Day2Day Focus

Table of Cover effective from June 12th 2018

This table of cover must be read in conjunction with your member certificate and Health Plans membership handbook effective from June 2018. The hospitals and treatment centres covered on this plan are set out in List 4 in Part 12 of your Health Plans membership handbook.

| In Patient Benefits | | | |
|---|---|--|--|
| Hospita | Hospital Cover | | |
| Consultants fees (In selected hospitals only) | Covered | | |
| Inpatient Scans (In selected hospitals only) | Covered | | |
| Public Hospital (in selected hospitals only) | | | |
| Semi Private Room | Covered | | |
| Private Room | Covered | | |
| Day Case | Covered | | |
| Private Hospital (in selected hospitals only) | | | |
| Semi Private Room | Not covered on this plan | | |
| Private Room | Not covered on this plan | | |
| Day Case | Not covered on this plan | | |
| High Tech Hospital (in selected hospitals only) | | | |
| Semi Private Room | Not covered on this plan | | |
| Private Room | Not covered on this plan | | |
| Day Case | Not covered on this plan | | |
| Listed Cardiac Procedures ⁽¹⁾ | Not covered on this plan | | |
| Listed Special Procedures ⁽¹⁾ | Not covered on this plan | | |
| Maternity | Benefits | | |
| Public hospital cover for maternity | €400 public hospital only | | |
| GentleBirth App | See handbook for details | | |
| Inpatient maternity consultant fees | Covered up to €300 | | |
| Newborn free till next renewal | Yes | | |
| Post Natal Home Help (PNHH) | Not covered on this plan | | |
| A&E A | broad | | |
| Hospital bill for inpatient treatment | Covered up to €55,000 | | |
| Repatriation expenses | Covered up to €1 million | | |
| Expenses for companion who remains with you | Covered up to €1,000 | | |
| Companion repatriation expenses | Covered up to €1,000 | | |
| 24 hour telephone assistance | Covered | | |
| Psychiatric Treatment | | | |
| Not related to substance abuse | 100 days (up to the level of Hospital Cover provided under your plan) | | |

| Related to substance abuse | 91 days per 5 years (up to the level of Hospital Cover provided under your plan) | |
|--|--|--|
| Other Benefits | | |
| Oncotype DX | Covered | |
| Health in the Home | Covered (Immediately following an inpatient stay) | |
| Minor Injury Clinic Cover | 70% up to €200 per visit | |
| Convalescence benefits | €28 x 14 days | |
| Public Hospital Levy | €80 x 10 nights (subject to €1 excess) | |
| Inpatient Support Benefit (for travel expenses when travelling more than 50km) | €50 x 10 visits (subject to €1 excess) | |
| Medicall ambulance costs | Covered (refer to Membership Handbook) | |

| Outpatient Benefits (not subject to excess) | | |
|---|--|--|
| Nurse on call | Covered | |
| Digital Doctor | Unlimited. See irishlifehealth.ie for further information. | |
| HPV Vaccine | 50% up to €200 per policy year | |
| MRI Scan: approved centre | Covered | |
| CT Scan: approved centre | Covered | |
| PET-CT Scan: approved centre | Covered | |

| Outpatient Benefits (subject to excess) | | |
|--|--|--|
| €200 | | |
| €2500 | | |
| €50 x 5 visits | | |
| €450 | | |
| €50 per visit | | |
| €40 x 20 days | | |
| As per specified list ⁽²⁾ | | |
| 50% Cover | | |
| 50% as per schedule of benefits for professional fees ⁽³⁾ | | |
| 50% Cover | | |
| 50% as per schedule of benefits for professional fees ⁽³⁾ | | |
| Not covered on this plan | | |
| Not covered on this plan | | |
| Not covered on this plan | | |
| | | |

| Day-to-day Benefits (subject to excess) | | |
|---|----------------|--|
| Individual Day-to-day excess | €1 | |
| Day-to-day Practitioners | | |
| GP Visits | €30 x 4 visits | |
| Dentist Visits | €30 x 4 visits | |

| Physiotherapy visits | €30 x 4 visits | |
|---|-------------------------|--|
| Allied Health Professionals and Alternative Practitioners | | |
| Acupuncturist | €30 x 4 combined visits | |
| Chiropodist | €30 x 4 combined visits | |
| Chiropractor | €30 x 4 combined visits | |
| Dietician | €30 x 4 combined visits | |
| Homeopath | €30 x 4 combined visits | |
| Massage therapist | €30 x 4 combined visits | |
| Medical herbalist | €30 x 4 combined visits | |
| Occupational therapist | €30 x 4 combined visits | |
| Osteopath | €30 x 4 combined visits | |
| Physical therapist | €30 x 4 combined visits | |
| Podiatrist | €30 x 4 combined visits | |
| Reflexologist | €30 x 4 combined visits | |
| Other Day-to-day Benefits | | |
| Consultant fees | €50 x 2 visits | |
| Please note that certain eligible benefits can be claimed either as a day to day benefit or as an outpatient benefit. The level of benefit payable will be the greater of either day to day or outpatient. | | |

| Member Benefits | | |
|--|------------------------------|--|
| Back Up | Smiles Dental Access Package | |
| For full details on the above and all member benefits available to you please visit the 'Member Benefits' section of www.irishlifehealth.ie | | |

As a member on this Plan, if you have your treatment carried out in a private or high tech hospital, Irish Life Health will pay up to a maximum of 66% of your total hospital treatment charge, not exceeding the total benefit listed on your table of cover.

Footnotes

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