First 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 2 in Part 12 of your Health Plans membership handbook.

| In Patient Benefits | | |
|---|---|--|
| Hospital Cover | | |
| Consultants fees (In selected hospitals only) | Covered | |
| Inpatient Scans (In selected hospitals only) | Covered | |
| Public Hospital (in selected hospitals only) | | |
| Semi Private Room | Covered | |
| Private Room | Covered | |
| Day Case | Covered | |
| Private Hospital (in selected hospitals only) | | |
| Semi Private Room | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac & orthopaedic procedures ⁽¹⁾ | |
| Private Room | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac & orthopaedic procedures ⁽¹⁾ | |
| Day Case | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac procedures ⁽¹⁾ | |
| High Tech Hospital (in selected hospitals only) | | |
| Semi Private Room | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac & orthopaedic procedures ⁽¹⁾ | |
| Private Room | Covered subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac & orthopaedic procedures ⁽¹⁾ | |
| Day Case | Covered subject to €150 excess per claim subject to €2,000 co-payment on cardiac procedures and special procedures ⁽¹⁾ | |
| Maternit | y Benefits | |
| Public hospital cover for maternity | 3 nights accommodation | |
| Home birth | Covered up to €500 | |
| Inpatient maternity consultant fees | Covered up to €300 | |
| Newborn free till next renewal | Yes | |
| Postnatal Domestic Support | 2 x 3 hour cleaning sessions | |
| Postnatal Support | 1 x 3 hour session with postnatal supporter | |
| Home Early Support following 1 night stay in hospital | 2 hours midwife and 3 x 3 hours with postnatal support | |
| Home Early Support following 2 nights stay in hospital | 1 hour midwife and 2 x 3 hours with postnatal supporte | |

| Welcome Home Food Hamper | Hamper and 30 minute phone consultation with a nutritionist | |
|--|---|--|
| GentleBirth App | See handbook for details | |
| A&E Abroad | | |
| Hospital bill for inpatient treatment | Covered up to €100,000 | |
| Repatriation expenses | Covered up to €1 million | |
| Expenses for companion who remains with you | Covered up to €1,000 | |
| Companion repatriation expenses | Covered up to €1,000 | |
| 24 hour telephone assistance | Covered | |
| 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 | €30 x 16 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. | |
| Antenatal Class | €50 towards an antenatal class, or, €50 contribution & 10% point of sale discount with GentleBirth Workshop | |
| Maternity Mental Health Support | €40 x 8 sessions with Nurture | |
| HPV Vaccine | 50% up to €200 per policy year | |
| Health screening | Covered up to €100 towards V02 Max Testing or Fertility Assessments or Sexual Health Screening once per policy year | |
| Public A&E Cover | €120 x 1 visit | |
| Vaccinations: Travel Only | €100 per year | |
| Voice Coaching | €30 x 5 visits | |
| Orthotic Insoles | €40 every 2 years | |
| MRI Scan: approved centre | Covered | |
| CT Scan: approved centre | Covered | |
| PET-CT Scan: approved centre | Covered | |

| Outpatient Benefits (subject to excess) | |
|---|------|
| Outpatient excess per person | €200 |

| Maximum amount of outpatient benefits per member per policy year | €5000 |
|--|--|
| Manual Lymph Drainage | €50 x 5 visits |
| Psycho-oncology Counselling | €40 x 5 visits |
| Emergency Dental Care | €750 |
| Consultant fees | €80 per visit |
| Home Nursing | €40 x 20 days |
| Medical and surgical appliances | As per specified list ⁽²⁾ |
| Pathology: Cost of test | 50% Cover |
| Pathology: Consultant fees | 50% as per schedule of benefits for professional fees ⁽³⁾ |
| Radiology: Cost of test | 50% Cover |
| Radiology: Consultant fees | 50% as per schedule of benefits for professional fees ⁽³⁾ |
| MRI Scan: non approved centre | Not covered on this plan |
| CT Scan: non approved centre | Not covered on this plan |
| PET-CT Scan: non approved centre | Not covered on this plan |

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

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.