day care programmes</li> <li>In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period</li> <li>Out-patient mental health treatment (in an approved out-patient mental health centre)</li> <li>Mental health assessment in every 2 year period</li> <li>Mental health therapy, 12 visits</li> <li>Section 4 - Maternity &amp; BabyH</li> <li>Home birth benefit</li> <li>Normal confinement</li> <li>Public hospital benefit (up to 3 days)</li> <li>Caesarean delivery (as per hospital benefits listed)</li> <li>In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)</li> </ol> | 100 days         Contact us for         further details         91 days         €100 per         member         €30 per visit         €4,000         Full cover         Refer Section         1         Agreed |

| E | Vhi Fertility Programme   |  |
|---|---|--|
|   | <ul> <li>Fertility benefit - benefit per member, towards the cost of specified fertility tests and treatments carried out in a Vhi Participating Fertility Treatment Centre</li> <li>Initial consultation</li> </ul>  | €100 discount at point of  |
|   | AMH & Semen Analysis tests  | sale<br>€100 discount<br>at point of<br>sale   |
|   | <ul> <li>Egg freezing - once per lifetime</li> <li>Sperm freezing - once per lifetime</li> </ul>  | €1000<br>€125<br>€450 per  |
|   | <ul> <li>IUI - up to 2 treatments per lifetime, female members only</li> <li>IVF or ICSI - up to 2 treatments per lifetime, female members only</li> </ul>  | treatment*<br>€1,000 per<br>treatment*   |
|   | • Fertility counselling - 4 sessions per treatment carried out in a Vhi Participating<br>Fertility Treatment Centre   | €40 per session  |
|   | <ul> <li>Fertility support services - Acupuncturists &amp; Dieticians visits</li> <li>* These benefits are co-funded by Vhi and the Vhi Participating Fertility Treatment</li> </ul>  | Refer Section<br>9   |
| F | Centre<br>Maternity & Baby Bundle   |  |
|   | <ul> <li>Maternity Yoga and Pilates classes</li> <li>One maternity scan</li> <li>Breast-feeding consultations</li> <li>Baby massage classes</li> <li>Baby swim classes</li> <li>Ante natal course</li> </ul>  | 75% cover up<br>to a combined<br>limit of €400<br>and<br>no excess   |
| G | <ul> <li>Additional Maternity &amp; Baby Benefits</li> <li>Foetal screening</li> <li>Paediatrician benefit</li> <li>Vaccinations for Meningtis B and Chicken Pox - up to two inoculations for each per lifetime</li> <li>Female and male mental health counselling - 10 sessions</li> <li>New parents food pack - 10 nutritional dinners delivered to your door</li> <li>Paediatric first aid course</li> </ul> | €100<br>€60<br>€50 per<br>inoculation<br>€40 per<br>session<br>Full cover<br>€50<br>No excess<br>applies to this |
| н | Pre- and post-natal care (combined visits) - subject to the annual excess in section 9  | section<br>€400  |
|   | Section 5 - Cancer care and other benefitsH   |  |
| A | <ul> <li>Genetic testing for cancer</li> <li>Initial consultation for genetic testing for cancer *</li> </ul>   | 50% cover  |

|   | <ul> <li>Genetic test - for specified genetic mutations to be carried out in an approved<br/>clinic *</li> </ul>   | Full cover   |
|---|--|--|
|   | <ul> <li>Preventative (Prophylactic) treatment following on from the genetic test</li> <li>* These benefits are available immediately for existing Vhi customers with no</li> </ul>  | Covered up to<br>the levels for<br>hospital<br>treatment<br>listed in<br>Section 1 |
|   | waiting periods. There is a 26 week new conditions waiting period for new joiners<br>and a two year waiting period for transfers from another insurer  |  |
| В | Mammograms in an approved mammogram centre in each 24 month period, covered in accordance with our rules (contact us for details)  | Full cover   |
| С | Cancer care support - one night's accommodation for each treatment   | €100 per night   |
| D | Manual lymph drainage following cancer treatment - 10 visits   | €50 per visit  |
| E | Clinical psychology counselling for oncology treatment (psycho oncology counselling) - 10 visits   | Refer Section<br>9   |
| F | Additional cancer support benefits   |  |
|   | <ul> <li>Wig/ hairpiece, post-mastectomy bra, swimsuit, surgical prosthesis following<br/>cancer treatment</li> <li>No excess applies, but subject to the benefit maximum for medical and surgical<br/>appliances set out below</li> </ul> | Full cover   |
| G | Other benefits in Section 5  |  |
|   | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)   | €3,200 per<br>member year  |
|   | Convalescent care - first 16 nights  | €30 per night  |
|   | Vhi Hospital@Home  | Full cover   |
|   | Child home nursing - 14 days per calendar year   | €100 per day   |
|   | Parent accompanying child - 14 days per calendar year, following a stay in excess of 3 days in hospital  | €40 per day  |
|   | Vhi VisionCare   |  |
|   | Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)   | Full cover   |
|   | Comprehensive eye exam carried out by a VSP eye-care professional in each 24 month period - subject to Vhi VisionCare E-Screen referral  | Full cover   |
|   | Section 6 - Transport costs  |  |
| A | Transport costs (covered in accordance with our rules)   | Agreed<br>charges  |
|   | Section 7 - Cover outside Ireland  |  |
| Α | Emergency treatment abroad   | €100,000   |
| В | Elective treatment abroad (subject to prior approval)  |  |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)  | €100,000   |
|   | Treatment not available in Ireland   | €100,000   |

|   | Section 8   |                                 |
|---|---|---------------------------------|
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges               |
| В | Out-patient MRI scans   |                                 |
|   | Category 1 - approved MRI centres   | Full cover                      |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover                      |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges                  |
| D | CT Scans (covered in accordance with our rules)   | Full cover                      |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                                 |
| А | Consultant consultation   | €60                             |
| В | Pathology - consultants' fees (per referral)  | €60                             |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                             |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €500 per year                   |
| Е | Chiropodists/Podiatrists - 25 visits  | €30                             |
| F | Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) *   |                                 |
|   | <ul><li>Lifestage screening programme in a Vhi Medical Centre</li><li>Dexa scans in an approved dexa scan centre</li></ul>  | €100 per<br>screen<br>50% cover |
| G | Accident & emergency cover - 2 visits   | €75                             |
| H | Travel vaccinations   | €60 per year                    |
| 1 | Child counselling - 8 visits  | €30                             |
| J | Clinical psychology counselling for oncology treatment (psycho oncology counselling)* - 10 visits   | €50 per visit                   |
| κ | Acupuncturists, Dieticians* - 5 combined visits   | €40                             |
| L | Vhi Online Doctor – 6 visits (available through the Vhi App)*   | Full cover                      |
| Μ | Vhi SwiftCare exclusive benefit to Vhi customers*   |                                 |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                             |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €100 for this follow-up treatment)</li> </ul>  | 50% of total costs              |
|   | Vhi SwiftCare appointment services*   |                                 |
|   | Consultant consultation (orthopaedic, oral maxillofacial & sports medicine)   | 50%                             |
| Ν | Vhi paediatric clinic*  |                                 |
|   | <ul> <li>Initial Consultant consultation (in addition to your paediatric benefit in section<br/>4)</li> </ul>   | 50%                             |

#### Nurses' Plan Select

| • Follow up paediatric treatment and services after this consultation including lactation consultant, dietician, ultrasound, blood tests and x-ray | 50% of total costs |
|--|--------------------|
| Annual excess - per member, per year   | €125               |
| Annual maximum - per member, per year  | €3,200             |
| * These benefits are not subject to the annual excess or annual maximum  |                    |

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.

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## Table of Benefits – Nurses' Plan

Applicable to new registrations or renewals on/or after 1<sup>st</sup> October, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit                   |
|---|--|---------------------------|
|   | Section 1 - Hospital charges   |                           |
| А | Public 1 & 2 hospitals   |                           |
|   | <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>  | Full cover                |
| В | Private hospitals and treatment centres  |                           |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)   |                           |
|   | Day care, side room & semi-private accommodation   | Full cover                |
|   | Private accommodation  | Semi-private<br>rate      |
|   | <ul> <li>Radiotherapy (day care &amp; out-patient)</li> </ul>  | Full cover                |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)  |                           |
|   | Day care & side room   | Full cover                |
|   | Semi-private accommodation   | 50%                       |
|   | Private accommodation  | 40%                       |
|   | Radiotherapy (day care & out-patient)  | Full cover                |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)  |                           |
|   | Private 3 & 4 hospitals  |                           |
|   | Day care & in-patient cardiac FPPs Level 1   | Full cover                |
|   | <ul> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> </ul>  | Full cover                |
|   | <ul> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> </ul>  | 90%                       |
|   | In-patient cardiac FPPs Level 2  | 0%                        |
| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these |                           |
|   | Private 1, 2 & 3 hospitals   |                           |
|   | Day care, side room & semi-private accommodation   | 80%<br>80% Semi-          |
|   | Private accommodation  | 80% Semi-<br>private rate |
|   | Private 4 hospitals  |                           |

|   | Day care & side room   | 80%                                  |
|---|--|--------------------------------------|
|   | Semi-private accommodation   | 50%                                  |
|   | <ul> <li>Private accommodation</li> </ul>  | 40%                                  |
|   | When carried out as a Fixed Price Procedure (contact us for details)   |                                      |
|   | Private 3 & 4 hospitals  | 80%                                  |
|   | Section 2 - Consultants' fees/GP procedures  |                                      |
| Α | In-patient treatment, day-care/side room/out-patient & GP procedures   |                                      |
|   | Participating consultant/GP  | Full cover                           |
|   | Non-participating consultant/GP  | Standard benefit                     |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                                      |
| Α | In-patient psychiatric cover   | 100 days                             |
| В | Day care psychiatric treatment for approved day care programmes  | Contact us for<br>further details    |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days                              |
| D | Out-patient mental health treatment (in an approved out-patient mental health centre)  |                                      |
|   | Mental health assessment in every 2 year period  | €100 per<br>member                   |
|   | Mental health therapy, 12 visits   | €30 per visit                        |
|   | Section 4 - Maternity & Baby   |                                      |
| Α | Normal confinement   |                                      |
|   | <ul> <li>Public hospital benefit (up to 3 days)</li> </ul>   | Full cover                           |
|   | Caesarean delivery (as per hospital benefits listed)   | Refer Section                        |
|   | Home birth benefit   | 1<br>€4,000                          |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed charges                       |
| С | Post-natal home nursing  |                                      |
|   | Following 1 nights stay  | €1,200                               |
|   | Following 2 nights stay  | €600                                 |
| D | Vhi Fertility Programme  |                                      |
|   | Fertility benefit - benefit per member, towards the cost of specified fertility tests  |                                      |
|   | <ul> <li>and treatments carried out in a Vhi Participating Fertility Treatment Centre</li> <li>Initial consultation</li> </ul> | €100 discount                        |
|   |  | at point of sale                     |
|   | AMH & Semen Analysis tests   | €100 discount<br>at point of<br>sale |

|   |   | €1000   |
|---|---|---|
|   | Egg freezing - once per lifetime  | €1000<br>€125   |
|   | Sperm freezing - once per lifetime  |   |
|   | IUI - up to 2 treatments per lifetime, female members only  | €450 per<br>treatment*  |
|   | IVF or ICSI - up to 2 treatments per lifetime, female members only  | €1,000 per  |
|   |   | treatment*  |
|   | • Fertility counselling - 4 sessions per treatment carried out in a Vhi Participating                               | €40 per   |
|   | Fertility Treatment Centre  | session<br>Refer Section  |
|   | Fertility support services - Acupuncturists & Dieticians visits   | 9   |
|   | * These benefits are co-funded by Vhi and the Vhi Participating Fertility Treatment Centre                          |   |
| E | Maternity & Baby Bundle   |   |
|   | Maternity Yoga and Pilates classes  | 75% cover up  |
|   | One maternity scan  | to a combined   |
|   | Breast-feeding consultations  | limit of €500   |
|   | Baby massage classes  | and   |
|   | Baby swim classes   | no excess   |
|   | Ante natal course   |   |
| F | Additional Maternity & Baby Benefits  |   |
|   | Foetal screening  | €100  |
|   | Paediatrician benefit   | €60   |
|   | <ul> <li>Vaccinations for Meningtis B and Chicken Pox - up to two inoculations for<br/>each per lifetime</li> </ul> | €50 per<br>inoculation  |
|   | Female and male mental health counselling - 10 sessions   | €40 per   |
|   |   | session   |
|   | New parents food pack - 10 nutritional dinners delivered to your door   | Full cover  |
|   | Paediatric first aid course   | €50<br>No excess  |
|   |   | applies to this   |
|   |   | section   |
| G | Pre- and post-natal care (combined visits) - subject to the annual excess in section 9                              | €400  |
|   | Section 5 - Cancer care and other benefitsH   |   |
| Α | Genetic testing for cancer  |   |
|   | <ul> <li>Initial consultation for genetic testing for cancer *</li> </ul>   | 50% cover   |
|   | <ul> <li>Genetic test - for specified genetic mutations to be carried out in an approved</li> </ul>                 | Full cover  |
|   | clinic *  |   |
|   | Preventative (Prophylactic) treatment following on from the genetic test  | Covered up to<br>the levels for<br>hospital<br>treatment<br>listed in |
|   |   | Section 1   |

#### Nurses' Plan

|   | * These benefits are available immediately for existing Vhi customers with no waiting periods. There is a 26 week new conditions waiting period for new joiners and a two year waiting period for transfers from another insurer           |                           |
|---|--|---------------------------|
| В | Mammograms in an approved mammogram centre in each 24 month period, covered in accordance with our rules (contact us for details)  | Full cover                |
| С | Cancer care support - one night's accommodation for each treatment   | €100 per night            |
| D | Manual lymph drainage following cancer treatment - 10 visits   | €50 per visit             |
| E | Clinical psychology counselling for oncology treatment (psycho oncology<br>counselling) - 10 visits  | Refer Section<br>9        |
| F | Additional cancer support benefits   |                           |
|   | <ul> <li>Wig/ hairpiece, post-mastectomy bra, swimsuit, surgical prosthesis following<br/>cancer treatment</li> <li>No excess applies, but subject to the benefit maximum for medical and surgical<br/>appliances set out below</li> </ul> | Full cover                |
| G | Other benefits in Section 5  |                           |
|   | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)   | €3,200 per<br>member year |
|   | Convalescent care - first 16 nights  | €30 per night             |
|   | Vhi Hospital@Home  | Full cover                |
|   | Child home nursing - 14 days per calendar year   | €100 per day              |
|   | Parent accompanying child - 14 days per calendar year, following a stay in excess of 3 days in hospital  | €40 per day               |
|   | Vhi VisionCare   |                           |
|   | Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)   | Full cover                |
|   | <ul> <li>Comprehensive eye exam carried out by a VSP eye-care professional in each<br/>24 month period - subject to Vhi VisionCare E-Screen referral</li> </ul>  | Full cover                |
|   | Section 6 - Transport costs  |                           |
| Α | Transport costs (covered in accordance with our rules)   | Agreed<br>charges         |
|   | Section 7 - Cover outside Ireland  |                           |
| Α | Emergency treatment abroad   | €100,000                  |
| В | Elective treatment abroad (subject to prior approval)  |                           |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)  | €100,000                  |
|   | Treatment not available in Ireland   | €100,000                  |
|   | Section 8  |                           |
| Α | In-patient MRI scans (covered in accordance with Section 1)  | Agreed<br>charges         |
| В | Out-patient MRI scans  |                           |
|   | Category 1 - approved MRI centres  | Full cover                |

#### Nurses' Plan

|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover         |
|---|---|--------------------|
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges     |
| D | CT Scans (covered in accordance with our rules) $oldsymbol{H}$  | Full cover         |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated) ${f H}$  |                    |
| А | Consultant consultation   | €60                |
| В | Pathology - consultants' fees (per referral)  | €60                |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €500 per year      |
| Е | Acupuncturists, Dieticians* - 5 combined visits   | €40                |
| F | Chiropodists/Podiatrists - 25 visits  | €30                |
| G | Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) *   |                    |
|   | Lifestage screening programme in a Vhi Medical Centre   | €100 per<br>screen |
|   | Dexa scans in an approved dexa scan centre  | 75% cover          |
| Η | Accident & emergency cover - 2 visits   | €75                |
| Ι | Travel vaccinations   | €60 per year       |
| J | Child counselling - 8 visits  | €30                |
| K | Clinical psychology counselling for oncology treatment (psycho oncology counselling)* - 10 visits   | €50                |
| L | Vhi Online Doctor – 6 visits (available through the Vhi App)*   | Full cover         |
| Μ | Vhi SwiftCare exclusive benefit to Vhi customers*   |                    |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €100 for this follow-up treatment)</li> </ul>  | 50% of total costs |
|   | Vhi SwiftCare appointment services*   |                    |
|   | Consultant consultation (orthopaedic, oral maxillofacial & sports medicine)   | 50%                |
| Ν | Vhi paediatric clinic*  |                    |
|   | <ul> <li>Initial Consultant consultation (in addition to your paediatric benefit in section<br/>4)</li> </ul>   | 50%                |
|   | • Follow up paediatric treatment and services after this consultation including lactation consultant, dietician, ultrasound, blood tests and x-ray  | 50% of total costs |
|   | Annual excess - per member, per year  | €125               |
|   | Annual maximum - per member, per year   | €3,200             |
|   | * These benefits are not subject to the annual excess or annual maximum   |                    |

TOBNP V26 Oct18

## Table of Benefits – Smart Plan 150

Applicable to new registrations or renewals on/or after 1<sup>st</sup> August, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit              |
|---|--|----------------------|
|   | Section 1 - Hospital charges   |                      |
| Α | Public 1 & 2 hospitals   |                      |
|   | Day care, side room & semi-private accommodation   | Full cover           |
|   | Private accommodation  | Semi-private<br>rate |
| В | Private hospitals and treatment centres  |                      |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)   |                      |
|   | Day care, side room & semi-private accommodation   | Full cover           |
|   | Private accommodation  | Semi-private<br>rate |
|   | Radiotherapy (day care & out-patient)  | Full cover           |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €150                 |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)  |                      |
|   | Day care, side room, semi-private & private accommodation  | 0%                   |
|   | Radiotherapy (day care & out-patient)  | 0%                   |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)  |                      |
|   | Private 3 & 4 hospitals  |                      |
|   | Day care & in-patient cardiac FPPs Level 1   |                      |
|   | - Beacon Hospital  | Full cover           |
|   | <ul> <li>Blackrock Clinic, Mater Private Hospital Dublin, Hermitage Medical Clinic</li> <li>&amp; Galway Clinic</li> </ul>   | 0%                   |
|   | <ul> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy &amp;<br/>Chemotherapy, refer to Section 1B)</li> </ul>                                   | 0%                   |
|   | In-patient cardiac FPPs Level 2  | 0%                   |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €150                 |
| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these |                      |
|   | Private 1, 2 & 3 hospitals   |                      |
|   | <ul> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | 60%                  |

|   | Private accommodation  | 60% Semi-<br>private rate         |
|---|--|-----------------------------------|
|   | Private 4 hospitals  |                                   |
|   | <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>  | 0%                                |
|   | When carried out as a Fixed Price Procedure (contact us for details)   |                                   |
|   | Private 3 & 4 hospitals  | 0%                                |
|   | Section 2 - Consultants' fees/GP procedures  |                                   |
| Α | In-patient treatment, day-care/side room/out-patient & GP procedures   |                                   |
|   | <ul> <li>Participating consultant/GP</li> </ul>  | Full cover                        |
|   | Non-participating consultant/GP  | Standard<br>benefit               |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                                   |
| А | In-patient psychiatric cover   | 100 days                          |
| В | Day care psychiatric treatment for approved day care programmes  | Contact us for<br>further details |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days                           |
|   | Section 4 - Maternity  |                                   |
| Α | Normal confinement   |                                   |
|   | <ul> <li>Public hospital benefit</li> <li>Caesarean delivery (as per hospital benefits listed)</li> </ul>  | €400<br>Refer Section<br>1        |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed<br>charges                 |
|   | Section 5  |                                   |
| Α | Convalescent care - first 14 nights  | €30 per night                     |
| В | Cancer care support - one night's accommodation up to €100, for each treatment   | €1,500 per<br>calendar year       |
| С | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances) | €1,000 per<br>member year         |
| D | Vhi Hospital@Home  | Full cover                        |
|   | Section 6 - Transport costs  |                                   |
| A | Transport costs (covered in accordance with our rules)   | Agreed<br>charges                 |
|   | Section 7 - Cover outside Ireland  |                                   |
| А | Emergency treatment abroad   | €65,000                           |
| В | Elective treatment abroad (subject to prior approval)  |                                   |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)  | €65,000                           |
|   | Treatment not available in Ireland   | €65,000                           |

|   | Section 8   |                       |
|---|---|-----------------------|
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges     |
| В | Out-patient MRI scans   |                       |
|   | Category 1 - approved MRI centres   | Full cover            |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover            |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges        |
| D | CT Scans (covered in accordance with our rules) $f H$   | Full cover            |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                       |
| Α | Consultant consultation - 7 visits  | €60                   |
| В | Pathology - consultants' fees (per referral)  | €60                   |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                   |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year         |
|   | Annual excess - per member, per year  | €250                  |
|   | Annual maximum - per member, per year   | €1,000                |
|   | Section 10 – Care for people on the Go (benefits are per visit, per member, unless otherwise indicated)   |                       |
| Α | Vhi Online Doctor – 6 visits (available through the Vhi App)*   | Full cover            |
| В | Vhi VisionCare  |                       |
|   | Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)  | Full cover            |
|   | <ul> <li>Comprehensive eye exam carried out by a VSP eye-care professional in each<br/>12 month period - subject to Vhi VisionCare E-Screen referral</li> </ul>   | Full cover            |
| С | Vhi SwiftCare exclusive benefit to Vhi customers*   |                       |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                   |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €150 for this follow-up treatment)</li> </ul>  | 50% of total<br>costs |
| D | Physiotherapy carried out by a Physiotherapist employed by The Physio Company - 3 visits. To make a booking, contact The Physio Company at (01) 518 0011  | Full cover            |
|   | * These benefits are not subject to the annual excess or annual maximum   |                       |
|   | Additional notes  |                       |
| A | This plan does not provide cover for all hospitals, for details of the hospitals covered please log on to Vhi.ie or phone us on (056) 444 4444  |                       |

#### Smart Plan 150

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.

TOBSMTP150 V7 Aug18

## Table of Benefits – Smart Plan 250

Applicable to new registrations or renewals on/or after 1<sup>st</sup> August, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit  |
|---|--|--|
|   | Section 1 - Hospital charges   |  |
| Α | Public 1 & 2 hospitals   |  |
|   | <ul><li>Day care, side room &amp; semi-private accommodation</li><li>Private accommodation</li></ul>   | Full cover<br>Semi-private<br>rate               |
| В | Private hospitals and treatment centres  |  |
|   | <ul> <li>Private 1, 2 &amp; 3 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care, side room &amp; semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>Hospital excesses - except maternity &amp; certain cancer treatments</li> </ul> | Full cover<br>Semi-private<br>rate<br>Full cover |
|   | <ul> <li>Hospital excess per claim – day care and side room</li> <li>Hospital excess per claim – in-patient admissions</li> </ul>  | €150<br>€250                                     |
|   | <ul> <li>Private 4 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>   | 0%<br>0%   |
| С | Radiotherapy (day care & out-patient) Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)  | 0,0  |
|   | <ul> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> </ul>  |  |
|   | <ul> <li>Beacon Hospital</li> <li>Blackrock Clinic, Mater Private Hospital Dublin, Hermitage Medical Clinic<br/>&amp; Galway Clinic</li> </ul>   | Full cover<br>0%                                 |
|   | <ul> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy &amp;<br/>Chemotherapy, refer to Section 1B)</li> </ul>   | 0%   |
|   | <ul> <li>In-patient cardiac FPPs Level 2</li> <li>Hospital excesses - except maternity &amp; certain cancer treatments</li> </ul>  | 0%   |
|   | <ul> <li>Hospital excess per claim - day care</li> <li>Hospital excess per claim - in-patient admissions</li> </ul>  | €150<br>€250                                     |

| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these |                                |
|---|--|--------------------------------|
|   | Private 1, 2 & 3 hospitals   |                                |
|   | <ul> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | 60%                            |
|   | Private accommodation  | 60% Semi-<br>private rate      |
|   | Private 4 hospitals  |                                |
|   | Day care, side room, semi-private & private accommodation  | 0%                             |
|   | When carried out as a Fixed Price Procedure (contact us for details)   |                                |
|   | Private 3 & 4 hospitals  | 0%                             |
|   | Section 2 - Consultants' fees/GP procedures  |                                |
| А | In-patient treatment, day-care/side room/out-patient & GP procedures   |                                |
|   | Participating consultant/GP  | Full cover                     |
|   | Non-participating consultant/GP  | Standard benefit               |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                                |
| А | In-patient psychiatric cover   | 100 days                       |
| В | Day care psychiatric treatment for approved day care programmes  | Contact us for further details |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days                        |
|   | Section 4 - Maternity  |                                |
| Α | Normal confinement   |                                |
|   | Public hospital benefit  | €400                           |
|   | Caesarean delivery (as per hospital benefits listed)   | Refer Section<br>1             |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed charges                 |
|   | Section 5  |                                |
| Α | Convalescent care - first 14 nights  | €30 per night                  |
| В | Cancer care support - one night's accommodation up to €100, for each treatment   | €1,500 per<br>calendar year    |
| С | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)                     | €1,000 per<br>member year      |
| D | Vhi Hospital@Home  | Full cover                     |
|   | Section 6 - Transport costs  |                                |
| A | Transport costs (covered in accordance with our rules)   | Agreed<br>charges              |

|   | Section 7 - Cover outside Ireland   |                    |
|---|---|--------------------|
| Α | Emergency treatment abroad  | €65,000            |
| В | Elective treatment abroad (subject to prior approval)   |                    |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)   | €65,000            |
|   | Treatment not available in Ireland  | €65,000            |
|   | Section 8   |                    |
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed charges     |
| В | Out-patient MRI scans   |                    |
|   | Category 1 - approved MRI centres   | Full cover         |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover         |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges     |
| D | CT Scans (covered in accordance with our rules) $f H$   | Full cover         |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                    |
| А | Consultant consultation - 7 visits  | €60                |
| В | Pathology - consultants' fees (per referral)  | €60                |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year      |
|   | Annual excess - per member, per year  | €250               |
|   | Annual maximum - per member, per year   | €1,000             |
|   | Section 10 – Care for people on the Go (benefits are per visit, per member, unless otherwise indicated)   |                    |
| А | Vhi Online Doctor – 6 visits (available through the Vhi App)* $oldsymbol{H}$  | Full cover         |
| В | Vhi VisionCare  |                    |
|   | Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)  | Full cover         |
|   | <ul> <li>Comprehensive eye exam carried out by a VSP eye-care professional in each<br/>12 month period - subject to Vhi VisionCare E-Screen referral</li> </ul>   | Full cover         |
| С | Vhi SwiftCare exclusive benefit to Vhi customers*   |                    |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €150 for this follow-up treatment)</li> </ul>  | 50% of total costs |
| D | Physiotherapy carried out by a Physiotherapist employed by The Physio Company - 3 visits. To make a booking, contact The Physio Company at (01) 518 0011  | Full cover         |
|   | * These benefits are not subject to the annual excess or annual maximum   |                    |

# Additional notes

A This plan does not provide cover for all hospitals, for details of the hospitals covered please log on to Vhi.ie or phone us on (056) 444 4444

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.

TOBSMTP250 V7 Aug18

## Table of Benefits – Smart Plan 500

Applicable to new registrations or renewals on/or after 1<sup>st</sup> August, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit                            |
|---|--|------------------------------------|
|   | Section 1 - Hospital charges   |                                    |
| Α | Public 1 & 2 hospitals   |                                    |
|   | <ul><li>Day care, side room &amp; semi-private accommodation</li><li>Private accommodation</li></ul>   | Full cover<br>Semi-private<br>rate |
| В | Private hospitals and treatment centres  |                                    |
|   | <ul> <li>Private 1, 2 &amp; 3 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care, side room &amp; semi-private accommodation</li> <li>Private accommodation</li> </ul>                        | Full cover<br>Semi-private<br>rate |
|   | <ul> <li>Radiotherapy (day care &amp; out-patient)</li> <li>Hospital excesses - except maternity &amp; certain cancer treatments</li> <li>Hospital excess per claim – day care and side room</li> <li>Hospital excess per claim – in-patient admissions</li> </ul> | Full cover<br>€150<br>€500         |
|   | <ul> <li>Private 4 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>   | 0%                                 |
| С | <ul> <li>Radiotherapy (day care &amp; out-patient)</li> <li>Certain investigations and treatments - herein referred to as Fixed Price</li> <li>Procedures (FPPs), (contact us for details)</li> </ul>  | 0%                                 |
|   | <ul> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> </ul>  |                                    |
|   | <ul> <li>Beacon Hospital</li> <li>Blackrock Clinic, Mater Private Hospital Dublin, Hermitage Medical Clinic<br/>&amp; Galway Clinic</li> </ul>   | Full cover<br>0%                   |
|   | <ul> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy &amp;<br/>Chemotherapy, refer to Section 1B)</li> </ul>   | 0%                                 |
|   | <ul> <li>In-patient cardiac FPPs Level 2</li> <li>Hospital excesses - except maternity &amp; certain cancer treatments</li> </ul>  | 0%                                 |
|   | <ul> <li>Hospital excess per claim - day care</li> <li>Hospital excess per claim - in-patient admissions</li> </ul>  | €150<br>€500                       |

| A | Transport costs (covered in accordance with our rules)   | Agreed charges                   |
|---|--|----------------------------------|
|   | Section 6 - Transport costs  |                                  |
| D | Vhi Hospital@Home  | Full cover                       |
| С | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)                     | €1,000 per<br>member year        |
| В | Cancer care support - one night's accommodation up to €100, for each treatment   | €1,500 per<br>calendar year      |
| А | Convalescent care - first 14 nights  | €30 per night                    |
|   | Section 5  | ~                                |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed<br>charges                |
| Α | <ul> <li>Normal confinement</li> <li>Public hospital benefit</li> <li>Caesarean delivery (as per hospital benefits listed)</li> </ul>  | €400<br>Refer Section<br>1       |
| _ | Section 4 - Maternity  |                                  |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days                          |
| B | Day care psychiatric treatment for approved day care programmes  | Contact us for further details   |
| A | In-patient psychiatric cover   | 100 days                         |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                                  |
|   | Non-participating consultant/GP  | Standard<br>benefit              |
| A | <ul> <li>In-patient treatment, day-care/side room/out-patient &amp; GP procedures</li> <li>Participating consultant/GP</li> </ul>  | Full cover                       |
| _ | Section 2 - Consultants' fees/GP procedures  |                                  |
|   | Private 3 & 4 hospitals     Section 2 Consultants' foos/GP procedures  | 0 /0                             |
|   | When carried out as a Fixed Price Procedure (contact us for details)   | 0%                               |
|   | <ul><li>Private 4 hospitals</li><li>Day care, side room, semi-private &amp; private accommodation</li></ul>  | 0%                               |
|   | <ul> <li>Day care, side room &amp; semi-private accommodation</li> <li>Private accommodation</li> </ul>  | 60%<br>60% Semi-<br>private rate |
|   | Private 1, 2 & 3 hospitals   |                                  |
| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these |                                  |

|   | Section 7 - Cover outside Ireland   |                    |
|---|---|--------------------|
| А | Emergency treatment abroad  | €65,000            |
| В | Elective treatment abroad (subject to prior approval)   |                    |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)   | €65,000            |
|   | Treatment not available in Ireland  | €65,000            |
|   | Section 8   |                    |
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges  |
| В | Out-patient MRI scans   |                    |
|   | Category 1 - approved MRI centres   | Full cover         |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover         |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges     |
| D | CT Scans (covered in accordance with our rules) $f H$   | Full cover         |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                    |
| А | Consultant consultation - 7 visits  | €60                |
| В | Pathology - consultants' fees (per referral)  | €60                |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year      |
|   | Annual excess - per member, per year  | €250               |
|   | Annual maximum - per member, per year   | €1,000             |
|   | Section 10 – Care for people on the Go (benefits are per visit, per member, unless otherwise indicated)   |                    |
| А | Vhi Online Doctor – 6 visits (available through the Vhi App)*   | Full cover         |
| В | Vhi VisionCare  |                    |
|   | <ul> <li>Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)</li> </ul>  | Full cover         |
|   | <ul> <li>Comprehensive eye exam carried out by a VSP eye-care professional in each<br/>12 month period - subject to Vhi VisionCare E-Screen referral</li> </ul>   | Full cover         |
| С | Vhi SwiftCare exclusive benefit to Vhi customers*   |                    |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €150 for this follow-up treatment)</li> </ul>  | 50% of total costs |
| D | Physiotherapy carried out by a Physiotherapist employed by The Physio Company - 3 visits. To make a booking, contact The Physio Company at (01) 518 0011  | Full cover         |
|   | * These benefits are not subject to the annual excess or annual maximum   |                    |
# Additional notes

A This plan does not provide cover for all hospitals, for details of the hospitals covered please log on to Vhi.ie or phone us on (056) 444 4444

Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland. Vhi Healthcare is tied to Vhi Insurance DAC for health insurance in Ireland which is underwritten by Vhi Insurance DAC.

TOBSMTP500 V7 Aug18

## Table of Benefits – Smart Plan Family

Applicable to new registrations or renewals on/or after 1<sup>st</sup> October, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit              |
|---|--|----------------------|
|   | Section 1 - Hospital charges   |                      |
| Α | Public 1 & 2 hospitals   |                      |
|   | Day care, side room & semi-private accommodation   | Full cover           |
|   | Private accommodation  | Semi-private<br>rate |
| В | Private hospitals and treatment centres  |                      |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)   |                      |
|   | <ul> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | Full cover           |
|   | Private accommodation  | Semi-private<br>rate |
|   | <ul> <li>Radiotherapy (day care &amp; out-patient)</li> </ul>  | Full cover           |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €150                 |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)  |                      |
|   | <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>  | 0%                   |
|   | Radiotherapy (day care & out-patient)  | 0%                   |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)  |                      |
|   | Private 3 & 4 hospitals  |                      |
|   | Day care & in-patient cardiac FPPs Level 1   |                      |
|   | - Beacon Hospital  | Full cover           |
|   | <ul> <li>Blackrock Clinic, Mater Private Hospital Dublin, Hermitage Medical Clinic</li> <li>&amp; Galway Clinic</li> </ul>   | 0%                   |
|   | <ul> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy &amp;<br/>Chemotherapy, refer to Section 1B)</li> </ul>                                   | 0%                   |
|   | In-patient cardiac FPPs Level 2  | 0%                   |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €150                 |
| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these |                      |
|   | Private 1, 2 & 3 hospitals   |                      |
|   | <ul> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | 60%                  |

|   | Private accommodation  | 60% Semi-<br>private rate            |
|---|--|--------------------------------------|
|   | Private 4 hospitals  |                                      |
|   | <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>  | 0%                                   |
|   | When carried out as a Fixed Price Procedure (contact us for details)   |                                      |
|   | <ul> <li>Private 3 &amp; 4 hospitals</li> </ul>  | 0%                                   |
|   | Section 2 - Consultants' fees/GP procedures  |                                      |
| A | In-patient treatment, day-care/side room/out-patient & GP procedures   |                                      |
|   | <ul> <li>Participating consultant/GP</li> </ul>  | Full cover                           |
|   | <ul> <li>Non-participating consultant/GP</li> </ul>  | Standard benefit                     |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                                      |
| A | In-patient psychiatric cover   | 100 days                             |
| В | Day care psychiatric treatment for approved day care programmes  | Contact us for further details       |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days                              |
|   | Section 4 - Maternity & BabyH  |                                      |
| Α | Normal confinement   |                                      |
|   | Public hospital benefit (up to 3 days)   | Full cover                           |
|   | Caesarean delivery (as per hospital benefits listed)   | Refer Section                        |
|   | Home birth benefit   | €4,000                               |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed<br>charges                    |
| С | Post-natal home nursing  |                                      |
|   | Following 1 nights stay  | €600                                 |
|   | Following 2 nights stay  | €300                                 |
| D | Vhi Fertility Programme  |                                      |
|   | Fertility benefit - benefit per member, towards the cost of specified fertility tests and treatments carried out in a Vhi Participating Fertility Treatment Centre |                                      |
|   | Initial consultation   | €100 discount<br>at point of<br>sale |
|   | AMH & Semen Analysis tests   | €100 discount<br>at point of<br>sale |
|   | Egg freezing - once per lifetime   | €1000                                |
|   | <ul> <li>Sperm freezing - once per lifetime</li> </ul>   | €125                                 |
|   | <ul> <li>IUI - up to 2 treatments per lifetime, female members only</li> </ul>   | €450 per<br>treatment*               |

|   |  | C1 000 mar                              |
|---|--|---|
|   | <ul> <li>IVF or ICSI - up to 2 treatments per lifetime, female members only</li> </ul>   | €1,000 per<br>treatment*                |
|   | <ul> <li>Fertility counselling - 4 sessions per treatment carried out in a Vhi Participating<br/>Fertility Treatment Centre</li> </ul>                     | €40 per session                         |
|   | Fertility support services - Acupuncturists & Dieticians visits  | Refer Section<br>9                      |
|   | * These benefits are co-funded by Vhi and the Vhi Participating Fertility Treatment Centre   |   |
| E | Maternity & Baby Bundle  |   |
|   | Maternity Yoga and Pilates classes   | 75% cover up                            |
|   | One maternity scan   | to a combined                           |
|   | Breast-feeding consultations   | limit of €400                           |
|   | Baby massage classes   | and                                     |
|   | Baby swim classes  | no excess                               |
|   | Ante natal course  |   |
| F | Additional Maternity & Baby Benefits   |   |
|   | Foetal screening   | €100                                    |
|   | Paediatrician benefit  | €60                                     |
|   | <ul> <li>Vaccinations for Meningtis B and Chicken Pox - up to two inoculations for<br/>each per lifetime</li> </ul>  | €50 per<br>inoculation                  |
|   | <ul> <li>Female and male mental health counselling - 10 sessions</li> </ul>  | €40 per                                 |
|   | New parents food pools, 10 putritional disport delivered to your door  | session<br>Full cover                   |
|   | <ul> <li>New parents food pack - 10 nutritional dinners delivered to your door</li> <li>Paediatric first aid course</li> </ul>                             | €50                                     |
|   |  | No excess<br>applies to this<br>section |
| G | Pre- and post-natal care (combined visits) - subject to the annual excess in section 9   | €250                                    |
|   | Section 5  |   |
| Α | Convalescent care - first 14 nights  | €30 per night                           |
| В | Cancer care support - one night's accommodation up to €100, for each treatment   | €1,500 per calendar year                |
| С | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances) | €1,000 per<br>member year               |
| D | Vhi Hospital@Home  | Full cover                              |
|   | Section 6 - Transport costs  |   |
| A | Transport costs (covered in accordance with our rules)   | Agreed<br>charges                       |
|   | Section 7 - Cover outside Ireland  |   |
| Α | Emergency treatment abroad   | €65,000                                 |
| В | Elective treatment abroad (subject to prior approval)  |   |
|   |  |   |

|   | Treatment not available in Ireland  | €65,000            |
|---|---|--------------------|
|   | Section 8   |                    |
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges  |
| В | Out-patient MRI scans   |                    |
|   | Category 1 - approved MRI centres   | Full cover         |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover         |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges     |
| D | CT Scans (covered in accordance with our rules) $f H$   | Full cover         |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                    |
| Α | Consultant consultation - 7 visits  | €60                |
| В | Pathology - consultants' fees (per referral)  | €60                |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year      |
| Е | Acupuncturists, Dieticians* - 5 combined visits   | €40                |
|   | Annual excess - per member, per year  | €250               |
|   | Annual maximum - per member, per year   | €1,000             |
|   | * This benefit is not subject to the annual excess or annual maximum  |                    |
|   | Section 10 – Care for people on the Go (benefits are per visit, per member, unless otherwise indicated)   |                    |
| А | Vhi Online Doctor – 6 visits (available through the Vhi App)*   | Full cover         |
| В | Physiotherapy carried out by a Physiotherapist employed by The Physio Company - 3 visits. To make a booking, contact The Physio Company at (01) 518 0011  | Full cover         |
| С | Vhi VisionCare  |                    |
|   | Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)  | Full cover         |
|   | <ul> <li>Comprehensive eye exam carried out by a VSP eye-care professional in each<br/>12 month period - subject to Vhi VisionCare E-Screen referral</li> </ul>   | Full cover         |
| D | Vhi SwiftCare exclusive benefit to Vhi customers*   |                    |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €150 for this follow-up treatment)</li> </ul>  | 50% of total costs |
|   | Vhi SwiftCare appointment services*   |                    |
|   | Consultant consultation (orthopaedic, oral maxillofacial & sports medicine)   | 50%                |
| Е | Vhi paediatric clinic*  |                    |

|   | <ul> <li>Initial Consultant consultation (in addition to your paediatric benefit in section<br/>4)</li> </ul>  | 50%                   |
|---|--|-----------------------|
|   | <ul> <li>Follow up paediatric treatment and services after this consultation including<br/>lactation consultant, dietician, ultrasound, blood tests and x-ray</li> </ul> | 50% of total<br>costs |
|   | These benefits are not subject to the annual excess or annual maximum  |                       |
|   | Additional notes   |                       |
| A | This plan does not provide cover for all hospitals, for details of the hospitals covered please log on to Vhi.ie or phone us on (056) 444 4444                           |                       |

TOBSMTPF V9 Oct18

## Table of Benefits – Start Plan 250

Applicable to new registrations or renewals on/or after 1<sup>st</sup> August, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit  |
|---|--|--|
|   | Section 1 - Hospital charges   |  |
| Α | Public 1 & 2 hospitals   |  |
|   | <ul><li>Day care, side room &amp; semi-private accommodation</li><li>Private accommodation</li></ul>   | Full cover<br>Semi-private<br>rate                               |
| В | Private hospitals and treatment centres  |  |
|   | <ul> <li>Private 1, 2 &amp; 3 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care, side room &amp; semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>Hospital excesses - except maternity &amp; certain cancer treatments <ul> <li>Hospital excess per claim – day care and side room</li> </ul> </li> </ul> | Full cover<br>Semi-private<br>rate<br>Full cover<br>€150<br>€250 |
|   | - Hospital excess per claim – in-patient admissions  | €250   |
|   | <ul> <li>Private 4 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care, side room, semi-private &amp; private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> </ul>  | 0%<br>0%   |
| С | Certain investigations and treatments - herein referred to as Fixed Price<br>Procedures (FPPs), (contact us for details)   |  |
|   | Private 3 & 4 hospitals  |  |
|   | <ul> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Beacon Hospital</li> <li>Blackrock Clinic, Mater Private Hospital Dublin, Hermitage Medical Clinic &amp; Galway Clinic</li> </ul>   | Full cover<br>0%   |
|   | <ul> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy &amp;<br/>Chemotherapy, refer to Section 1B)</li> </ul>   | 0%   |
|   | In-patient cardiac FPPs Level 2  | 0%   |
|   | <ul> <li>Hospital excesses - except maternity &amp; certain cancer treatments</li> <li>Hospital excess per claim - day care</li> <li>Hospital excess per claim - in-patient admissions</li> </ul>  | €150<br>€250   |

| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these |                                |
|---|--|--------------------------------|
|   | Private 1, 2 & 3 hospitals   |                                |
|   | <ul> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | 60%                            |
|   | Private accommodation  | 60% Semi-<br>private rate      |
|   | Private 4 hospitals  |                                |
|   | Day care, side room, semi-private & private accommodation  | 0%                             |
|   | When carried out as a Fixed Price Procedure (contact us for details)   |                                |
|   | Private 3 & 4 hospitals  | 0%                             |
|   | Section 2 - Consultants' fees/GP procedures  |                                |
| Α | In-patient treatment, day-care/side room/out-patient & GP procedures   |                                |
|   | Participating consultant/GP  | Full cover                     |
|   | Non-participating consultant/GP  | Standard benefit               |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                                |
| Α | In-patient psychiatric cover   | 100 days                       |
| В | Day care psychiatric treatment for approved day care programmes  | Contact us for further details |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days                        |
|   | Section 4 - Maternity  |                                |
| А | Normal confinement   |                                |
|   | Public hospital benefit  | €400                           |
|   | Caesarean delivery (as per hospital benefits listed)   | Refer Section<br>1             |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed<br>charges              |
|   | Section 5  |                                |
| Α | Convalescent care - first 14 nights  | €30 per night                  |
| В | Cancer care support - one night's accommodation up to €100, for each treatment   | €1,500 per<br>calendar year    |
| С | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)                     | €1,000 per<br>member year      |
| D | Vhi Hospital@Home  | Full cover                     |
|   | Section 6 - Transport costs  |                                |
| A | Transport costs (covered in accordance with our rules)   | Agreed<br>charges              |

|   | Section 7 - Cover outside Ireland   |                    |
|---|---|--------------------|
| А | Emergency treatment abroad  | €65,000            |
| В | Elective treatment abroad (subject to prior approval)   |                    |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)   | €65,000            |
|   | Treatment not available in Ireland  | €65,000            |
|   | Section 8   |                    |
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges  |
| В | Out-patient MRI scans   |                    |
|   | Category 1 - approved MRI centres   | Full cover         |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover         |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges     |
| D | CT Scans (covered in accordance with our rules) $f H$   | Full cover         |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                    |
| Α | Consultant consultation - 7 visits  | €60                |
| В | Pathology - consultants' fees (per referral)  | €60                |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year      |
| Е | Vhi SwiftCare exclusive benefit to Vhi Customers*   |                    |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €150 for this follow-up treatment)</li> </ul>  | 50% of total costs |
| F | Vhi Online Doctor – 6 visits (available through the Vhi App)* <b>H</b>  | Full cover         |
|   | Annual excess - per member, per year  | €250               |
|   | Annual maximum - per member, per year   | €1,000             |
|   | * This benefit is not subject to the annual excess or annual maximum  |                    |
|   | Additional notes  |                    |
| A | This plan does not provide cover for all hospitals, for details of the hospitals covered please log on to Vhi.ie or phone us on (056) 444 4444  |                    |

#### TOBSP250 V11 Aug18

## Table of Benefits – Start Plan

Applicable to new registrations or renewals on/or after 1<sup>st</sup> August, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit              |
|---|--|----------------------|
|   | Section 1 - Hospital charges   |                      |
| А | Public 1 & 2 hospitals   |                      |
|   | Day care, side room & semi-private accommodation   | Full cover           |
|   | Private accommodation  | Semi-private<br>rate |
| В | Private hospitals and treatment centres  |                      |
|   | Private 1, 2, 3 & 4 hospitals (other than for certain investigations & treatments referred to in Section 1c)                                 |                      |
|   | Day care, side room, semi-private & private accommodation  | 0%                   |
|   | Radiotherapy (day care & out-patient)  | 0%                   |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)                        |                      |
|   | Private 3 & 4 hospitals  |                      |
|   | Day care & in-patient cardiac FPPs Level 1   | 0%                   |
|   | <ul> <li>Day care &amp; in-patient non-cardiac FPPs Level 1 (other than Radiotherapy &amp;<br/>Chemotherapy, refer to Section 1B)</li> </ul> | 0%                   |
|   | In-patient cardiac FPPs Level 2  | 0%                   |
|   | Section 2 - Consultants' fees/GP procedures  |                      |
| А | In-patient treatment, day-care/side room/out-patient & GP procedures   |                      |
|   | Participating consultant/GP  | Full cover           |
|   | Non-participating consultant/GP  | Standard benefit     |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                      |
| А | In-patient psychiatric cover   | 100 days             |
| В | Day care psychiatric treatment for approved day care programmes  | 0%                   |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days              |
|   | Section 4 - Maternity  |                      |
| А | Normal confinement   |                      |
|   | Public hospital benefit  | €381                 |

|   | Caesarean delivery (as per hospital benefits listed)  | Refer Section<br>1        |
|---|---|---------------------------|
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)   | Agreed<br>charges         |
|   | Section 5   |                           |
| А | Convalescent care - first 14 nights   | €30 per night             |
| В | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)  | €1,000 per<br>member year |
| С | Vhi Hospital@Home   | Full cover                |
|   | Section 6 - Transport costs   |                           |
| A | Transport costs (covered in accordance with our rules)  | Agreed<br>charges         |
|   | Section 7 - Cover outside Ireland   |                           |
| Α | Emergency treatment abroad  | €65,000                   |
| В | Elective treatment abroad (subject to prior approval)   |                           |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)   | €65,000                   |
|   | Treatment not available in Ireland  | €65,000                   |
|   | Section 8   |                           |
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges         |
| В | Out-patient MRI scans   |                           |
|   | Category 1 - approved MRI centres   | Full cover                |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover                |
| С | PET-CT scans (covered in accordance with our rules)   |                           |
|   | <ul> <li>Beacon Hospital, Blackrock Clinic, Galway Clinic, Mater Private Hospital<br/>Dublin, Whitfield Clinic and Hermitage Medical Clinic</li> </ul>  | 66%                       |
|   | St James's Hospital, PET-CT Centre and Cork University Hospital   | 100%                      |
| D | CT Scans (covered in accordance with our rules)   | Full cover                |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                           |
| А | Consultant consultation - 1 visit   | €60                       |
| В | Pathology - consultants' fees (per referral)  | €60                       |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                       |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €300 per year             |
| Е | Vhi SwiftCare exclusive benefit to Vhi customers*   |                           |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                       |

|   | • Follow-up treatment package after this consultation for x-rays, tests & medical aids (maximum you will pay is €150 for this follow-up treatment) | 50% of total<br>costs |
|---|--|-----------------------|
|   | Annual excess - per member, per year   | €250                  |
|   | Annual maximum - per member, per year  | €1,000                |
|   | * This benefit is not subject to the annual excess or annual maximum   |                       |
|   | Additional notes   |                       |
| A | This plan does not provide cover for all hospitals, for details of the hospitals covered please log on to Vhi.ie or phone us on (056) 444 4444     |                       |

TOBSP V11 Aug18

## Table of Benefits – Teachers' Plan Select

Applicable to new registrations or renewals on/or after 1<sup>st</sup> October, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

|   | Benefit Provision  | Benefit            |
|---|--|--------------------|
|   | Section 1 - Hospital charges   |                    |
| Α | Public 1 & 2 hospitals   |                    |
|   | <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> </ul>  | Full cover         |
| В | Private hospitals and treatment centres  |                    |
|   | Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)   |                    |
|   | Day care, side room & semi-private accommodation   | Full cover         |
|   | Private accommodation  | Semi-private       |
|   | Radiotherapy (day care & out-patient)  | rate<br>Full cover |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €125               |
|   | Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)  |                    |
|   | Day care & side room   | Full cover         |
|   | Semi-private accommodation   | 50%                |
|   | Private accommodation  | 40%                |
|   | <ul> <li>Radiotherapy (day care &amp; out-patient)</li> </ul>  | Full cover         |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €125               |
| С | Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)  |                    |
|   | Private 3 & 4 hospitals  |                    |
|   | Day care & in-patient cardiac FPPs Level 1   |                    |
|   | <ul> <li>Hermitage Medical Clinic, Blackrock Clinic &amp; Mater Private Hospital,<br/>Dublin</li> </ul>  | 0%                 |
|   | - Beacon Hosptial & Galway Clinic  | Full cover         |
|   | <ul> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> </ul>  | Full cover         |
|   | <ul> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> </ul>  | 90%                |
|   | <ul> <li>In-patient cardiac FPPs Level 2</li> </ul>  | 0%                 |
|   | Hospital excess (per claim - except maternity & certain cancer treatments)   | €250               |
| D | Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these |                    |
|   | Denotes benefit changes to this plan since the last renewal date. If you have mo   |                    |

|          | Private 1, 2 & 3 hospitals  |                                |
|----------|---|--------------------------------|
|          | Day care, side room & semi-private accommodation  | 80%                            |
|          | Private accommodation   | 80% Semi-                      |
|          | Hospital excess (per claim)   | private rate<br>€125           |
|          | Private 4 hospitals   |                                |
|          |   | 80%                            |
|          | <ul><li>Day care &amp; side room</li><li>Semi-private accommodation</li></ul>           | 50%                            |
|          | <ul> <li>Private accommodation</li> <li>Private accommodation</li> </ul>                | 40%                            |
|          | <ul> <li>Hospital excess (per claim)</li> </ul>   | €125                           |
|          | When carried out as a Fixed Price Procedure (contact us for details)                    |                                |
|          | <ul> <li>Private 3 &amp; 4 hospitals</li> </ul>   | 80%                            |
|          | <ul> <li>Hospital excess (per claim)</li> </ul>   | €250                           |
|          | Section 2 - Consultants' fees/GP procedures   |                                |
| Α        | In-patient treatment, day-care/side room/out-patient & GP procedures                    |                                |
|          | Participating consultant/GP   | Full cover                     |
|          | Non-participating consultant/GP   | Standard                       |
|          |   | benefit                        |
|          | Section 3 - Psychiatric cover (read in conjunction with Section 1)                      |                                |
| А        | In-patient psychiatric cover  | 180 days                       |
| В        | Day care psychiatric treatment for approved day care programmes                         | Contact us for further details |
| С        | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period | 91 days                        |
| D        | Out-patient mental health treatment (in an approved out-patient mental health centre)   |                                |
|          | Mental health assessment in every 2 year period   | €100 per<br>member             |
|          | Mental health therapy, 12 visits  | €30 per visit                  |
|          | Section 4 - Maternity & BabyH   |                                |
| А        | Normal confinement  |                                |
|          | Public hospital benefit (up to 3 days)  | Full cover                     |
|          | Caesarean delivery (as per hospital benefits listed)                                    | Refer Section                  |
|          | Home birth benefit  | €4,000                         |
| В        | In-patient maternity consultant fees (per Schedule of Benefits for Professional         | Agreed                         |
| <u> </u> | Fees)   | charges                        |
| С        | Post-natal home nursing   | €1,200                         |
|          | Following 1 nights stay   | €600                           |
|          | Following 2 nights stay   |                                |

| D | Vhi Fertility Programme  |  |
|---|--|--|
|   | <ul> <li>Fertility benefit - benefit per member, towards the cost of specified fertility tests and treatments carried out in a Vhi Participating Fertility Treatment Centre</li> <li>Initial consultation</li> </ul> | €100 discount<br>at point of                 |
|   | AMH & Semen Analysis tests   | sale<br>€100 discount<br>at point of<br>sale |
|   | Egg freezing - once per lifetime   | €1000  |
|   | Sperm freezing - once per lifetime   | €125   |
|   | <ul> <li>IUI - up to 2 treatments per lifetime, female members only</li> </ul>   | €450 per<br>treatment*                       |
|   | • IVF or ICSI - up to 2 treatments per lifetime, female members only   | €1,000 per<br>treatment*                     |
|   | • Fertility counselling - 4 sessions per treatment carried out in a Vhi Participating<br>Fertility Treatment Centre  | €40 per<br>session                           |
|   | Fertility support services - Acupuncturists & Dieticians visits  | Refer Section<br>9                           |
|   | * These benefits are co-funded by Vhi and the Vhi Participating Fertility Treatment Centre   | 3  |
| E | Maternity & Baby Bundle  |  |
|   | Maternity Yoga and Pilates classes   | 75% cover up                                 |
|   | One maternity scan   | to a combined                                |
|   | Breast-feeding consultations   | limit of €400                                |
|   | Baby massage classes   | and  |
|   | Baby swim classes  | no excess                                    |
|   | Ante natal course  |  |
| F | Additional Maternity & Baby Benefits   |  |
|   | Foetal screening   | €100   |
|   | Paediatrician benefit  | €60  |
|   | <ul> <li>Vaccinations for Meningtis B and Chicken Pox - up to two inoculations for<br/>each per lifetime</li> </ul>  | €50 per<br>inoculation                       |
|   | <ul> <li>Female and male mental health counselling - 10 sessions</li> </ul>  | €40 per<br>session                           |
|   | <ul> <li>New parents food pack - 10 nutritional dinners delivered to your door</li> </ul>  | Full cover                                   |
|   | Paediatric first aid course  | €50  |
|   |  | No excess<br>applies to this<br>section      |
| G | Pre- and post-natal care (combined visits) - subject to the annual excess in section 9   | €400   |
|   | Section 5 - Cancer care and other benefits   |  |
| Α | Genetic testing for cancer   |  |
| 1 | <ul> <li>Initial consultation for genetic testing for cancer *</li> </ul>  | 50% cover                                    |

|   | <ul> <li>Genetic test - for specified genetic mutations to be carried out in an approved<br/>clinic *</li> </ul>   | Full cover   |
|---|--|--|
|   | <ul> <li>Preventative (Prophylactic) treatment following on from the genetic test</li> <li>* These benefits are available immediately for existing Vhi customers with no</li> </ul>  | Covered up to<br>the levels for<br>hospital<br>treatment<br>listed in<br>Section 1 |
|   | waiting periods. There is a 26 week new conditions waiting period for new joiners<br>and a two year waiting period for transfers from another insurer  |  |
| В | Mammograms in an approved mammogram centre in each 24 month period, covered in accordance with our rules (contact us for details)  | Full cover   |
| С | Cancer care support - one night's accommodation for each treatment   | €100 per night   |
| D | Manual lymph drainage following cancer treatment - 10 visits   | €50 per visit  |
| E | Clinical psychology counselling for oncology treatment (psycho oncology<br>counselling) - 10 visits  | Refer Section<br>9   |
| F | Additional cancer support benefits   |  |
|   | <ul> <li>Wig/ hairpiece, post-mastectomy bra, swimsuit, surgical prosthesis following<br/>cancer treatment</li> <li>No excess applies, but subject to the benefit maximum for medical and surgical<br/>appliances set out below</li> </ul> | Full cover   |
| G | Other benefits in Section 5  |  |
|   | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)   | €3,200 per<br>member year  |
|   | Convalescent care - first 16 nights  | €30 per night  |
|   | Vhi Hospital@Home  | Full cover   |
|   | Child home nursing - 14 days per calendar year   | €100 per day   |
|   | Parent accompanying child - 14 days per calendar year, following a stay in excess of 3 days in hospital  | €40 per day  |
|   | Vhi VisionCare   |  |
|   | Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)   | Full cover   |
|   | Comprehensive eye exam carried out by a VSP eye-care professional in each 24 month period - subject to Vhi VisionCare E-Screen referral  | Full cover   |
|   | Section 6 - Transport costs  |  |
| A | Transport costs (covered in accordance with our rules)   | Agreed<br>charges  |
|   | Section 7 - Cover outside Ireland  |  |
| Α | Emergency treatment abroad   | €100,000   |
| В | Elective treatment abroad (subject to prior approval)  |  |
|   | <ul> <li>Surgical procedures available in Ireland (as per level of cover in Ireland)</li> <li>Treatment not available in Ireland</li> </ul>  | €100,000<br>€100,000   |

|   | Section 8   |                    |
|---|---|--------------------|
| A | In-patient MRI scans (covered in accordance with Section 1)   | Agreed<br>charges  |
| В | Out-patient MRI scans   |                    |
|   | Category 1 - approved MRI centres   | Full cover         |
|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover         |
| С | PET-CT scans (covered in accordance with our rules)   | Agreed<br>charges  |
| D | CT Scans (covered in accordance with our rules) $f H$   | Full cover         |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated)  |                    |
| А | Consultant consultation   | €60                |
| В | Pathology - consultants' fees (per referral)  | €60                |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €500 per year      |
| Е | Acupuncturists, Dieticians* - 5 combined visits   | €40                |
| F | Voice coaching – 5 visits   | €30                |
| G | <ul> <li>Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) *</li> <li>Lifestage screening programme in a Vhi Medical Centre</li> </ul>                                    | €100 per<br>screen |
|   | Dexa scans in an approved dexa scan centre  | 50% cover          |
| Η | Accident & emergency cover - 2 visits   | €75                |
| Ι | Travel vaccinations   | €60 per year       |
| J | Child counselling - 8 visits  | €30                |
| Κ | Post natal home help, within 6 weeks of the birth   | €100               |
| L | Clinical psychology counselling for oncology treatment (psycho oncology counselling)* - 10 visits   | €50 per visit      |
| Μ | Vhi Online Doctor – 6 visits (available through the Vhi App)*   | Full cover         |
| Ν | Vhi SwiftCare exclusive benefit to Vhi customers*   |                    |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €100 for this follow-up treatment)</li> </ul>  | 50% of total costs |
|   | Vhi SwiftCare appointment services*   |                    |
|   | Consultant consultation (orthopaedic, oral maxillofacial & sports medicine)   | 50%                |
| 0 | Vhi paediatric clinic*  |                    |

|   | <ul> <li>Initial Consultant consultation (in addition to your paediatric benefit in section<br/>4)</li> </ul>                                      | 50%                   |
|---|--|-----------------------|
|   | • Follow up paediatric treatment and services after this consultation including lactation consultant, dietician, ultrasound, blood tests and x-ray | 50% of total<br>costs |
|   | Annual excess - per member, per year   | €125                  |
|   | Annual maximum - per member, per year  | €3,200                |
|   | * These benefits are not subject to the annual excess or annual maximum  |                       |
|   | Section 10 - Workplace benefits  |                       |
| A | Specialist Information Service   |                       |
|   | Telephone information line   | Full cover            |

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## Table of Benefits – Teachers' Plan

Applicable to new registrations or renewals on/or after 1<sup>st</sup> October, 2018.

This Table of Benefits must be read in conjunction with your Hospital Plan Terms and Conditions and the directories of approved facilities. Facilities may change from time to time, so log on to Vhi.ie or phone us on (056) 444 4444 if you are planning treatment.

| Section 1 - Hospital charges         A         Public 1 & 2 hospitals         • Day care, side room, semi-private & private accommodation         B       Private hospitals and treatment centres         Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)         • Day care, side room & semi-private accommodation         • Private accommodation         • Radiotherapy (day care & out-patient)         Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)         • Day care & side room         • Semi-private accommodation         • Private accommodation         • Radiotherapy (day care & out-patient)         C         Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)         Private 3 & 4 hospitals         • Day care & in-patient cardiac FPPs Level 1         • Day care & in-patient cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)         • In-patient cardiac FPPs Level 2         D       Specified hip, knee & shoulder joint replacement procedures (herein referred to  | Benefit                          |
|--|----------------------------------|
| <ul> <li>Day care, side room, semi-private &amp; private accommodation</li> <li>Private hospitals and treatment centres</li> <li>Private 1, 2 &amp; 3 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care, side room &amp; semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>Private 4 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care &amp; side room</li> <li>Semi-private accommodation</li> <li>Private accommodation</li> <li>Semi-private accommodation</li> <li>Private accommodation</li> <li>Private accommodation</li> <li>Private accommodation</li> <li>Private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>C Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)</li> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care in-patient cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul> |                                  |
| B       Private hospitals and treatment centres         Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)         •       Day care, side room & semi-private accommodation         •       Private accommodation         •       Radiotherapy (day care & out-patient)         Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)         •       Day care & side room         •       Semi-private accommodation         •       Private accommodation         •       Radiotherapy (day care & out-patient)         C       Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)         Private 3 & 4 hospitals       Pay care & in-patient cardiac FPPs Level 1         •       Day care in on-cardiac FPPs Level 1         •       Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)         •       In-patient cardiac FPPs Level 2         D       Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these         Private 1, 2 & 3 hospitals       •   |                                  |
| Private 1, 2 & 3 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)         • Day care, side room & semi-private accommodation         • Private accommodation         • Radiotherapy (day care & out-patient)         Private 4 hospitals (other than for certain investigations & treatments referred to in Section 1c & 1d)         • Day care & side room         • Semi-private accommodation         • Private accommodation         • Private accommodation         • Radiotherapy (day care & out-patient)         C Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)         Private 3 & 4 hospitals         • Day care & in-patient cardiac FPPs Level 1         • Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)         • In-patient cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)         • In-patient cardiac FPPs Level 2         D Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these         Private 1, 2 & 3 hospitals         • Day care, side room & semi-private accommodation  | Full cover                       |
| referred to in Section 1c & 1d)• Day care, side room & semi-private accommodation• Private accommodation• Radiotherapy (day care & out-patient)Private 4 hospitals (other than for certain investigations & treatments referred to in<br>Section 1c & 1d)• Day care & side room• Semi-private accommodation• Private accommodation• Private accommodation• Private accommodation• Radiotherapy (day care & out-patient)CCCertain investigations and treatments - herein referred to as Fixed Price<br>Procedures (FPPs), (contact us for details)Private 3 & 4 hospitals• Day care & in-patient cardiac FPPs Level 1• Day care & in-patient cardiac FPPs Level 1• Day care in-cardiac FPPs Level 1 (other than Radiotherapy and<br>Chemotherapy, refer to Section 1B)• In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br>Chemotherapy, refer to Section 1B)• In-patient cardiac FPPs Level 2DDSpecified hip, knee & shoulder joint replacement procedures (herein referred to as<br>Orthopaedic procedures) & specified Ophthalmic procedures - contact us for<br>details of thesePrivate 1, 2 & 3 hospitals• Day care, side room & semi-private accommodation   |                                  |
| <ul> <li>Private accommodation         <ul> <li>Radiotherapy (day care &amp; out-patient)</li> </ul> </li> <li>Private 4 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)         <ul> <li>Day care &amp; side room</li> <li>Semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> </ul> </li> <li>C Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)</li> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care and in-patient cardiac FPPs Level 1</li> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> </ul> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li>   |                                  |
| <ul> <li>Radiotherapy (day care &amp; out-patient)</li> <li>Private 4 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care &amp; side room</li> <li>Semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>C Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)</li> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care and cherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | Full cover                       |
| <ul> <li>Private 4 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care &amp; side room</li> <li>Semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>C Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)</li> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | Semi-private                     |
| <ul> <li>Private 4 hospitals (other than for certain investigations &amp; treatments referred to in Section 1c &amp; 1d)</li> <li>Day care &amp; side room</li> <li>Semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>C Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)</li> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | rate<br>Full cover               |
| <ul> <li>Semi-private accommodation</li> <li>Private accommodation</li> <li>Radiotherapy (day care &amp; out-patient)</li> <li>C Certain investigations and treatments - herein referred to as Fixed Price<br/>Procedures (FPPs), (contact us for details)</li> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as<br/>Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for<br/>details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>  |                                  |
| <ul> <li>Private accommodation         <ul> <li>Radiotherapy (day care &amp; out-patient)</li> <li>C Certain investigations and treatments - herein referred to as Fixed Price Procedures (FPPs), (contact us for details)</li> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> </ul> </li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for details of these</li> <ul> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul> </ul>   | Full cover                       |
| <ul> <li>Radiotherapy (day care &amp; out-patient)</li> <li>C Certain investigations and treatments - herein referred to as Fixed Price<br/>Procedures (FPPs), (contact us for details)</li> <li>Private 3 &amp; 4 hospitals</li> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as<br/>Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for<br/>details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | 50%                              |
| CCertain investigations and treatments - herein referred to as Fixed Price<br>Procedures (FPPs), (contact us for details)Private 3 & 4 hospitals••••Day care & in-patient cardiac FPPs Level 1•• <t< td=""><td>40%</td></t<>   | 40%                              |
| Procedures (FPPs), (contact us for details)Private 3 & 4 hospitals• Day care & in-patient cardiac FPPs Level 1• Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br>Chemotherapy, refer to Section 1B)• In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br>Chemotherapy, refer to Section 1B)• In-patient cardiac FPPs Level 2DDSpecified hip, knee & shoulder joint replacement procedures (herein referred to as<br>Orthopaedic procedures) & specified Ophthalmic procedures - contact us for<br>details of thesePrivate 1, 2 & 3 hospitals<br>• Day care, side room & semi-private accommodation  | Full cover                       |
| <ul> <li>Day care &amp; in-patient cardiac FPPs Level 1</li> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as<br/>Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for<br/>details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>  |                                  |
| <ul> <li>Day care non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as<br/>Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for<br/>details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>  |                                  |
| <ul> <li>Chemotherapy, refer to Section 1B)</li> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as<br/>Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for<br/>details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | Full cover                       |
| <ul> <li>In-patient non-cardiac FPPs Level 1 (other than Radiotherapy and<br/>Chemotherapy, refer to Section 1B)</li> <li>In-patient cardiac FPPs Level 2</li> <li>D Specified hip, knee &amp; shoulder joint replacement procedures (herein referred to as<br/>Orthopaedic procedures) &amp; specified Ophthalmic procedures - contact us for<br/>details of these</li> <li>Private 1, 2 &amp; 3 hospitals</li> <li>Day care, side room &amp; semi-private accommodation</li> </ul>   | Full cover                       |
| • In-patient cardiac FPPs Level 2         D         Specified hip, knee & shoulder joint replacement procedures (herein referred to as Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these         Private 1, 2 & 3 hospitals         • Day care, side room & semi-private accommodation   | 90%                              |
| Orthopaedic procedures) & specified Ophthalmic procedures - contact us for details of these         Private 1, 2 & 3 hospitals         • Day care, side room & semi-private accommodation  | 0%                               |
| Day care, side room & semi-private accommodation   |                                  |
|  |                                  |
|  | 80%<br>80% Semi-<br>private rate |
| Private 4 hospitals  | private rate                     |

|   | Day care & side room   | 80%                                  |
|---|--|--------------------------------------|
|   | Semi-private accommodation   | 50%                                  |
|   | <ul> <li>Private accommodation</li> </ul>  | 40%                                  |
|   | When carried out as a Fixed Price Procedure (contact us for details)   |                                      |
|   | Private 3 & 4 hospitals  | 80%                                  |
|   | Section 2 - Consultants' fees/GP procedures  |                                      |
| Α | In-patient treatment, day-care/side room/out-patient & GP procedures   |                                      |
|   | Participating consultant/GP  | Full cover                           |
|   | Non-participating consultant/GP  | Standard benefit                     |
|   | Section 3 - Psychiatric cover (read in conjunction with Section 1)   |                                      |
| Α | In-patient psychiatric cover   | 180 days                             |
| В | Day care psychiatric treatment for approved day care programmes  | Contact us for further details       |
| С | In-patient treatment for alcoholism, drug or other substance abuse in any 5 year period  | 91 days                              |
| D | Out-patient mental health treatment (in an approved out-patient mental health centre)  |                                      |
|   | Mental health assessment in every 2 year period  | €100 per<br>member                   |
|   | <ul> <li>Mental health therapy, 12 visits</li> </ul>   | €30 per visit                        |
|   | Section 4 - Maternity & BabyH  |                                      |
| Α | Normal confinement   |                                      |
|   | <ul> <li>Public hospital benefit (up to 3 days)</li> </ul>   | Full cover                           |
|   | Caesarean delivery (as per hospital benefits listed)   | Refer Section                        |
|   | Home birth benefit   | €4,000                               |
| В | In-patient maternity consultant fees (per Schedule of Benefits for Professional Fees)  | Agreed<br>charges                    |
| С | Post-natal home nursing  |                                      |
|   | Following 1 nights stay  | €1,200                               |
|   | Following 2 nights stay  | €600                                 |
| D | Vhi Fertility Programme  |                                      |
|   | Fertility benefit - benefit per member, towards the cost of specified fertility tests  |                                      |
|   | <ul> <li>and treatments carried out in a Vhi Participating Fertility Treatment Centre</li> <li>Initial consultation</li> </ul> | €100 discount                        |
|   |  | at point of sale                     |
|   | AMH & Semen Analysis tests   | €100 discount<br>at point of<br>sale |

|   |   | C1000  |
|---|---|--|
|   | Egg freezing - once per lifetime  | €1000  |
|   | Sperm freezing - once per lifetime  | €125   |
|   | IUI - up to 2 treatments per lifetime, female members only  | €450 per<br>treatment*   |
|   | IVF or ICSI - up to 2 treatments per lifetime, female members only  | €1,000 per   |
|   |   | treatment*   |
|   | • Fertility counselling - 4 sessions per treatment carried out in a Vhi Participating                               | €40 per  |
|   | Fertility Treatment Centre  | session  |
|   | Fertility support services - Acupuncturists & Dieticians visits   | Refer Section<br>9   |
|   | * These benefits are co-funded by Vhi and the Vhi Participating Fertility Treatment Centre                          | , , , , , , , , , , , , , , , , , , ,  |
| E | Maternity & Baby Bundle   |  |
|   | Maternity Yoga and Pilates classes  | 75% cover up   |
|   | One maternity scan  | to a combined  |
|   | Breast-feeding consultations  | limit of €500  |
|   | Baby massage classes  | and  |
|   | Baby swim classes   | no excess  |
|   | Ante natal course   |  |
| F | Additional Maternity & Baby Benefits  |  |
|   | Foetal screening  | €100   |
|   | Paediatrician benefit   | €60  |
|   | <ul> <li>Vaccinations for Meningtis B and Chicken Pox - up to two inoculations for<br/>each per lifetime</li> </ul> | €50 per<br>inoculation   |
|   | Female and male mental health counselling - 10 sessions   | €40 per<br>session   |
|   | New parents food pack - 10 nutritional dinners delivered to your door   | Full cover   |
|   | <ul> <li>Paediatric first aid course</li> </ul>   | €50  |
|   |   | No excess  |
|   |   | applies to this<br>section   |
| G | Pre- and post-natal care (combined visits) - subject to the annual excess in section                                | €400   |
| 0 |   | 6400   |
|   | Section 5 - Cancer care and other benefitsH   |  |
| Α | Genetic testing for cancer  |  |
|   | Initial consultation for genetic testing for cancer *   | 50% cover  |
|   | Genetic test - for specified genetic mutations to be carried out in an approved clinic *                            | Full cover   |
|   | Preventative (Prophylactic) treatment following on from the genetic test  | Covered up to<br>the levels for<br>hospital<br>treatment<br>listed in<br>Section 1 |

#### Teachers' Plan

|   | * These benefits are available immediately for existing Vhi customers with no waiting periods. There is a 26 week new conditions waiting period for new joiners and a two year waiting period for transfers from another insurer           |                           |
|---|--|---------------------------|
| В | Mammograms in an approved mammogram centre in each 24 month period, covered in accordance with our rules (contact us for details)  | Full cover                |
| С | Cancer care support - one night's accommodation for each treatment   | €100 per night            |
| D | Manual lymph drainage following cancer treatment - 10 visits   | €50 per visit             |
| Е | Clinical psychology counselling for oncology treatment (psycho oncology counselling) - 10 visits   | Refer section<br>9        |
| F | Additional cancer support benefits   |                           |
|   | <ul> <li>Wig/ hairpiece, post-mastectomy bra, swimsuit, surgical prosthesis following<br/>cancer treatment</li> <li>No excess applies, but subject to the benefit maximum for medical and surgical<br/>appliances set out below</li> </ul> | Full cover                |
| G | Other benefits in Section 5  |                           |
|   | Vhi Healthcare approved medical and surgical appliances - subject to an excess of €300 per member per year (contact us for details of eligible appliances)   | €3,200 per<br>member year |
|   | Convalescent care - first 16 nights  | €30 per night             |
|   | Vhi Hospital@Home  | Full cover                |
|   | Child home nursing - 14 days per calendar year   | €100 per day              |
|   | Parent accompanying child - 14 days per calendar year, following a stay in excess of 3 days in hospital  | €40 per day               |
|   | Vhi VisionCare   |                           |
|   | Vhi VisionCare E-Screen (available through Vhi.ie/myvhi)   | Full cover                |
|   | • Comprehensive eye exam carried out by a VSP eye-care professional in each 24 month period - subject to Vhi VisionCare E-Screen referral  | Full cover                |
|   | Section 6 - Transport costs  |                           |
| A | Transport costs (covered in accordance with our rules)   | Agreed<br>charges         |
|   | Section 7 - Cover outside Ireland  |                           |
| Α | Emergency treatment abroad   | €100,000                  |
| В | Elective treatment abroad (subject to prior approval)  |                           |
|   | • Surgical procedures available in Ireland (as per level of cover in Ireland)  | €100,000                  |
|   | Treatment not available in Ireland   | €100,000                  |
|   | Section 8  |                           |
| Α | In-patient MRI scans (covered in accordance with Section 1)  | Agreed<br>charges         |
| В | Out-patient MRI scans  |                           |
|   | Category 1 - approved MRI centres  | Full cover                |

#### Teachers' Plan

|   | <ul> <li>Category 2 - approved MRI centres, agreed MRI charges &amp; consultant<br/>Radiologists fees (subject to an excess of €125 per scan)</li> </ul>  | Full cover         |
|---|---|--------------------|
| С | PET-CT scans (covered in accordance with our rules)   | Agreed charges     |
| D | CT Scans (covered in accordance with our rules) $f H$   | Full cover         |
|   | Section 9 – Day-to-day medical expenses (benefits are per visit, per member, unless otherwise indicated) <b>H</b>   |                    |
| Α | Consultant consultation   | €60                |
| В | Pathology - consultants' fees (per referral)  | €60                |
| С | Radiology - consultants' fees for professional services (per procedure)   | €60                |
| D | Pathology/Radiology or other diagnostic tests (refer to Section 8 for out-patient MRI benefits) - 50% of agreed charges in an approved out-patient centre. Contact us for details of eligible diagnostic tests and reimbursements | €500 per year      |
| Е | Acupuncturists, Dieticians* - 5 combined visits   | €40                |
| F | Voice coaching – 5 visits   | €30                |
| G | Health screening - in each 24 month period, covered in accordance with our rules (contact us for details) *   |                    |
|   | Lifestage screening programme in a Vhi Medical Centre   | €100 per<br>screen |
|   | Dexa scans in an approved dexa scan centre  | 75% cover          |
| Η | Accident & emergency cover - 2 visits   | €75                |
| I | Travel vaccinations   | €60 per year       |
| J | Child counselling - 8 visits  | €30                |
| Κ | Post natal home help, within 6 weeks of the birth   | €100               |
| L | Clinical psychology counselling for oncology treatment (psycho oncology<br>counselling)* - 10 visits  | €50 per visit      |
| Μ | Vhi Online Doctor – 6 visits (available through the Vhi App)*   | Full cover         |
| Ν | Vhi SwiftCare exclusive benefit to Vhi customers*   |                    |
|   | <ul> <li>Initial consultation (charge is €125 – you pay €50)</li> </ul>   | €75                |
|   | <ul> <li>Follow-up treatment package after this consultation for x-rays, tests &amp; medical<br/>aids (maximum you will pay is €100 for this follow-up treatment)</li> </ul>  | 50% of total costs |
|   | Vhi SwiftCare appointment services*   |                    |
|   | Consultant consultation (orthopaedic, oral maxillofacial & sports medicine)   | 50%                |
| 0 | Vhi paediatric clinic*  |                    |
|   | <ul> <li>Initial Consultant consultation (in addition to your paediatric benefit in section<br/>4)</li> </ul>   | 50%                |
|   | <ul> <li>Follow up paediatric treatment and services after this consultation including<br/>lactation consultant, dietician, ultrasound, blood tests and x-ray</li> </ul>  | 50% of total costs |
|   | Annual excess - per member, per year  | €125               |
|   | Annual maximum - per member, per year   | €3,200             |

|   | * These benefits are not subject to the annual excess or annual maximum |            |
|---|---|------------|
|   | Section 10 - Workplace benefits   |            |
| Α | Specialist Information Service  |            |
|   | Telephone information line  | Full cover |

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