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Review of Benefits and Subscriptions 2016.

To Each Member of the Society.

4th December 2015

The Management Committee of the Society for the past three months has been engaged in a review of benefits and subscription rates to apply in 2016 to maintain the Society on a sound financial footing and to provide sufficient funds to ensure the medical expenses of our members and their families are discharged. This is an onerous and unenviable task but is crucial to the sound financial control and management of the Society's affairs. The Committee has no requirement to generate a profit or make a return to shareholders but merely to provide sufficient funds to meet the costs of member's medical treatments. Therefore, the Committee apply an increase only when and if it is absolutely required and to the minimum amount necessary to sustain the Society for the year ahead.

The previous increase on the 1st July 2014 excluding the cost of the reduction in income tax relief by the Minister for Finance was deemed to be sufficient to maintain the Society for one year until 1st July 2015. The Committee are pleased that they were able to extend this by six months to the 1st January 2016 to ease the burden on members in these difficult financial times. The increase in July 2014 was the first since January 2010 which means the Society has applied two increases totalling 6.5% over a six year period. You will be aware that all the other insurers have applied numerous increases each year over those years amounting to much higher percentage increases.

A review of the Society's finances in 2015 clearly illustrate that the major upward driver of costs was payments to public hospitals, up 27% in 2015 arising from the introduction of the Health (Amendment) Act 2013. This resulted in patients with private health insurance paying the bed fee of €813 per night irrespective of the bed being in a public ward or a semi private room. This fee also applies to a new born baby in a cot in the baby ward. The additional cost in 2015 will be in the order of €2.5 million. If the additional burden imposed by this Act did not apply, the Committee would be in the happy position of not having to increase subscriptions in 2016.

The Committee at an early stage concluded that it would not be appropriate to reduce any of the benefits provided to our members and instead to apply the minimum increase necessary effective from 1st January 2016 which translates as follows;

1. The single Adult Rate to increase by €1.50pw or €78 per annum which equates to a 4.5% increase on the gross premium which includes income tax relief.
2. No increase in the rate for one child on cover under 18 years of age.
3. Increase of €0.76pw for two children on cover under 18 years of age. (€39.52pa)
4. Increase of €1.50pw for three or more children under 18 years of age. (€78pa)
5. Increase of €0.50pw (€26pa) for one child aged 18 to 20 and €1.00pw (€52pa) for two or more children in the 18 to 20 age bracket.

As previously circulated, the Society applies the maximum discount allowable under law on the **Adult Rate** for young adults aged between 21 and 25 years of age and only applies this charge to one such adult in each age bracket. The new subscription rates applying to 21 to 25 year old young adults are as follows;

21 years old up €0.62pw to €14.15pw	22 years old up €0.92pw to €17.30pw
23 years old up €1.07pw to €20.78pw	24 years old up €1.21pw to €24.24pw
25 years old up €1.36pw to €27.71pw	

The net Adult Rate in 2016 after income tax relief will be €1,603.16 which compares very favourably with VHI Plan B Options/Health Plus Extra at a cost of €2,280.25. There are restrictions, including shortfalls and co-payments in the level of cover in the Health Plus Extra plan at certain hospitals including Mater Private, Blackrock Clinic, Hermitage and Galway Clinic whereas the Society's plan covers every hospital in the State, public or private with no shortfalls or co-payments applying. The VHI plan has practically no Out Patient cover whereas the Society provides a benefit in most areas including prescription drugs, dental, and numerous specialist outpatient treatments.

Full details of Benefits available to members and the new Subscription rates are shown in the Schedule of Benefits and Subscriptions on our website at www.medicalaid.ie

Treatment in Public Hospitals

Many members have contacted the Society expressing concern as they felt pressurised to sign forms including the GMA form at admission through **Accident & Emergency** to a Public Hospital. In order to assist members to understand their entitlements in these circumstances, I will set out the correct procedure that should be in place in each public hospital. Like all Irish citizens, GMA members pay PRSI contributions which afford them the right of being treated as a public patient in all HSE hospitals, if that is their choice.

If you choose to "**waive your right to be treated as a public patient and request to be treated as a private patient**" the following procedure should arise;

1. You must be asked by the hospital administrator **on admission to A&E** if you wish to waive your right to be treated as a public patient.
2. If you choose to waive your right to public treatment, you should be asked to read and sign a **Private Insurance Patient Form**. When signed, the Hospital is then entitled to bill the Society for your hospitalisation at a rate of €813 per night even if you are accommodated in a Public Ward. You will also be asked to sign the Society's Hospital Claim Form.
3. Conversely, if you choose and request to be treated as a Public Patient, **do not sign any forms**. In that circumstance, the Hospital will be entitled to charge €75 per night for a maximum of ten nights and this charge is paid in full by the Society.

We have evidence to suggest that Public Hospitals are insisting that patients admitted through A&E departments must use their private health insurance. This is not correct and if you are content to be treated as a public patient and request this at admission, you cannot be forced to do otherwise. Also, it seems that Public Hospitals are requesting members to sign the Private Insurance Patient Form **after their discharge** from hospital so as they can issue a bill to the Society for €813 per night. This is contrary to the agreed procedure outlined above and we therefore **urge members not to sign any forms** sent to them after their discharge from hospital.

Of course, you are fully entitled to use your private health insurance at anytime you see fit and the information provided here is merely to give you an understanding of your entitlements and the procedures that should arise when attending A&E in a Public Hospital.

GP Visit Card for children under 6 and persons over 70 years

As outlined in last circular, children under 6 years of age and persons over 70 years of age are entitled to free GP care under the scheme announced by Government in mid 2015. You apply for a **GP Visit Card** which is available free and is not subject to a means test. For children under 6, it provides a "wellness check" and a "cycle of care and management of asthma" in addition to routine GP care. Log into the HSE website under "GP Visit Card" to access full information on both cards and acquire and complete the application forms.

The Committee urges all members with children under 6 and persons over 70 years to avail of these free Government schemes which if availed of by all will go some way to easing subscription increases. The Committee will continue to monitor the take up of this free scheme which means a substantial saving for you as the Society pays €35 towards a GP visit and you are liable for the balance which is often €20 or more.

National Screening Service

The Minister for Health established this service in 2007 with a view to the prevention, screening, detection, treatment and management of Cancer in Ireland into the future. The following initiatives are in place;

- **Breast Check** – provides free Mammograms to women aged 50 to 64 with a view to early detection of breast cancers. Log onto www.breastcheck.ie for full details.
- **Cervical Check** – provides free smear tests every three years to women aged 25 to 44 and every five years to women aged 45 to 60 with a view to the early detection of cervical cancer. Log onto www.cervicalcheck.ie for full details.
- **Bowel Screen** – provides free bowel screening to men and women aged 60 to 69 every two years through a home test kit with a view to early detection of colorectal cancer. Log into www.cancerscreening.ie or ring 1800 45 45 55 for more information.
- **Diabetic Retina Screen** – provides free, regular diabetic retinopathy screening to all persons with diabetes aged 12 years and older with a view to preventing the development of diabetic retinopathy. For more information log onto www.diabeticretinascreen.ie

Annual General Meeting 2016

The Annual General Meeting of the Society will take place on **Tuesday 19th April 2016**. Motions for discussion at the A.G.M. should be forwarded to the Secretary to arrive by 5pm on Friday 4 th March 2016.

Vacancy for Position of Trustee

A vacancy for a position of Trustee of the Society which is open to all members will be filled at the AGM in 2016 – see the provisions of Rule 56 of the Society's rules concerning the method of nomination for the position. Interested members should familiarise themselves with the procedure outlined in Rule 56 which is available to view and/or print on the Society's website at www.medicalaid.ie under the heading "Society Rules" or by contacting the office who will provide you with a copy of the rules. The nomination process will conclude at a meeting of the Committee prior to the Annual General Meeting on 19 th April 2016.

On behalf of the Committee of St Pauls Garda Medical Aid Society, I would like to wish you and your families a happy and contented Christmas and a prosperous and healthy 2016.



OWEN CONNELL
SECRETARY