

# Optimise Gold with Day to Day

## Table of Cover effective from November 1st 2018

This table of cover must be read in conjunction with your member certificate and Health Plans membership handbook effective from November 2018. The hospitals and treatment centres covered on this plan are set out in List 1 in Part 12 of your Health Plans membership handbook.

| In Patient Benefits                                    |                                                                                           |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Hospital Cover                                         |                                                                                           |
| Consultant fees                                        | Covered                                                                                   |
| Inpatient Scans                                        | Covered                                                                                   |
| <b>Public Hospital</b>                                 |                                                                                           |
| Semi Private Room                                      | Covered                                                                                   |
| Private Room                                           | Covered                                                                                   |
| Day Case                                               | Covered                                                                                   |
| <b>Private Hospital</b>                                |                                                                                           |
| Semi Private Room                                      | Covered                                                                                   |
| Private Room                                           | Covered                                                                                   |
| Day Case                                               | Covered                                                                                   |
| <b>High Tech Hospital</b>                              |                                                                                           |
| Semi Private Room                                      | Covered                                                                                   |
| Private Room                                           | Covered (Beacon Only). Mater Private and Blackrock Clinic covered at Semi-Private Rate.   |
| Day Case                                               | Covered                                                                                   |
| Listed Cardiac Procedures <sup>(1)</sup>               | Covered                                                                                   |
| Listed Special Procedures <sup>(1)</sup>               | Covered                                                                                   |
| Maternity Benefits                                     |                                                                                           |
| Public hospital cover for maternity                    | 3 nights accommodation                                                                    |
| Grant-in-aid amount                                    | Covered up to €3,550                                                                      |
| Home birth                                             | Covered up to €3,550                                                                      |
| Inpatient maternity consultant fees                    | As per schedule of benefits for professional fees <sup>(2)</sup>                          |
| Newborn free till next renewal                         | Yes                                                                                       |
| Postnatal Domestic Support                             | 3 x 3 hour cleaning sessions                                                              |
| Postnatal Support                                      | 2 x 3 hour sessions with postnatal supporter                                              |
| Home Early Support following 1 night stay in hospital  | 2 hours midwife and 3 x 4 hours with postnatal supporter                                  |
| Home Early Support following 2 nights stay in hospital | 1 hour midwife and 3 x 3 hours with postnatal supporter                                   |
| Welcome Home Food Hamper                               | Hamper and 30 minute phone consultation with a nutritionist                               |
| GentleBirth App                                        | See handbook for details                                                                  |
| Cord blood stem cell preservation                      | €600 contribution single child & identical twins or €900 contribution non identical twins |

|                                                                                    |                                                                                                       |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Breastfeeding consultancy                                                          | €30 x 2 sessions                                                                                      |
| Partner benefit                                                                    | €50 x 2 days travel, accommodation & child minding expenses                                           |
| <b>A&amp;E Abroad</b>                                                              |                                                                                                       |
| 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                                                                                               |
| <b>Elective Overseas Referral</b>                                                  |                                                                                                       |
| Benefit abroad for surgical procedures that are available in Ireland               | Yes - subject to level of cover available in Ireland                                                  |
| Benefit abroad for surgical procedures that are not available in Ireland           | Yes - up to the amount for the most similar surgical procedure to treat the same condition in Ireland |
| <b>Psychiatric Treatment</b>                                                       |                                                                                                       |
| Not related to substance abuse                                                     | 180 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)                      |
| <b>Other Benefits</b>                                                              |                                                                                                       |
| Oncotype DX                                                                        | Covered                                                                                               |
| Health in the Home                                                                 | Covered (Immediately following an inpatient stay)                                                     |
| Minor Injury Clinic Cover                                                          | 75% up to €500 per visit                                                                              |
| Convalescence benefits                                                             | €75 x 16 days                                                                                         |
| Child Home Nursing                                                                 | €100 x 21 days (following an inpatient stay of minimum 5 days)                                        |
| Parent accompanying child                                                          | €40 x 14 days (not payable for the first 3 days)                                                      |
| Point of Care: Day case procedure for Rheumatology & Chemotherapy                  | Covered                                                                                               |
| Post Operative Home Help                                                           | 3 x 3 hour cleaning sessions                                                                          |
| Alternative amount for Post Operative Home Help                                    | €120                                                                                                  |
| Cancer Support Benefit (for accommodation expenses when travelling more than 50km) | Up to €100 per day up to a maximum of €1500 per calendar year                                         |
| Medical ambulance costs                                                            | Covered (refer to Membership Handbook)                                                                |
| Stress Management Line                                                             | 365 days stress line                                                                                  |

### Outpatient Benefits (not subject to excess)

|                                 |                                                                                                             |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|
| Nurse on call                   | Covered                                                                                                     |
| Digital Doctor                  | Unlimited. See <a href="http://irishlifehealth.ie">irishlifehealth.ie</a> for further information.          |
| Antenatal Class                 | €75 towards an antenatal class, or, €75 contribution & 10% point of sale discount with GentleBirth Workshop |
| Maternity Mental Health Support | €40 x 10 sessions with Nurture                                                                              |
| HPV Vaccine                     | 50% up to €200 per policy year                                                                              |
| Vaccinations: Travel or Flu     | €50 per year                                                                                                |
| Health screening                | Full cover for Platinum Health Screening in an approved hi-tech or private hospital once per policy year    |

|                                     |         |
|-------------------------------------|---------|
| <b>MRI Scan: approved centre</b>    | Covered |
| <b>CT Scan: approved centre</b>     | Covered |
| <b>PET-CT Scan: approved centre</b> | Covered |

### Outpatient Benefits (subject to excess)

|                                                                             |                                                                                                     |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Outpatient excess per person</b>                                         | €1                                                                                                  |
| <b>Maximum amount of outpatient benefits per member per policy year</b>     | €4000                                                                                               |
| <b>Manual Lymph Drainage</b>                                                | €40 x 5 visits                                                                                      |
| <b>Psycho-oncology Counselling</b>                                          | €40 x 5 visits                                                                                      |
| <b>Emergency Dental Care</b>                                                | €450                                                                                                |
| <b>Consultant fees</b>                                                      | €100 per visit, unlimited                                                                           |
| <b>Pre/Post natal medical expenses</b>                                      | €400                                                                                                |
| <b>A&amp;E Cover (in choice of High Tech, Private and Public Hospitals)</b> | €100 contribution towards A&E visit in any hi-tech, private or public hospital once per policy year |
| <b>Home Nursing</b>                                                         | €40 x 20 days                                                                                       |
| <b>Medical and surgical appliances</b>                                      | As per specified list <sup>(3)</sup>                                                                |
| <b>Pathology: Cost of test</b>                                              | Covered                                                                                             |
| <b>Pathology: Consultant fees</b>                                           | As per schedule of benefits for professional fees <sup>(2)</sup>                                    |
| <b>Radiology: Cost of test</b>                                              | Covered                                                                                             |
| <b>Radiology: Consultant fees</b>                                           | As per schedule of benefits for professional fees <sup>(2)</sup>                                    |
| <b>MRI Scan: non approved centre</b>                                        | €350                                                                                                |
| <b>CT Scan: non approved centre</b>                                         | €200                                                                                                |
| <b>PET-CT Scan: non approved centre</b>                                     | Not covered on this plan                                                                            |

### Day-to-day Benefits (subject to excess)

|                                                                  |                 |
|------------------------------------------------------------------|-----------------|
| <b>Individual Day-to-day excess</b>                              | €1              |
| <b>Day-to-day Practitioners</b>                                  |                 |
| <b>GP Visits</b>                                                 | €30 x 15 visits |
| <b>Dentist Visits</b>                                            | €30 x 8 visits  |
| <b>Physiotherapy visits</b>                                      | €30 x 8 visits  |
| <b>Allied Health Professionals and Alternative Practitioners</b> |                 |
| <b>Acupuncturist</b>                                             | €30 x 8 visits  |
| <b>Chiropract</b>                                                | €30 x 8 visits  |
| <b>Chiropractor</b>                                              | €30 x 8 visits  |
| <b>Dietician</b>                                                 | €30 x 8 visits  |
| <b>Homeopath</b>                                                 | €30 x 8 visits  |
| <b>Massage therapist</b>                                         | €30 x 8 visits  |
| <b>Medical herbalist</b>                                         | €30 x 8 visits  |
| <b>Occupational therapist</b>                                    | €30 x 8 visits  |
| <b>Osteopath</b>                                                 | €30 x 8 visits  |
| <b>Physical therapist</b>                                        | €30 x 8 visits  |

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| Reflexologist                                                                                                                                                                                                 | €30 x 8 visits                                                       |
| <b>Other Day-to-day Benefits (Benefits can be pooled)</b>                                                                                                                                                     |                                                                      |
| Consultant fees                                                                                                                                                                                               | €70 per visit                                                        |
| Pre/Post natal medical expenses                                                                                                                                                                               | 50% up to €250                                                       |
| Hearing Test                                                                                                                                                                                                  | €30 x 1 visit                                                        |
| Prescriptions                                                                                                                                                                                                 | 50% up to €25 per annum                                              |
| Child speech and language therapist                                                                                                                                                                           | €30 x 8 visits                                                       |
| Child counselling                                                                                                                                                                                             | €30 x 8 visits                                                       |
| Manual lymph drainage                                                                                                                                                                                         | 50% up to €25 x 8 visits                                             |
| Psycho-oncology counselling                                                                                                                                                                                   | 50% up to €25 x 8 visits                                             |
| Glasses / lenses                                                                                                                                                                                              | €60 once every 2 yrs                                                 |
| Eye Test                                                                                                                                                                                                      | €30 x 1 visit                                                        |
| Health Screen                                                                                                                                                                                                 | €100 per annum                                                       |
| Pathology: Cost of test                                                                                                                                                                                       | 50% Cover                                                            |
| Pathology: Consultant fees                                                                                                                                                                                    | 50% as per schedule of benefits for professional fees <sup>(2)</sup> |
| Radiology: Cost of test                                                                                                                                                                                       | 50% Cover                                                            |
| Radiology: Consultant fees                                                                                                                                                                                    | 50% as per schedule of benefits for professional fees <sup>(2)</sup> |
| Please note that certain eligible benefits can be claimed either as a day to day benefit or as an outpatient benefit.<br>The level of benefit payable will be the greater of either day to day or outpatient. |                                                                      |

## 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 <a href="http://www.irishlifehealth.ie">www.irishlifehealth.ie</a> |                                      |

### Footnotes

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