



Members Guide to Benefits & Subscription Rates *1st January to 31st December 2016*

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1 SUMMARY OF MEMBERSHIP RULES (See Society Rule Book for the definitive rules of the Society.)

1.1 Membership

- ◆ Membership of the Society is confined to members of the Garda Siochana, Student Gardai, Retired members of the Garda Siochana, Widow and Widower and Partner of deceased members of the Garda Siochana and former members entitled to a deferred Garda pension, all of whom are or were holders of the Society's Comprehensive Health Insurance Contract at retirement or leaving the Force, all of whom are paying the current subscription to the Society.
- ◆ Members of the Society except those excluded under Rule 2 may nominate "**dependants**" who may include the wife/husband **or** partner of the member, children of the member including adopted or fostered children and partners children when the partner is a nominated dependant and on cover with the Society. (Legal papers may be sought)
- ◆ Newborns are covered provided they are **registered** within 13 weeks and **premium is paid** from date of birth.

1.2 Initial Waiting Periods

- ◆ An initial waiting period from the date of payment of first subscription during which no benefit will be payable will apply to all new entrants to the Society who are **not** currently insured elsewhere, as follows:
New Member - 26 Weeks Maternity Cover - 52 Weeks. New Born Child – Immediate on registration & fee paid.

1.3 Pre-Existing Condition Waiting Period

- ◆ Where no current medical insurance cover exists, no benefit is payable in the case of any pre-existing medical condition for a period of five (5) years. (Pre-existing condition means an ailment, illness or condition, the signs or symptoms of which existed at anytime in the six month period prior to joining the Society's Comprehensive Contract).

1.4 Upgrading Cover Waiting Period

On transferring from another insurer a "waiting period" of 2 years will apply to any enhanced Inpatient or Outpatient benefits provided by the Society over and above that provided by your previous insurer.

1.5 Removal of Dependent from cover & Arrears of Premium/Subscriptions

- ◆ If you request the Society to remove a dependant from cover, it is your sole responsibility to inform that dependant of your decision and supply us with a copy of related correspondence for our files.

NOTE: It is your responsibility to ensure you are paying the correct subscription for the persons you agree to place on cover with the Society and to inform any person you decide to remove from cover. If your subscription is in arrears, the Society may withhold payment of any claim and/or use its proceeds to eliminate such arrears. Ongoing arrears of subscription will result in termination of your insurance cover/membership of the Society so it is most important that your subscription account is fully paid up to date. See Rules 6 and 8 re these issues.

2 IN-PATIENT HOSPITAL BENEFITS (Applies to Comprehensive Health Insurance Contract Holders)

2.1 Public Hospital Cover (Consultant led acute care.)

- ◆ The Society provides **full** cover for a **semi-private/multi-occupancy room** in all Public Hospitals (Regional, Voluntary and Teaching Hospitals) at the current rate determined by the Minister of Health. These charges are paid in full in respect of Consultant led acute care and insurance cover ceases when a patient is deemed fit to be discharged from hospital. Cover is limited to a maximum of 180 days hospitalisation in any 12 month period.

If you choose to occupy a Single Occupancy (Private) room you are liable for the extra charges incurred.

- ◆ The Society like all insurers does not cover the **surcharge** in Public Hospitals arising from Road Traffic Accidents.
- ◆ The Society is not liable for Hospital fees where a hospital acquired infection is confirmed as the cause of an extended hospital stay.

2.2 Private Hospitals (Consultant led acute care.)

- The Society provides **full** cover for a **semi-private** room in contracted private hospitals in the State. Cover is limited to a maximum of 180 days hospitalisation in any 12 month period. (See exceptions in sections 2.5 and 2.6).
- The Society is not liable for Hospital fees where a hospital acquired infection is confirmed as the cause of an extended hospital stay.

2.3 In-Patient Consultants Fees

- ◆ The Society provides **full** cover at the **Participating Consultant Fee Rate** for services provided by Consultants such as Surgeons, Anesthetists, and Physicians etc. in respect of all in-patient or day case hospital care. (See section 2.4 re Gynecologist fees). A **very** small minority of Consultants will not accept the above Fee Rate and insist on charging a much higher rate than their peers which will leave you with a balance to pay – **make sure you confirm with your Consultant that he/she accepts the above fee structure before engaging their services.**
- ◆ The Society covers in **full** the cost of all MRI and CT scans ordered while you are in Hospital.
- ◆ PET scans for Oncology, Cardiology and Neurology are covered subject to completion of **pre-authorisation form** by your Consultant and is limited to one scan per diagnosis whether on an inpatient or outpatient basis.

2.4 Maternity Benefit

- ◆ The Society provides **full** cover for duration of confinement in a multi-occupancy/semi private room for up to 3 days in all Public Hospitals. Confinement in excess of 3 days must be certified as medically necessary by the treating obstetrician/gynecologist.
- ◆ **Obstetrician/Gynecologist Fee including “Delivery Fee”, Scans, Blood Tests or any other associated costs/charges.**
 1. Normal delivery €1,700.00 – This grant will be paid to the member against paid receipts.
 2. Caesarean Section €1,900.00 – This grant will be paid to the member against paid receipts.

(A waiting period of 12 months will apply to members who transfer from another insurer before the Society’s full benefit in respect of these fees will apply – previous insurer benefit rates will apply for the waiting period).
- ◆ (INFORMATION; A team of Gynecologists in the Rotunda, Holles St, The Coombe and National Maternity Hospital offer a SEMI-PRIVATE type gynecology service to mothers, which if you choose to avail of is covered up to the benefit limits above. Contact the hospital concerned for details.)
- ◆ These maternity benefits are paid **only** when the mother has been insured with the Society for at least twelve months.
- ◆ Income Tax relief is claimable from Revenue on maternity costs incurred and not refunded by the Society.

2.5 Psychiatric Care excluding Senile Dementia.

- ◆ The Society provides full cover for semi-private accommodation for up to but not exceeding 42 days in any period of 12 months in respect of treatment in any appropriate facility (excluding treatment of senile dementia) and subject to prior approval being sought and granted by this office and at the rates agreed with the providers who include Hampstead Clinic, Whitehall, Dublin, St John of God Hospital and St Patrick’s Hospital, Dublin. The Society pays €570 per day towards treatment in the adolescent Genesa Suite in St John of God Hospital to a maximum of 42 days in any 12 month period.

2.6 Substance Abuse

- ◆ Treatment for alcohol/drug/gambling abuse is covered in contracted treatment centers for up to 28 days duration (including detoxification) of the treatment course subject always to prior approval being sought and granted by this office. The preferred providers based on anecdotal evidence of success rates would be Chuain Mhuire in Galway, Athy, Newry and Bruree, Aiseiri in Cahir and Wexford, Rutland Centre in Dublin, White Oaks in Donegal, Hope House in Mayo, Tabor Lodge in Cork, Gulladoo in Leitrim and Bushypark Centre in Ennis. The patient will be obliged to undergo the full-prescribed course of treatment and will be responsible for all costs incurred if the course is abandoned before completion. After a course of treatment no further benefit will be considered for a period of at least **5 years** and then only at the discretion of the Committee. **Out Patient treatment courses for these issues or aftercare consultations/meetings are not covered.**

The Society does not cover St Patrick’s Hospital and St John of Gods Hospitals for this treatment.

2.7 Convalescent and Post Operative Care

- ◆ The Society contributes to the cost of post operative care in a nursing home for a maximum period of two weeks in a 12 month period immediately after hospitalisation for an acute medical condition/major surgery against paid receipts, if it is medically certified by your treating Consultant and approved by the Society before admission and subject to a maximum payment of €700 per week to cover **all** costs incurred during your stay such as Physiotherapy, Drugs etc

2.8 Ambulance Cover – Maximum Allowable €1200.

The Society will cover the cost of an ambulance where a doctor certifies that it is medically necessary because the patient is seriously ill or disabled and where the ambulance is used to transfer a patient between hospitals. Journeys from Home to Hospital or from A&E Departments in Private Hospitals are not covered. The Society’s contracted supplier is Lifeline Ambulance Service – Phone No’s – (01) 6014704 or 1890 222 999.

3 OUTPATIENT BENEFITS (Applies to Comprehensive Health Insurance Contract and Standard Scheme Cash Plan)

3.1 Drugs/Medicines/Sleep Apnea

- ◆ Drugs/medicines on prescription and having a drugs code and the hire of a sleep Apnea machine may be claimed. We will refund up to €60 per month per family under this benefit. You pay the first €20 and any amount over €80 per month. This is treated as a family benefit. Consider using cheaper generic drugs and compare chemist prices locally.

3.2 Consultations with Doctor/GP

- ◆ Consultation and treatment with registered medical practitioner/GP are paid to a maximum of €35 per consultation and to a maximum of 50 consultations per family per annum. Itemised receipts from the doctor/GP showing the name of the patient, date of consultation and the cost of each consultation must accompany claims. It should be noted that most Doctors charge a lesser fee for a second or review consultation and you should ensure your GP does so. (Serving members are excluded as they are provided for by the State who pays the Doctor directly for treating the member providing the GP is registered for the scheme.)

3.3 Dental Benefit

- ◆ Claims must be supported by paid receipts and completed dental chart giving details of work carried out, the date and cost of each item and the name of the patient. The following cover is provided:
Veneers/Etch/Rembrandt Fillings - paid to a maximum of €35.00. **Extractions incl wisdom** - paid to a max of €30
Fissure sealing - paid to a maximum of €20.00 per tooth
Periodontal Treatment 60% of the cost to a maximum of €150 per annum in respect of any one person.
Root Treatment - 60% of the cost to a maximum payment of €250 per patient per annum
Note: Periodontal & Root Treatment must be performed by a Periodontist or Endodontist to qualify for payment.
Crowns 60% of the cost to a maximum of €220.00 per crown
Orthodontic incl. x-rays 60% of the cost paid to a max of €1700 as a once off lifetime benefit per person on cover. Benefit is calculated against **paid receipts** attached to the claim.
Bridging 60% of the cost to a maximum of €170.00 per unit
Dental Implants and Examinations and Cleaning and Scaling are not covered.

3.4 Optical Eye Laser Benefit.

- ◆ The Society pays 60% of the cost to a maximum of €400 per eye towards the cost of all types of eye laser treatment or vision correction if deemed medically necessary, once in a lifetime against paid receipts
- ◆ Surgical procedures and treatment for eye diseases are covered.
- ◆ **Members who joined after 06/04/95 and their spouses have class A PRSI and may be entitled to some optical benefit. Consult your optician who will advise and claim your entitlements.**

3.5 Fees for Out-Patient Consultations

- The Society will pay 60% of the cost of a Medical Consultant visit to a maximum of €80 per visit.
- Psychiatrist/Deans Clinic Consultations - 60% of cost to a max of €80 per visit and maximum of 10 visits per annum.
- Society pays a maximum of 60% of the cost of out-patient treatment including x-rays to a max of €50, blood tests to a max of €30 and pathological tests when ordered by a Consultant. **This provision does not apply to treatment provided in Private A&E's as outlined at 3.8 below where a max payment of €70 applies for their services.**
- The Society will pay 60% of the cost of Physiotherapy when prescribed – to a maximum of €35 per treatment and subject to a maximum of 10 visits in a calendar year. The Society will pay 60% of the cost of artificial limbs.

3.6 Hearing Aids

- The Society will pay 60% of the cost of Hearing Aids after deduction of your PRSI entitlement which your supplier will claim for you subject to a maximum payment of €1,000 per ear once every three years. **Members/Spouses having class A PRSI are entitled to some benefit towards hearing aid costs. Consult the audiologist who will advise you.**

3.7 Restricted Cover

- ◆ The following are covered and are restricted to 60% of the cost and subject to a maximum payment of €25 per visit and subject to a maximum of 10 visits in a calendar year.
(a) Counselors/Psychologists (b) Acupuncture (c) Speech Therapy (d) Osteopathy (e) Chiropractic's (f) Chiroprody.

3.8 General Benefits

- ◆ The Society provides 60% of the cost of all types of wheelchairs to a maximum payment of €750.
- ◆ The Society provides 60% of the cost of orthotics to a maximum of €230 per annum.
- ◆ The Society provides 60% of the cost of consultations/investigation/harvesting/storing/thawing and any other treatment/advice/consultation re male/female infertility (IVF and/or IUI) to a maximum payment of €2200 per couple (€1100 if only one of the couple on cover). It is not available for the first year of membership and is confined to a maximum of **three** payments totaling €6600 and is confined to the member together with his/her spouse/partner on cover with the Society for at least 12 months. (Receipts must clearly state if it is the 1st 2nd or 3rd treatment.)
- ◆ ***The Society pays €70 towards the cost of attendance at Public and Private A&E type facilities such as Swiftcare, Beacon Clinic, Galway Clinic, Blackrock Clinic, Whitfield Clinic, Hermitage Clinic and Sports Injury Clinic including the cost of all tests, X rays etc carried out. You will incur major expense in attending a Private A&E as compared to attending at a Public Hospital A&E.***

3.9 Out Patient Scans – MRI and CT Scans.

- The Society has direct payment agreements with approved providers of these scans outlined in the **MRI and CT Scan Section** of the website www.medicalaid.ie and also has contact details/phone numbers. The scan must be by referral from a General Practitioner or Consultant. The maximum cover applying where there is no agreement with the Society; **MRI** – To max of €200 per scan. **CT Scan** – To max of €200 per scan.

4. TREATMENT OUTSIDE THE STATE

- ◆ If you choose to receive treatment in Northern Ireland the Society will pay the hospital charges at the rates applying in St Vincent's Private Hospital, Dublin. This may require a co-payment from you to the N.I. Hospital.
- ◆ The Society is precluded from providing medical insurance cover for holiday's abroad. Before travel, members are advised to take out adequate travel/medical insurance. **When doing so it is most important that you inform the provider that your medical insurance with the Society does not provide any cover for medical emergencies or treatment while on holidays abroad and also to disclose any pre existing medical condition.** If travelling within the E.U. you are advised to apply for a European Health Insurance Card (E.H.I.C.) from your local HSE office.

- ◆ Cover is not provided to travel abroad for treatment. In cases where it is certified by a Consultant that the treatment required is not available within the State – the HSE are obliged to pay the cost of acquiring such treatment abroad under the Treatment Abroad Scheme on completion of Form E112(IE) and the patient meeting the qualifying criteria.
- ◆ If you **reside/live** part time in an E.U. Country and **you inform and agree terms and conditions** with the Society, we will provide cover for In Patient hospital treatment in that Country at rates up to but not exceeding those applying in St Vincent’s Private Hospital, Dublin. Repatriation to Ireland following illness or injury is excluded. You can also claim normal Out Patient benefits. **The Society does not provide medical insurance cover if you reside/live permanently or part time in any other countries including the USA, Canada, Australia, Japan and the Middle East.**

5. MEDICAL EXPENSES RECOVERABLE FROM A THIRD PARTY

- 5.1 In the event of any incident where a 3rd party is potentially liable you must advise us immediately.**
- ◆ It should be noted that the Society does not pay benefits in the case of a **Road Traffic Accident, Injury on Duty, Sporting Injury or other incidents** where a third party is liable. However to relieve hardship which could be caused in paying such medical expenses the Society will pay its normal benefits on the strict **legal undertaking** that a full refund will be made to the Society when the case has been finalised. This payment is conditional on the **member signing a written Undertaking and having a similar Undertaking signed by his/her Solicitors handling the case. All legal costs associated with the case including fees for the legal Undertaking are payable by the member.**
 - ◆ You must keep the Society updated on progress and outcome of your claim and you are responsible to ensure all medical expenses are claimed by your Solicitor and refunded promptly to the Society when the claim is settled.
 - ◆ If you are a member of any kind of sports club – ensure they have appropriate accident/injury insurance and claim your medical expenses direct from them and not from the Society in the event of an injury.

6. SUMMARY OF EXCLUDED TREATMENTS

The Society does not cover:

- (1) Dental Implants (2) Dental Examinations/Cleaning/Scaling (3) Eye Examinations/spectacles/contact lenses (4) Treatment of a Cosmetic Nature except “the correction of accidental disfigurement or significant congenital disfigurement”. (5) **Medical Screening - including that advertised by the Mater Private** or check ups or vaccinations for travel abroad (6) Cost of Medical Reports (7) The reversal of any contraceptive measure (8) Weight reduction programmes (9) Alternative medical treatments or therapy provided by a Homeopath, Aromatherapist, Herbalist, Reflexologist, Spinologist or Hypnotherapist (10) Treatment/Maintenance which is not medically necessary (11) Massage Treatments (12) Holistic Treatment (13) Marriage guidance counseling. (14) R.T.A. Hospital Charges.

7 SUBSCRIPTIONS

SUBSCRIPTION RATES FROM 1ST JANUARY 2016.

Comprehensive Contract:	<i>Subscription</i>	<i>Deduction from pay/pension</i>	
	Before Tax Relief	After Tax Relief	
1. Adult – Weekly Fee	€34.68 pw	€30.83 pw	(Retired Rate = divide weekly rate by 7 and multiply by 365 and divide by 12 to calculate monthly deduction from your pension)
2. One Child Under 18	€12.77pw	€10.85 pw	
Two Children under 18	€15.31pw	€12.25 pw	
Three Children under 18	€16.87pw	€13.50 pw.	
3. One Child in 18 to 20yrs Scheme	€13.92pw	€12.00 pw	
Two Children in 18 to 20 Scheme	€27.85pw	€24.00 pw	
4. Discounted Adult Rate for 21yr old	€17.69pw	€14.15 pw	- Max Discount of 49%
Discounted Adult Rate for 22yr old	€21.15pw	€17.30 pw	- Max Discount of 39%
Discounted Adult Rate for 23yr old	€24.62pw	€20.78 pw	- Max Discount of 29%
Discounted Adult Rate for 24yr old	€28.09pw	€24.24 pw	- Max Discount of 19%
Discounted Adult Rate for 25yr old	€31.56pw	€27.71 pw	- Max Discount of 9%

The Discounted Adult Rate for a 21 to 25 yr old will be applied on the 1st of July each year based on his or her age on that date and will be adjusted each year thereafter on the 1st of July to ensure the full benefit of the reduced adult rate is provided. The Committee has approved the **Maximum Discount** allowed under the Health Insurance (Amendment) Act 2014 so as to ease the burden on families with young adults and to assist trainee Gardai on a training allowance. The discontinued Standard Scheme Cash Plan fee is €73.24 net per adult per month.

The Society claims the Income Tax Relief element of the Subscription direct from the Revenue Commissioners.

8. PAYMENT OF CLAIMS

- Ordinary claims such as G.P., Dental etc should be made on the Members Claim Form and signed by the member and ensure the question in respect of the third party liability and spouse/partners “date of birth” is answered.
- ◆ Members are asked to provide **Bank/Credit Union** details on claim forms to receive payment by **electronic banking**.
- ◆ Submit your claim on a **three monthly** basis with receipts attached. **Under no circumstances should you write on or alter or amend in any way any detail provided on a receipt/invoice** and to do so is a breach of the rules of the Society. Please note that claims cannot be accepted later than **two years** after the treatment date. **1st January 2016.**