

Net Most 100 ILH

Table of Cover effective from November 1st 2018

This table of cover must be read in conjunction with your member certificate and Tailored Health Plans membership handbook effective from November 2018. The hospitals and treatment centres covered on this plan are set out in List B in part 12 of your Tailored 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	Semi-Private Rate	
Day case	Covered	
Private Hospital (In selected hospitals only)		
Semi-private room	Covered subject to €100 excess per claim subject to €2,000 co-payment on certain orthopaedic procedures ¹	
Private room	Semi-Private Rate subject to €100 excess per claim subject to €2,000 co-payment on certain orthopaedic procedures¹	
Day case	Covered subject to €50 excess per claim	
High-tech Hospital (In selected hospitals only)		
Semi-private room	Not covered on this plan	
Private room	Not covered on this plan	
Day case	Covered subject to €50 excess per claim, excluding listed cardiac procedures ¹	
Listed cardiac procedures ¹	Not covered on this plan	
Listed special procedures ¹	90% Cover subject to €2,000 co-payment on certain orthopaedic procedures ¹	
Mate	ernity	
Public hospital cover for maternity	3 nights accommodation in a private room	
Inpatient maternity consultant fees	Covered up to €865	
A&E Abroad		
Hospital bill for inpatient treatment	Covered up to €100,000	
Companion expenses (to remain with you or travel to you from Ireland or escort you)	€1,000	
Repatriation expenses	Covered up to €1 million	
Nurse 24/7 International	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		
Health in the Home	Covered (Immediately following an inpatient stay)	
Minor Injury Clinic Cover	70% cover up to €200	
Convalescence benefits	€26 x 14 days	



Cancer Support Benefit (for accommodation expenses when travelling more than 50km)	Up to €100 per day for up to a maximum of €1500 per calendar year
Medicall ambulance costs	Covered (refer to Membership Handbook)
Employee assistance program	Covered for 6 face to face visits

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)		
Outpatient excess per person	€125	
Maximum amount of outpatient benefits per member per policy year	€4,000	
Consultant fees (non-maternity)	€60 per visit	
GP Visits	€20 per visit	
Public A&E cover	€60 x 1 visit	
Medical and surgical appliances	As per specified list ²	
Manual Lymph Drainage	Up to €300	
Pathology: Cost of test	50% Cover	
Pathology: Consultant fees	50% per consultant fee	
Radiology: Cost of test	50% Cover	
Radiology: Consultant fees	50% per consultant fee	
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	

Personalised Packages

Choice of 3 Personalised Packages from range of 8

MEMBER BENEFITS		
International Second Opinion Service	Back up	
Laser Eye Surgery	Smiles Dental Access Package	
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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.

